

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Newport		STREET ADDRESS, CITY, STATE, ZIP CODE 835 SW 11th Street Newport, OR 97365	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>26991</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure a resident was shaved for 1 of 1 sampled resident (#4) reviewed for ADLs. This placed residents at risk for lack of hygiene. Findings include:</p> <p>Resident 4 was admitted to the facility in 2023 with a diagnosis of a stroke.</p> <p>A 3/4/24 annual MDS revealed Resident 4 was cognitively intact.</p> <p>On 4/1/24 at 1:01 PM Resident 4 was observed to have facial hair. Resident 4 stated she/he preferred no facial hair and needed staff assistance on shower days to shave. Staff 4 stated she/he was scheduled to have a shower on 4/2/24.</p> <p>On 4/2/24 at 10:08 AM Resident 4 was observed to not be shaved. Resident 4 stated she/he was assisted to shower but was not assisted to shave.</p> <p>On 4/3/24 at 7:33 AM Staff 4 (CNA) stated on 4/2/24 she worked with Resident 4 during the day, but another CNA provided the resident her/his shower. Staff 4 stated the resident should have been shaved and was not. The resident's next shower day was not scheduled for two more days. Staff 4 stated the resident's facial hair was too long.</p> <p>On 4/4/24 at 8:21 AM Resident 4 was observed with facial hair and was not shaved.</p> <p>On 4/4/24 at 8:23 AM Staff 6 (Resident Care Manager) and Staff 2 (DNS) stated Resident 4 was alert, oriented, able to make needs known, but did not ask staff for help. Staff 6 and Staff 2 stated if a resident was not shaved on her/his shower day, staff were to shave the resident as soon as able and not wait for the next shower day.</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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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>34703</p> <p>Based on observation, interview, and record review it was determined the facility failed to assist with a hearing aid device for 1 of 1 sampled resident (#30) reviewed for hearing. This placed residents at risk for social isolation and decreased quality of life. Findings include:</p> <p>Resident 30 admitted to the facility in 2023 with diagnosis including hearing loss.</p> <p>A review of Resident 30's revised care plan dated 12/21/23 revealed the resident wore two hearing aides.</p> <p>On 4/1/24 at 11:28 AM and 4/3/24 at 9:24 AM Resident 30 was observed to have some difficulty hearing staff and her/his roommate. The resident was observed wearing one hearing aid. When interviewed on 4/3/24 at 9:32 AM Resident 30 stated she/he had only one hearing aid because the other one was broken. Resident 30 stated she/he told staff the hearing aid was broken for a long time but no appointment was made to get the hearing aid fixed.</p> <p>On 4/3/24 at 4:37 PM Staff 8 (LPN), Staff 10 (CNA) and Staff 12 (CNA) stated Resident 30 wore two hearing aids. Staff verified the resident was wearing one hearing aid.</p> <p>On 4/5/24 10:19 AM Staff 6 (Resident Care Manager) verified Resident 30 had two hearing aids. Staff 6 indicated staff were to ensure both hearing aids were in her/his ears and should have notified her or Social Services the resident's hearing aid was broken.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>26991</p> <p>Based on observation, interview, and record review it was determined the facility failed to apply a brace for 1 of 2 sampled residents (#24) reviewed for ROM. This placed residents at risk for worsening contractures. Findings include:</p> <p>Resident 24 admitted to the facility in 2022 with a diagnosis of a genetic muscular disease.</p> <p>A 7/21/23 MDS revealed Resident 24 had cognitive impairment, limited ROM and was on a RA program.</p> <p>A care plan initiated 7/2022 revealed Resident 24 had a contracture of the left hand and staff were to apply a brace in the morning and remove the brace at night.</p> <p>On 4/1/24 at 2:22 PM, 4/2/24 at 8:17 AM and 4/3/24 at 10:29 AM Resident 24 was observed without a brace to the left hand.</p> <p>On 4/2/24 at 11:58 AM Staff 4 (CNA) stated the CNA staff were to apply a brace to Resident 24's left hand. Staff 4 stated she worked on 3/30/24. The washable part of the resident's brace was dirty, was taken to the facility laundry to be washed, and it was not yet returned. Staff 4 stated the piece which was washed was made from Velcro, it often stuck to other pieces of clothing, and was hard to locate after laundering. Staff 4 stated the brace was not able to be applied until the Velcro piece was found.</p> <p>On 4/3/24 at 10:35 AM Staff 6 (Resident Care Manager) stated she was not aware Resident 24's brace was not available. Staff 6 stated the brace needed to be applied daily and the resident only had one brace.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34703</p> <p>Based on observation, interview, and record review it was determined the facility failed to provide care and services as care planned for 1 of 1 sampled resident (#25) reviewed for positioning. This placed residents at risk for falls. Findings include:</p> <p>Resident 25 admitted to the facility in 2022 with diagnosis including stroke.</p> <p>A 12/12/22 care plan indicated Resident 25 was at risk for falls related to stroke, incontinence, gait/balance problems, and left-sided paralysis. Resident 25 was not to be left unattended in her/his room in her/his wheelchair.</p> <p>On 4/3/24 at 1:42 PM and 3:12 PM, and on 4/4/24 at 8:46 AM, Resident 25 was observed in her/his room in her/his wheelchair unattended.</p> <p>On 4/3/24 at 10:37 AM Staff 9 (CNA), Staff 10 (CNA) and Staff 12 (CNA) stated they were not aware Resident 25 was not to be left unattended in her/his room in her/his wheelchair.</p> <p>On 4/4/24 at 10:32 AM Staff 6 (Resident Care Manager) stated the resident was self-transferring and was a fall risk. Staff 6 stated she saw Resident 25 recently sitting in her/his room in her/his wheelchair unattended but she/he was care planned to not be left unattended in her/his wheelchair. Staff 6 acknowledged staff were not following the resident's care plan.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34703</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure hair and beard restraints were worn during meal preparation for 1 of 1 sampled kitchen reviewed for sanitary food practices. This placed residents at risk for contaminated food. Findings include:</p> <p>A review of the facility's policy Food Handling, revised 1/2018, revealed food and nutrition services staff were expected to wear hair restraints and beard nets.</p> <p>On 4/3/24 at 11:17 AM Staff 13 (Dietary Manager), Staff 14 (Cook) and Staff 15 (Cook) were observed preparing food in the kitchen without hair and beard restraints. Staff 13 indicated staff were told they were not required to wear hair restraints unless their hair was long, and were also told they were not required to wear beard restraints.</p> <p>On 4/3/24 at 11:47 AM Staff 13 acknowledged staff were to wear beard and hair restraints while working in the kitchen.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were offered a pneumonia vaccine for 4 of 5 sampled residents (#s 1, 9, 11, and 13) reviewed for immunizations. This placed residents at risk for infections. Findings include:</p> <p>1. Resident 1 admitted to the facility in 2023 with a diagnosis of heart disease.</p> <p>Resident 1's clinical record revealed she/he received a pneumonia vaccine in 2015 and was eligible for another pneumonia vaccine, but there was no indication she/he was offered another vaccine.</p> <p>On 4/3/24 at 9:19 AM Staff 6 (Resident Care Manager) acknowledged Resident 1 was eligible for, but was not offered another pneumonia vaccine.</p> <p>2. Resident 9 admitted to the facility 2017 with a diagnosis of lung disease.</p> <p>Resident 9's clinical record revealed she/he received the pneumonia vaccine in 2016, was eligible for another dose, but there was no indication she/he was offered another dose.</p> <p>On 4/3/24 at 9:19 AM Staff 6 (Resident Care Manager) acknowledged Resident 9 was eligible for, but was not offered another pneumonia vaccine.</p> <p>3. Resident 11 admitted to the facility in 2018 with a diagnosis of diabetes.</p> <p>Resident 11's clinical record revealed she/he refused the pneumonia vaccine in 2018, but there was no additional information in the resident's clinical record to indicate additional vaccines were offered.</p> <p>On 4/3/24 at 9:19 AM Staff 6 (Resident Care Manager) acknowledged Resident 11 was eligible for, but was not offered another pneumonia vaccine.</p> <p>4. Resident 13 admitted to the facility in 2018 with a diagnosis of a stroke.</p> <p>Resident 13's clinical record revealed she/he received a pneumonia vaccine in 2013 and was eligible for, but was not offered another pneumonia vaccine.</p> <p>On 4/3/24 at 9:19 AM Staff 6 (Resident Care Manager) acknowledged Resident 13 was eligible for, but was not offered another pneumonia vaccine.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>26991</p> <p>Based on interview it was determined the facility failed to ensure a system was in place to offer COVID-19 vaccines to staff for 1 of 1 staff (#3 [CNA]) reviewed for immunizations. This placed staff and residents at risk for infections. Findings include:</p> <p>On 4/3/24 At 9:09 AM a request was made to Staff 6 (Resident Care Manager) to provide documentation Staff 3 was offered a COVID-19 vaccine, including education related to the vaccine. Staff 6 stated in 8/2023 she stopped offering staff the COVID-19 vaccine.</p>