

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2026
NAME OF PROVIDER OR SUPPLIER South Hills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1166 E. 28th Avenue Eugene, OR 97403	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview the facility failed to ensure a safe, clean, and homelike environment in a shower room for 1 of 2 halls reviewed for environment. This placed residents at risk for injuries and an unhomelike environment. Findings include: On 4/9/26 at 1:25 PM, an observation was completed with Staff 1 (Administrator) of the first-floor shower room, which identified the following:-Four broken tiles with missing pieces were noted in the shower floor. On the shower floor were three holes containing a black sludge-like substance and standing water. The fourth hole by the shower entrance contained gravel and/or rocks of various sizes. -Four holes in the shower wall near the soap dispenser container.-Black coloring noted in one corner of the shower going up along the caulking measuring approximately four to five inches and from the side to the bottom measuring approximately two inches. Other random areas of caulking around the shower had a black coloring over the caulking. On 4/9/26 at 1:26 PM, Staff 1 acknowledged the broken/cracked tiles, black sludge in the holes, the holes in the wall, and the random black coloring on the caulking around the shower and would get it fixed right away.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2026
NAME OF PROVIDER OR SUPPLIER South Hills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1166 E. 28th Avenue Eugene, OR 97403	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review the facility failed to assess skin wounds and administer medications per physician orders for 3 of 10 sampled residents (#s 1, 4 and 25) reviewed for medications and skin conditions. This placed residents at risk for worsening skin wounds and adverse medication side effects. Findings include: 1. Resident 1 admitted to the facility in 6/2024 with diagnoses including malnutrition.</p> <p>Resident 1's 6/4/24 Care Plan indicated Resident 1 had the potential for skin integrity impairment and had a history of skin tears.</p> <p>Resident 1's 5/25/25 Progress Note revealed a left elbow skin tear.</p> <p>Resident 1's 11/24/25 Progress Note revealed a skin tear to her/his right hand.</p> <p>Review of Resident 1's clinical record found no documented evidence a skin assessment or evaluation had been completed for the resident's skin tears on 5/25/25 or 11/24/25.</p> <p>On 4/10/26 at 11:10 AM, Staff 2 (DNS) verified comprehensive skin assessments were not completed for the 5/25/25 and 11/24/25 skin tears.</p> <p>2. Resident 25 admitted to the facility in 12/2025 with diagnoses including diabetes.</p> <p>Resident 25's 3/31/26 Care Plan indicated Resident 25 had diabetes and was insulin dependent.</p> <p>On 3/3/26 at 3:44 PM, the State Agency received a public complaint regarding a concern related to insulin.</p> <p>The facility's 2/27/26 Medication Error form indicated Staff 17 (RN) administered an extra dose of insulin to Resident 25.</p> <p>On 4/9/26 at 10:10 AM, Staff 18 (LPN/Unit Manager) stated Resident 25 received an extra dose of insulin on 2/27/26. Staff 18 stated Staff 4 (LPN) was working on a new admission and did not finish documenting in the DAR for Resident 25. Staff 17 (RN) arrived on shift, saw Resident 25's insulin was due and administered her/his insulin.</p> <p>On 4/9/26 at 10:30 AM, Resident 25 stated she/he had received a second dose of insulin on 2/27/26.</p> <p>On 4/10/26 at 12:48 PM, Staff 2 (DNS) stated Resident 25 was monitored and she/he had no outcome from the additional administration of insulin.</p> <p>On 4/13/26 at 9:42 AM, Staff 17 (RN) stated on 2/27/26 Staff 4 (LPN) asked her to chart on Resident 25. Staff 17 stated she thought Staff 4 wanted her to administer insulin to Resident 25. Staff 17 stated she administered a second dose of insulin to Resident 25.</p> <p>Attempts to contact Staff 4 were made on 4/12/26 at 10:10 AM and 4/13/26 at 9:43 AM and were unsuccessful.</p> <p>On 4/13/26 at 3:00 PM, Staff 1 (Administration) and Staff 2 (DNS) acknowledged physician orders (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2026
NAME OF PROVIDER OR SUPPLIER South Hills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1166 E. 28th Avenue Eugene, OR 97403	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>were not followed for Resident 25's insulin administration.</p> <p>3. Resident 4 was admitted to the facility in 1/2023 with diagnoses including bilateral knee osteoarthritis and anxiety disorder.</p> <p>Resident 4's Physician Order dated 5/20/25 revealed an order for methadone HCl 10 mg tablet (an opioid used for pain reduction) 1.5 tablets (15 mg) every morning and noon, and 1 tablet (10 mg) every evening.</p> <p>Resident 4's Physician Order dated 11/7/25 revealed an order for clonazepam 0.5 mg tablet (an anti-anxiety medication) 1 tablet PRN for anxiety and not to exceed three tablets in a 24-hour period.</p> <p>Resident 4's Medication Error forms dated 11/17/25 and 11/22/25 revealed Resident 4 was administered 15 mg of methadone at the evening dose instead of the ordered 10 mg dose.</p> <p>Resident 4's Medication Error forms dated 11/20/25 and 11/23/25 revealed Resident 4 was administered four tablets of clonazepam on 11/20/25 and on 11/22/25.</p> <p>On 4/13/26 at 3:45 PM, Staff 2 (DNS) acknowledged the clonazepam and methadone medication errors. Staff 2 stated Resident 4's MAR was updated to require nursing staff to document the total number of tablets administered within a 24-hour period. Additionally, Resident 4's methadone cards were clearly labeled to specify which card was to be used for the morning and noon doses and which card was to be used for the evening dose.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2026
NAME OF PROVIDER OR SUPPLIER South Hills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1166 E. 28th Avenue Eugene, OR 97403	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and interview it was determined the facility failed to ensure food was palatable for 1 of 1 kitchen reviewed for food services. This placed residents at risk for poor food quality. Findings include: On 4/9/26 at 9:50 AM, Resident 4 stated the food was horrible and a lot of us will refuse our trays because we can't stand to eat it. On 4/9/26 at 10:01 AM, Resident 26 stated the food was pretty terrible. On 4/9/26 at 4:10 PM, Resident 27 stated the food was awful. On 4/9/26 at 10:19 AM, Staff 9 (CNA) stated residents had complained about the taste of the food. On 4/9/26 at 1:32 PM, Staff 20 (Kitchen Manager) stated she occasionally received complaints regarding the palatability of the food and reported increased complaints related to meals prepared by the cook for that day's lunch. On 4/10/26 at 9:36 AM, Staff 22 (CNA) stated the food was horrible, it is rotten and usually too tough for residents to cut. On 4/10/26 at 11:27 AM, Staff 23 (CNA) stated residents had complained about the taste of the food. On 4/9/26 at 11:53 AM, a sample meal tray was tested and found the lunch meal of pork sausage, noodles with butter, cooked spinach and spiced peaches were bland and unpalatable. On 4/9/26 at 12:15 PM, Staff 1 (Administrator) acknowledged the noodles and spinach were bland.</p>