

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/24/2026
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	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review it was determined the facility failed to ensure the care plan related to dining was followed for 1 of 7 sampled residents (#151) reviewed for accidents. This placed residents at risk for choking. Findings include: The facility's 1/10/25 Definition of Level of Assist at Meal Times policy stated if a resident was not in the dining room and required one to one supervision during meals, staff needed to be with the resident in her/his room. Resident 151 was admitted to the facility in 11/25 with diagnoses including dementia and dysphagia. A review of the 11/13/25 Care Plan revealed Resident 151 required one to one supervision with meals. The 11/19/2025 admission MDS revealed Resident 151 had a BIMS score of 11, which indicated the resident had a moderate cognitive impairment. A 11/24/25 Facility Reported Incident revealed during dinner service on 11/20/25 Resident 151 was observed coughing and required staff assistance to clear her/his airway after Staff 7 (Former CNA) was reported to have left the resident to eat unsupervised in her/his room. On 7/21/26 at 1:08 PM Staff 7 stated she was late and stressed out when she delivered meal trays to residents during dinner service on 11/20/25. Staff 7 stated Resident 151 was assigned to her on 11/20/25 and that was the first time she worked with the resident. Staff 7 stated she delivered a meal tray to Resident 151 and left the resident to eat alone in her/his room to assist a different resident. On 7/21/26 at 2:51 PM Staff 5 (LPN) stated during her shift on 11/20/25 she found Resident 151 alone in her/his room with a partially eaten meal tray. Staff 5 stated she observed Resident 151 coughing and place her/his hands on her/his neck to indicate she/he was choking. Staff 5 stated Resident 151 was able to clear her/his airway with staff assistance. Staff 5 stated Staff 7 did not ask her if Resident 151 required supervision with meals. On 7/22/26 at 12:12 PM Staff 6 (SLP) stated she completed an initial evaluation of Resident 151 on 11/21/25, which revealed the resident had limited alertness and required verbal cues to take small bites during meals. Staff 6 stated Resident 151 was at risk of aspiration in the facility and the supervision requirements indicated in the resident's care plan were appropriate on 11/20/25. On 7/22/26 at 2:57 PM Staff 4 (RNCM) stated she investigated the incident on 11/20/25 and determined Staff 7 did not follow Resident 151's Care Plan when she left the resident to eat unsupervised in her/his room. On 7/23/26 at 3:16 PM Staff 1 (Administrator), Staff 2 (DNS) and Staff 3 (Compliance Officer) confirmed the incident occurred on 11/20/25 between Resident 151 and Staff 7 and did not provide any additional information. The deficient practice was identified as Past Noncompliance based on the following: On 12/1/25, the deficient practice was corrected when the facility implemented a plan of correction. The Plan of Correction included the following: 1. A chest x-ray, SLP follow-up, and increased monitoring were completed for Resident 151 to determine if the resident's care plan addressed her/his risk of aspiration 2. Staff were educated on reviewing care plans at the beginning of each shift, levels of dining assistance and aspiration precautions for residents in the facility.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 385166 If continuation sheet Page 1 of 1