STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385166	A. Building B. Wing	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maryville	14645 SW Farmington Road Beaverton, OR 97007

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 46054 Based on observation, interview and record review, it was determined the facility failed to follow care plan interventions related to aspiration risks for 1 of 3 sampled residents (#3) reviewed for accidents. Resident 3 admitted to the facility in 2024 with diagnoses including traumatic subdural hemorrhage (severe head injury) and dysphagia (difficulty with swallowing). Resident 3's 9/3/24 Care Plan indicated the resident required one on one eating assistance due to dysphagia. The care plan stated staff were not to deliver until staff was ready to assist the resident. The 9/2024 Admission MDS identified Resident 3 was cognitively intact. A 9/4/24 choking/aspiration investigation revealed Staff 5 (CNA) delivered Resident 3's lunch tray to the resident and informed Resident 3 that she would return to assist Resident 3 after delivering the last lunch tray. Resident 3 was noted to have begun eating without assistance and began to choke due to placing too much food in her/his mouth. Staff 4 (OT) was in the room at the time assisting Resident 3's roommate. Staff 4 was alerted by the resident's roommate that something was wrong with Resident 3. Staff 4 noted Resident 3 was choking and began to turn reddish purple. Staff 4 performed the Heimlich maneuver and was able to dislodge Resident 3's food from her/his throat. The facility's choking and aspiration investigation concluded Staff 5 did not follow Resident 3's care plan and residents who required one on one eating assistance were not to be left alone with a meal tray until staff were ready to immediately assist residents with eating. Observations conducted from 12/31/24 to 1/3/25 from, 9:30 AM to 3:40 PM, identified no additional issues or risks related to choking or aspiration for residents. On 12/31/24 at 10:00 AM, Staff 5 (CNA) could not be reached for interview. On 12/31/24 at 11:10 AM, Staff 4 confirmed Staff 5 had left Resident 3 with her/his meal tray before leaving the room and had conducted the Heimlich maneuver due to Resident 3 choking after she/he began to self-feed herself/himself. (continued on next page)

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: 385166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2025
NAME OF PROVIDER OR SUPPLIER Maryville		STREET ADDRESS, CITY, STATE, ZIP CODE 14645 SW Farmington Road Beaverton, OR 97007	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/31/24 at 11:49 AM, Staff 6 (RNCM) indicated that staff were not to leave trays for residents who required meal assistance due to the risk of choking and aspiration occurring. On 1/3/25 at 11:52 AM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged Resident 3 choked as a result of Staff 5 not following the resident's care plan by leaving the resident's tray alone in her/his room.