STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385180	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Newberg	441 Werth Blvd Newberg, OR 97132

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 34702 Based on interview and record review it was determined the facility failed to follow physician orders for 1 of 5 sampled residents (#1) reviewed for medications. This placed residents at risk for adverse medication side effects. Findings include: Resident 1 admitted to the facility in 2024 with diagnoses including heart failure. The 9/20/24 progress note by Staff 3 (LPN) indicated Resident 1 received another resident's scheduled medications. Resident 1, her/his family and the physician were notified, and no adverse effects were noted. The resident was placed on alert monitoring. The 9/20/24 Medication Error Report indicated Staff 3 administered Resident 242's medications to Resident 1 and the medications included: -apixaban 2.5 mg (anticoagulant medication); -atorvastatin 20 mg (lipid lowering medication). On 9/25/24 at 3:58 PM Staff 3 stated she was on orientation and worked with Staff 4 (LPN). Staff 3 stated she went into Resident 1's room independently and was confused on which bed was bed A and bed B. Staff 3 stated she told Resident 1, You must be [Resident 242's name]. Staff 3 stated Resident 1 was very quiet and did not say if she/he was Resident 242. Staff 3 stated she administered Resident 242's medication to Resident 1 which included apixaban and atorvastatin and did not verify it was the correct resident. Staff 3 stated the physician was notified and the resident was monitored for adverse side effects. Resident 1's progress notes and physician notes from 9/20/24 through 9/24/24 revealed there were no adverse reactions to the apixaban and atorvastatin. On 9/26/24 at 10:59 AM Staff 2 (Corporate RN) acknowledged Staff 3 administered Resident 242's medications to Resident 1 in error on 9/20/24 and did not verify it was the correct resident prior to administration. Staff 2 acknowledged the medications administered to Resident 1 included apixaban and atorvastatin and Resident 1 did not have an order for those medications.

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