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	05/07/2026

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review it was determined the facility failed to staff a registered nurse for 8 consecutive hours per day 7 days per week for 6 out of 122 days reviewed for staffing. This placed residents at risk for unmet assessment needs. Findings include: A review of the Direct Care Staff Daily Reports dated 10/1/25 through 10/31/25, 11/1/25 through 11/31/25, 12/1/25 through 12/31/25 and 4/1/26 through 4/30/26 revealed there were 6 days:10/4/25, 11/22/25, 12/27/25, 4/4/26, 4/11/26 and 4/18/26 without 8 consecutive hours of registered nurse coverage on any shift in a 24-hour period. On 5/7/26 at 10:53 AM Staff 1 (Administrator) acknowledged there was no RN coverage on those above days.

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
	385165	A. Building B. Wing	05/07/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview the facility failed to ensure staff followed correct sanitation and food handling procedures to prevent the outbreak of foodborne illness for 1 of 1 kitchen reviewed. This placed residents at risk for foodborne illness. Findings include:On 5/7/26 at 12:01 PM, Staff 10 (Dietary Aide) was observed washing her hands. Staff 10 failed to practice correct hand-washing techniques by using a paper towel to turn off the faucet, a potentially contaminated surface, then drying her hands with the same paper towel. On 5/07/2026 at 12:04 PM, Staff 12 (Cook) completed buttering rolls and moved to a new task. Staff 13 changed her gloves between tasks but did not re-wash her hands. Staff 13 then removed her gloves, went to the walk-in refrigerator to remove juice and pour a glass of juice for a resident that was given to another staff person. Staff 13 did not wash her hands prior to getting the juice for the resident. On 5/7/26 at 12:17 PM, Staff 11 (Culinary Manager) was observed washing his hands. Staff 11 failed to practice correct hand-washing techniques by using a paper towel to turn off the faucet, a potentially contaminated surface, then drying his hands with the same paper towel. Staff 11 was shown proper hand-washing technique and stated, Oh, now I understand.On 5/17/26 at 12:24 PM, Staff 10 was observed delivering a food cart to a resident hall. When Staff 10 returned to the kitchen she resumed prepping lunch trays without washing her hands.On 5/7/26 at 12:25 PM, Staff 12 removed her gloves, left the steam table and performed another task. Staff 12 returned to the steam table and re-gloved without washing her hands. On 5/7/26 at 12:27 PM, Staff 10 was observed to go into the dishwashing area and return carrying dish covers pressed against her clothing. Staff 10 resumed setting up the tray line without washing her hands. The dish covers were then used on plates going out to residents. On 5/7/26 at 12:34 PM, Staff 10 and Staff 12 stated they had not received recent training on hand hygiene. Staff 10 stated she was not aware she should not carry dishes against her clothing. Staff 10 stated she found the hand-washing technique demonstrated confusing and did not understand why she needed to dry her hands before turning off the faucet with the paper towel. On 5/7/26 at 1:06 PM, Staff 13 (Dietary Manager) stated staff needed to wash their hands each time they came into the kitchen and after changing gloves or touching a potentially contaminated surface. Staff 13 agreed staff should not use a paper towel to dry their hands after it has been used to turn off the faucet. Staff 13 stated she had not performed recent observations of kitchen staff related to proper hand hygiene.

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	05/07/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review the facility failed to ensure residents were given the right to make informed treatment decisions for 1 of 5 residents (#20) reviewed for accidents. This placed residents and their representatives at risk for not being able to make informed treatment decisions. Findings include: Resident 20 was admitted to the facility in 2/2026 with a diagnosis of Alzheimer's Disease. The resident's BIMS assessment completed in 3/2026 revealed a score of 5 (cognitively impaired). The resident's representative with power of attorney (POA) was not available for an interview. The resident's clinical record revealed the resident had a tab alarm (a device that makes an audible warning when the resident attempts to stand without assistance). No assessment or informed consent for the tab alarm was located in the resident's clinical record. On 5/7/26 at 9:09 AM, Staff 9 (RN) stated an assessment should be completed prior to using a tab alarm with a resident and consent must be given by the resident or resident representative. Staff 9 stated it was nursing staff's responsibility to complete the assessment and obtain informed consent. On 5/7/26 at 10:23 AM, Staff 2 (DNS) stated nursing staff should complete an evaluation and get informed consent before using a tab alarm with a resident. Staff 2 stated she could not find an assessment or informed consent for the tab alarm in Resident 20's clinical record.

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	05/07/2026

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on interview and record review it was determined the facility failed to ensure residents' MDS assessments were completed for 3 of 8 sampled residents (#s 2, 29, and 39) reviewed for pain, unnecessary medications, and activities. This placed residents at risk for lack of activities, pain, and unmet psychosocial needs. Findings include: 1.Resident 2 was admitted to the facility in 11/2025 with a diagnosis of heart failure. Resident 2's 2/24/26 Significant Change in Status MDS revealed section F - preferences for routine and activities was not assessed. On 5/7/26 at 11:49 AM, Staff 3 (MDS Coordinator) stated she was responsible for the oversight of MDS completion, including follow up with staff regarding incomplete sections. Staff 3 confirmed the activity section for Resident 2 was incomplete. On 5/7/26 at 1:32 PM, Staff 5 (Activity Director) stated she completed the activity evaluation and submitted it to the MDS coordinator, who put the information into the residents' MDS assessment. Staff 5 said she did not know preferences for routine and activities was incomplete for Resident 2. 2. Resident 39 was admitted to the facility in 1/2025 with a diagnosis including pain and personality and behavioral disorders. Resident 39's 2/8/26 Annual MDS revealed Section C, Cognitive Patterns; Section D, Mood; Section F, Preferences for Routine and Activities; and Section J, Health Conditions, were not assessed. On 5/7/26 at 11:49 AM, Staff 3 (MDS Coordinator) stated she was responsible for the oversight of MDS completion, including follow up with staff regarding incomplete sections. Staff 3 confirmed Resident 39's cognition, mood, activity, and pain sections were incomplete. Staff 3 further stated she notified the DNS regarding the incomplete MDS. 3. Resident 29 was admitted to the facility in 4/2026 with a diagnosis of sepsis (body's life-threatening response to an infection). Resident 29's 4/19/26 admission MDS revealed Section F-Preferences for Routine and Activities was not assessed. On 5/6/26 at 4:10 PM Staff 5 (Activities Director) stated she was responsible for interviewing residents for their MDS Section F. Resident 29 was able to voice her/his preferences. Staff 5 verified Resident 29's 4/19/26 admission MDS Section F was not completed. On 5/7/26 at 11:48 AM Staff 3 (MDS Coordinator) stated she was responsible to ensure residents' MDS assessments were completed. She gathered the MDS information from staff assessments which were to be completed before the ARD (Assessment Reference Date-end date of an observation period). Staff 3 stated if the information was not available in a resident's clinical record, she communicated to the staff member who was responsible for a particular section. Staff 3 stated Staff 5 was responsible to assess Resident 29's daily routines and activity preferences, the information was not available before the ARD, and she was not able to complete Section F. (continued on next page)

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	05/07/2026

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/7/26 at 2:59 PM Staff 2 (DNS) stated the MDS Assessments were to be complete when submitted.

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	05/07/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to administer pain meds per physician orders for 1 of 2 sampled residents (#50) reviewed for pain. This placed residents at risk for unresolved pain. Findings include: Resident 50 was admitted to the facility on [DATE] with a diagnosis of rib fractures. Resident 50's 9/3/26 hospital Discharge Medication List revealed staff were to administer Resident 50 Tylenol (non-narcotic pain medication) every six hours for 10 days and Robaxin (muscle relaxant) every six hours for 10 days. Resident 50's Progress Notes revealed she/he was admitted to the facility on [DATE] at 4:30 PM, was alert, able to communicate needs, and reported she/he only had pain with movement. Resident 50's 9/2025 MAR revealed her/his Robaxin and Tylenol were scheduled to be administered at 6:00 PM, 12:00 AM, 6:00 AM and 12:00 PM. Resident 50 was not administered Robaxin on 9/3/25 at 6:00 PM or on 9/4/25 at 12:00 AM. Resident 50's Tylenol was not administered on 9/3/25 at 6:00 PM. On 5/4/26 at 12:41 PM Resident 50 stated on 9/3/25 at approximately 5:00 PM she/he was admitted to the facility. Resident 50 stated she/he did not receive all her/his pain medication until 9/4/25 in the morning and she/he was very painful. On 5/6/26 at 9:47 AM Staff 2 (DNS) stated if a resident had scheduled pain medication, staff should administer the medication if it was available in the facility. Staff 2 stated Tylenol was always stocked in the facility. Staff 2 stated the nurses did not verify Resident 50's orders until 9/3/25 at approximately 7:00 PM, therefore the 6:00 PM dose of Tylenol was not administered. Staff 2 stated Resident 50 did not receive any pain medication until 9/4/25 at 12:00 AM. On 5/7/26 at 2:41 PM Staff 8 (Corporate RN) verified in 9/2025 Robaxin was available in the facility's automated medication dispensing system and staff should have pulled the Robaxin from the dispensing system to administer to Resident 50.