

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2025
NAME OF PROVIDER OR SUPPLIER  Aidan Senior Living at Reedsport		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Ranch Road Reedsport, OR 97467	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50930</p> <p>Based on interview and record review it was determined the facility failed to ensure a personalized care plan was created for 1 of 1 resident (#4) reviewed for activities. This put residents at risk for lack of personal preferences being honored. Findings include:</p> <p>The facility Care Planning policy, revised 9/2013, indicated the care planning team, including the activities director/coordinator, was responsible for developing an individualized comprehensive care plan for each resident.</p> <p>Resident 4 admitted to the facility in 11/2024 with diagnoses including depression and diabetes.</p> <p>A 12/6/24 Admission MDS indicated Resident 4 had mild cognitive impairment and depression. The MDS also indicated being around animals, doing things with groups of people, doing her/his favorite activities, and going outside to get fresh air in good weather were somewhat important to her/him.</p> <p>A 3/4/25 Activities Participation Review indicated Resident 4 liked independent activities in her/his room, liked to color pictures, liked to watch the deer on the patio, and liked to watch tv in her/his room.</p> <p>Resident 4's care plan, revised on 3/5/25, contained no personalized goals, interventions, or information under the activities focus area.</p> <p>During an interview on 3/28/25 at 12:59 PM, Staff 5 (Activities Director) stated Resident 4's care plan was up to date with personalized goals and interventions. She reviewed the care plan and acknowledged it did not have personalized information about Resident 4's activities.</p> <p>On 3/28/25 at 1:56 PM, Staff 7 (DNS) acknowledged Resident 4's care plan did not have personalization for the activities focus area. She stated the expectation was for care plans to be personalized in all focus areas.</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 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>35855</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident's environment remained free from accident hazards for 1 of 1 sampled resident (#19) reviewed for falls. This placed residents at risk for accidents. Findings include:</p> <p>Resident 19 was admitted to the facility in 7/2024 with diagnoses including dementia and disc degeneration (condition when the discs between the vertebrae in the spine wear down).</p> <p>A 7/26/24 admission MDS revealed Resident 19 sustained a fall in the last two to six months.</p> <p>A Care Plan Report revealed on 7/29/24 Resident 19 required the assistance of one person for toileting. Resident 19 had a history of falls and impaired safety awareness. Interventions included to review information on past falls and attempt to determine the cause of the falls. Record possible root causes and alter and remove any potential causes.</p> <p>A 9/29/24 Unwitnessed Fall investigation revealed on 9/29/24 at 11:27 AM Resident 19 sustained a fall in the bathroom. The CNA reported Resident 19's call light was activated and the CNA found Resident 19 on the floor in the bathroom. The investigation determined it was an isolated incident, and the care plan was not revised.</p> <p>A 11/11/24 Unwitnessed Fall investigation revealed on 11/11/24 at 4:28 PM Resident 19 was found on the floor in her/his bathroom by the CNA. The CNA reported she took Resident 19 to the bathroom, assisted her/him onto the toilet, and gave her/him the call light. The CNA heard the toilet flush and entered the bathroom and found Resident 19 on the floor. It was determined Resident 19's care plan needed to reflect she/he should not be left unattended while in the bathroom.</p> <p>A Care Plan Report revealed on 12/5/24 Resident 19 required assistance of one staff member for toileting and was not to be left unattended while on the toilet.</p> <p>A 12/31/24 Unwitnessed Fall investigation revealed on 12/31/24 at 6:30 AM Resident 19 was found on the floor in the bathroom. Staff 30 assisted Resident 19 on to the toilet in the bathroom and pulled the curtain for privacy. Staff 37 (CNA) and Staff 30 (CNA) were in the resident's room at the time of the fall. Staff 30 and 37 heard Resident 19 fall in the bathroom and responded.</p> <p>On 3/24/25 at 12:24 PM Witness 1 (Family Member) stated Resident 19 sustained three falls. Witness 1 stated staff would assist Resident 19 to the toilet and leave her/him unattended.</p> <p>On 3/27/25 at 9:24 AM Staff 37 stated on 12/31/24 she was working with Resident 19's roommate when Resident 19 fell . Staff 37 stated when a care plan instructed staff not to leave a resident unattended she understood unattended as staff should not leave a resident where they could not be seen.</p> <p>On 3/28/25 at 7:51 AM Staff 30 stated she was straightening Resident 19's bed when Resident 19 fell in the bathroom on 12/31/24. Staff 30 stated she should not have left Resident 19 alone in the bathroom because Resident 19 was care planned not to be left unattended.</p> <p>(continued on next page)</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>On 3/28/25 at 11:44 AM Staff 1 (Administrator), Staff 7 (DNS), and Staff 49 (Regional Nurse Consultant) stated the expectation was for staff to follow Resident 19's care plan.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50930</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure resident medication was not expired for 1 of 1 medication storage refrigerator. This placed residents at risk for lack of medication efficacy and adverse reactions from expired medications. Findings include:</p> <p>The Tuberculin manufacturer insert indicated a multi-dose vial of Tuberculin should be dated when opened and thrown away after 30 days to avoid oxidation and degradation.</p> <p>During an observation of the medication storage refrigerator on 3/25/25 at 3:42 PM, the following was found:</p> <ul style="list-style-type: none"> <li>- One open and used multi-dose vial of Tuberculin (solution used in testing for Tuberculosis) with an open date of 2/18/25.</li> </ul> <p>On 3/25/25 at 3:48 PM, Staff 8 (LPN) stated the expectation was Tuberculin vials were to be destroyed 28 days after being opened.</p> <p>On 3/27/25 at 1:37 PM, Staff 7 (DNS) stated all Tuberculin multi-dose vials should be dated when opened and thrown away after 28 days.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50930</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure food was stored properly in 1 of 1 resident refrigerator, and failed to ensure food was stored, prepared, and handled properly in 1 of 1 kitchen. This put residents at risk for food borne illnesses. Findings include:</p> <p>During the initial kitchen observation on [DATE] at 9:18 AM, the following item was found in the cook's freezer:</p> <ul style="list-style-type: none"> <li>- One unlabeled clear plastic cup with frozen brown liquid inside and no open date.</li> </ul> <p>During the initial kitchen observation on [DATE] at 9:22 AM, the following items were found in the walk-in freezer:</p> <ul style="list-style-type: none"> <li>- One opened and used bag of frozen sliced bananas with no open date.</li> <li>- One opened and used bag of frozen blueberries with no open date.</li> <li>- One opened and used bag of filled square pasta with no open date.</li> <li>- One opened and used bag of frozen cherries with no open date.</li> </ul> <p>During the initial kitchen observation on [DATE] at 9:26 AM, the following items were found in the walk-in refrigerator:</p> <ul style="list-style-type: none"> <li>- One closed plastic container labeled vanilla mousse with a use by date of [DATE].</li> <li>- One closed plastic container labeled blondie bits with a use by date of [DATE].</li> <li>- One closed plastic container labeled [NAME] cream with a use by date of [DATE].</li> <li>- One closed plastic container labeled coffee extract with a use by date of [DATE].</li> <li>- One closed plastic container labeled chocolate cake with a use by date of [DATE].</li> <li>- One opened and used bottle of key lime juice with no open date.</li> <li>- One closed plastic container labeled cake with a use by date of [DATE].</li> </ul> <p>On [DATE] at 9:31 AM, Staff 52 (Dietary Aide) acknowledged all items found and stated the policy was for all foods to be labeled with an open date and all expired foods to be discarded.</p> <p>During a review of the resident refrigerator on [DATE] at 12:29 PM, the following item was found:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- One bottle of whipped topping with no open date.</p> <p>On [DATE] at 12:33 PM, Staff 5 (Activities Director) acknowledged the item found and stated the policy was for all foods to be labeled with an open date.</p> <p>During the meal tray preparation and meal service on [DATE] at 11:33 AM, the following were observed:</p> <p>- Staff 51 (Cook) did not remove her dirty gloves before portioning out salad mix until instructed. She stated the policy was to change gloves between touching kitchen items and touching food items.</p> <p>- Staff 50 (Cook) did not remove her dirty gloves before touching meatloaf until instructed. She stated the policy was to change gloves between touching kitchen items and touching food items.</p> <p>On [DATE] at 12:12 PM, Staff 49 (Dietary Manager) stated the policy was for staff to change their gloves before touching food items and after touching kitchen items. He also stated the expectation was for all expired foods to be discarded.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35855</p> <p>Based on observation, interview and record review it was determined the facility failed to follow infection control standards for 1 of 5 residents (#18) reviewed for medications. This placed residents at risk for exposure and contraction of infectious diseases. Findings include:</p> <p>Resident 18 was admitted to the facility in 3/2024 with diagnoses including dementia and insomnia.</p> <p>A 3/7/25 Annual MDS revealed Resident 18 had a severe cognitive impact.</p> <p>A 3/2025 MAR instructed staff to instill two drops of Ciprofloxacin (an antibiotic used to treat bacterial infections) in both eyes every two hours for conjunctivitis (Also known as pink eye, a bacterial or viral infection, or allergic reaction) for two days, starting on 3/21/25. The MAR referred the reader to Administration Notes on 3/21/25 at 12:30 AM, 2:29 AM, 4:30 AM, and 3/22/25 at 6:30 AM.</p> <p>Administration Notes revealed the following for Resident 18 and Ciprofloxacin:</p> <p>-3/21/25 at 1:52 AM: Resident was asleep and refused.</p> <p>-3/21/25 at 3:30 AM: Resident was asleep.</p> <p>-3/21/25 at 4:17 AM: Resident was asleep.</p> <p>-3/22/25 at 6:46 AM: Resident was asleep.</p> <p>No documentation was found in Resident 18's clinical record indicating she/he had been placed on precautions for an infection.</p> <p>On 3/24/25 at 12:04 PM, Staff 48 (RN) stated to be careful in Resident 18's room as she/he had conjunctivitis. Staff 48 stated he did not think Resident 18 needed to be on any type of precautions as she/he was on the downside of it. No infection control precaution signs were observed on or around Resident 18's room.</p> <p>On 3/26/25 at 11:18 AM, Staff 22 (CNA) stated she wore gloves while assisting Resident 18 and she did not know Resident 18 had an infection.</p> <p>On 3/26/24 at 12:49 PM, Staff 19 (CNA) stated Resident 18 touched many items, including the handrails in the hallways, and her/his name plate on her/his door. Staff 19 stated she provided care to Resident 18 and was not notified she/he had an infection.</p> <p>On 3/28/25 at 9:32 AM, Staff 28 (CNA) stated she worked with Resident 18 on 3/21/25 through 3/24/25. Staff 28 stated she would set up Resident 18's meals, clean up after she/he completed her/his meals, and assist her/him with showers. Staff 28 stated on occasion she would have to remind Resident 18 to wash her/his hands. Staff 28 stated she was not aware Resident 18 had any type of infection. Staff 28 stated she would receive information verbally during shift change if a resident required precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/28/25 at 7:18 AM, Staff 4 (Infection Preventionist LPN) stated staff would use contact precautions with gloves and no gowns for Resident 18's conjunctivitis. Staff 4 stated after 72 hours, Resident 18 would no longer be infected, and staff would stop using the gowns.</p> <p>On 3/28/25 at 10:07 AM Staff 9 (LPN) stated she would inform CNAs verbally of any changes for residents during shift change.</p> <p>On 3/28/25 at 11:51 AM, Staff 1(Administrator), Staff 7 (DNS), and Staff 49 (Regional Nurse Consultant) confirmed staff should be notified when a resident was on precautions.</p>