STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385165	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Curry Village Health and Rehab of Cascadia	1 Park Avenue Brookings, OR 97415

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 0600 Level of Harm - 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 honor the resident's right to be free from physical abuse from another resident for 1 of 2 sampled residents (#2) reviewed for abuse. Resident 2 was sent to the emergency room with facial injuries inflicted by Resident 1. The facility identified an avoidable accident related to a failed mandated resident relocation. The facility relocated Resident 1 and 2 to another room, staff were trained and care plans were updated. Corrective actions were completed on 9/26/25. This failed practice was identified as past noncompliance. Findings include: Resident 1 was admitted to the facility in 7/2025 with diagnoses including stroke and lack of coordination. Resident 1's 7/22/25 admission MDS revealed a BIMS assessment with a score of 14 (cognitively intact).Resident 2 was admitted to the facility in 8/2025 with diagnoses including cognitive impairment and cancer. Resident 2's 8/10/25 admission MDS revealed a BIMS assessment with a score of 15 (cognitively intact).A 9/26/25 Facility Investigation Summary and Conclusion revealed on the morning of 9/26/25, Resident 1 and Resident 2 were in their shared room asleep when Resident 1 woke up and was found hitting Resident 2 with a book and her/his fists. Resident 1 fell and hit her/his head. Emergency Services and the Police were called. Both residents were sent to the hospital.Prior to the incident, Resident 1 was placed on intensified monitoring (15-minute checks) due to a statement she/he made regarding hurting her/his roommate. A room change request was submitted to Social Services by Victim's Advocate Staff on 9/22/25, but there was no follow up regarding the room change.The facility identified a room change was requested on 9/22/25 and scheduled to occur on 9/24/25 due to Resident 1's statement of intent to harm Resident 2. The facility did not adhere to the policy related to room change or the urgency necessitated by the potential for resident-to-resident aggression.Based on witness statements Resident 1 struck Resident 2 with a book and her/his fists. The facility identified a room change was requested on 9/22/25. The room change was to occur on 9/24/25 due to Resident 1's statement of her/his intention to harm Resident 2. The facility did not follow the policy related to room change or the urgency needed when there was potential the residents could become aggressive.The deficient practice was identified as Past Noncompliance. The facility identified and corrected the deficient practice on 9/26/25 by implementing the following measures to mitigate risk and prevent further incidents of resident-to-resident abuse:-Resident 1 and Resident 2 were separated.-The facility implemented auditing through alert charting.-The facility reviewed and updated Resident 1's care plan.On 10/16/25 at 12:45 PM Staff 1 (Administrator) acknowledged when a room change was requested it was mandated to be completed, and when a resident threatens to harm another resident, immediate relocation and physician notification were required. Staff 1 concluded the incident met the definition of abuse.

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