

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Highland House Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 NW Highland Avenue Grants Pass, OR 97526	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>25504</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were free from sexual abuse for 2 of 3 sampled residents (#s 2 and 3) reviewed for abuse. This placed residents at risk for unwanted sexual abuse. Findings include:</p> <p>Resident 1 was admitted to the facility in 11/2023 with diagnoses including altered mental status.</p> <p>Resident 2 was admitted to the facility in 10/2023 with diagnoses including dementia.</p> <p>Resident 3 was admitted to the facility in 1/2024 with diagnoses including dementia.</p> <p>Review of a progress note dated 7/22/24 at 8:50 PM revealed Resident 1 was observed with her/his hand down the front of Resident 2's pants. The residents were separated and the administrator was notified.</p> <p>Review of a physician note dated 7/25/24 at 1:26 PM revealed Resident 1 was caught with her/his hands down the pants of a female resident and in bed with her/his roommate. Resident 1 was placed in a private room and had 1:1 supervision by facility staff. Resident 1 was alert and oriented to place only during the physician visit.</p> <p>Review of a facility investigation dated 7/29/24 revealed on 7/22/24 at 7:45 AM Staff 3 (LPN) observed Resident 1 and Resident 2 sitting in wheelchairs, in the hallway, next to each other. When Staff 3 exited a room she observed Resident 1 with their hand in the pants of Resident 2. Staff 3 separated the residents and notified Staff 1 (Administrator). The investigation indicated Resident 2 was not harmed and had no recollection of the incident. Resident 1 was immediately moved to a different hallway with Resident 3. On 7/24/24 at 4:25 AM Staff 2 (CNA) entered the room with Resident 1 and Resident 3 and found Resident 1 in bed with Resident 3. Staff 2 observed Resident 1's hand on Resident 3's penis. Staff 2 notified the charge nurse and Resident 1 and Resident 3 were separated and Resident 1 was moved to a private room with 1:1 supervision by facility staff. Resident 3 was interviewed and had no recollection of the incident. The facility investigation acknowledged both events occurred and no psychosocial harm occurred.</p> <p>In an interview on 8/2/24 at 9:51 AM Resident 3, who was alert, not oriented to place and able to answer questions, said she/he never had a roommate. Resident 3 also stated facility staff treat her/him well and had never been abused by another resident.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/2/24 at 10:01 AM Resident 1, who was alert, not fully oriented and able to answer questions, indicated she/he did not remember touching Resident 2 or Resident 3 and never had a roommate. Resident 1 did not know where she/he lived or how long she/he had been at the facility.</p> <p>In an interview on 8/2/24 at 10:25 AM Resident 2 said she/he had no concerns with care and did not remember the incident with Resident 1. Resident 2 was alert but not oriented to place and time.</p> <p>In an interview on 8/2/24 at 2:58 PM Staff 2 said on 7/24/24 at 4:25 PM she observed Resident 1 in bed with Resident 3 and Resident 1 had her/his hand on Resident 3's penis.</p> <p>In an interview on 8/7/24 at 8:26 AM Staff 3 said on the evening of 7/22/24 Resident 1 was observed with his/her hand down the front of Resident 2's pants. Staff 3 said the residents were immediately separated and Resident 1 was moved to a different room in a different hallway.</p> <p>In an interview on 8/7/24 at 9:21 AM Staff 1 acknowledged Resident 1 had inappropriate sexual contact with Resident 2 and sexually abused Resident 3.</p> <p>It was determined this citation met the criteria for Past Non-compliance based on the following:</p> <p>The facility was found in non-compliance with the regulatory requirement at F600 at the time of Resident 2's 7/22/24 and Resident 3's 7/24/24 sexual abuse.</p> <p>The facility reported the incident to the State Agency on 7/22/24 and 7/24/24.</p> <p>The abuse of Resident 2 and 3 occurred after the most recent complaint survey of 7/16/24 and before this current survey of 8/7/24.</p> <p>The facility corrected the non-compliance by completion of an incident investigation, identified the regulatory non-compliance and in-serviced all staff on the following resident care plans and abuse policies and procedures. The facility conducted weekly audits to keep residents safe from further abuse and no additional incidents occurred since 7/24/24.</p>		