STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385150	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodside Post Acute	301 Ridings Avenue Molalla, OR 97038

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)
F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview it was determined the facility failed to ensure the most recent survey results were readily accessible to residents and visitors for 1 of 1 facility reviewed for survey postings. This placed residents and visitors at risk for not having access to the most recent survey results. Findings include: On 6/17/26 at 7:15 AM, an observation was made of the 2024 Survey Findings Binder in the Fireplace Room. The binder did not contain any 2025 or 2026 survey findings. On 6/17/26 at 7:30 AM, an observation of the front entry, main dining room, hallway nook, and nursing station was made, and no recent survey findings could be located.On 6/17/26 at 8:15 AM, Staff 22 (Receptionist) stated she was unaware of the presence of a survey binder and did not know where the recent survey findings were located.On 6/17/26 at 9:20 AM, Staff 2 (DNS) stated she did not know where the recent survey findings were and acknowledged they were not readily accessible to residents and visitors.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review it was determined the facility failed to protect the residents' right to be free from physical abuse by a resident for 1 of 4 sampled residents (# 7) reviewed for abuse. This placed residents at risk for physical abuse. Findings include:1. Resident 7 admitted to the facility in 11/2025 with diagnoses including anxiety and depression. Resident 11 admitted to the facility in 1/2026 with diagnoses including left knee dislocation and cannabis dependence. Resident 7's 6/3/26 Quarterly MDS indicated a BIMs (cognitive assessment) score of 15 out of 15, which indicated Resident 7 was cognitively intact. Resident 7's 5/12/26 Progress Note indicated Resident 7 was visualized on the outside patio being aggressive toward Resident 11. Resident 7 blew smoke into Resident 11's face and attempted to ram her/his wheelchair foot pedals in Resident 11's left leg. When staff arrived on the patio Resident 7 was on the ground and stated Resident 11 punched her/him on the right side of her/his head and knocked her/him out of the wheelchair. Resident 7's 5/13/26 Progress Note indicated Resident 7 had a headache related to the incident, acetaminophen did not help and requested stronger pain relief. The 5/12/26 Facility Investigation indicated two facility residents heard yelling coming from outside of the building and called out for help. A nurse responded and found Resident 7 on the ground beside her/his wheelchair. There were no witnesses who observed the incident between Resident 7 and Resident 11. The investigation revealed Resident 11 admitted she/he had punched Resident 7. Abuse was substantiated. On 6/16/26 at 9:01 AM, Resident 11 declined to be interviewed. On 6/16/26 at 12:47 PM, Resident 7 stated she/he was attacked, sucker punched and was physically abused by Resident 11. On 6/16/26 at 1:06 PM, Staff 2 (DNS) verified that Resident 7 antagonized Resident 11. Resident 11 then punched Resident 7 in the face, causing her/him to fall out of her/his wheelchair and onto the ground.