

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/24/2026
NAME OF PROVIDER OR SUPPLIER  Marquis Centennial Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  725 SE 202nd Avenue Portland, OR 97233	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, it was determined the facility failed to timely report allegations of abuse to the State Agency for 1 of 3 sampled residents (#2) reviewed for abuse. This placed residents at risk for abuse. Findings include: Resident 2 admitted to the facility in 12/2025 with diagnoses including hip fracture and anxiety. On 3/23/26 at 10:42 AM Resident 2 stated there was a CNA who was kind of rough with her/him told her/him to take her/himself to the bathroom and to not get out of bed until 6:00 AM. Resident 2 thought the incident occurred about a month ago. The facility's investigation dated 1/29/26 documented Resident 2 reported the allegation of abuse involving Staff 6 (CNA) to Staff 7 (SSD) on 1/29/26 at 4:00 PM. Staff 6 was sent home pending investigation. The Facility Reported Incident form was received by the State Agency on 1/30/26 at 2:13 PM. On 3/23/26 at 2:24 PM, Staff 7 stated Resident 2 told her that Staff 6 was abusive to her/him at 4:00 PM on 1/29/26. On 3/23/26 at 12:14 PM, Staff 6 denied abusing Resident 2 or any resident. On 3/24/26 at 1:13 PM, Staff 2 (DNS) stated the facility was made aware of the allegation of abuse at 4:00 PM on 1/29/26 and should have been reported to the State Agency within two hours and was not.</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
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