STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385189	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Transitional Care at Sunnyside	4515 Sunnyside Road SE Salem, OR 97302

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 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care by qualified persons according to each resident's written plan of care. Based on interview and record review, it was determined the facility failed to ensure qualified staff administered medications for one of one facility reviewed for medication administration. This placed residents at risk for receiving medication errors. Findings included: The Oregon State Board of Nursing indicated the title abbreviation CMA is protected by Oregon law and means Certified Medication Aide, not Certified Medical Assistant. The abbreviation CMA could not be used by medical assistants in Oregon. Medical assistants are unregulated personnel and work in outpatient settings under the direction of a physician. The facility's Administering Medications policy, dated 4/2019, indicated only persons licensed or permitted by the state could prepare, administer, and document the administration of medications. A public complaint was received on 3/15/25, which alleged the facility failed to ensure staff were qualified to administer medications to residents. On 6/3/25 at 11:36 AM, Staff 20 (Staffing Coordinator) stated she posted on an agency website the facility needed CMAs to pass medications on day shift. Staff 19 (Agency Medical Assistant) signed up for the shift and passed medications on the first and second floors of the facility. It was not until the end of the day shift the facility realized Staff 19 was a Medical Assistant, not a CMA, and could not administer medications to residents in a nursing facility. On 6/4/25 at 11:51 AM, Staff 2 (DNS) stated Staff 19 told Staff 2 she was a medication aide. Staff 19 passed medications on 3/15/25, on day shift. Staff 2 stated Staff 19 did not pass the medications per established protocols and the nurses questioned her ability, so they looked up her license to find out she was a Medical Assistant not a CMA. On 6/5/25 at 11:06 AM, Staff 19 stated she was told she could administer medications at the nursing facility if she was working under a nurse or physician. Staff 19 stated she had worked eight hours in the facility on 3/15/25. On 6/6/25 at 1:15 PM, Staff 1 (Administrator), Staff 2, and Staff 3 (Regional Clinical Nurse) acknowledged Staff 19 administered medications to residents in the facility. Staff 2 stated the staffing agency was called, and the facility no longer used the staffing agency's services. Staff 2 stated her expectation was for nursing staff to be licensed or certified to work 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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, it was determined the facility failed to ensure narcotic drug records were in order, and an account of all controlled drugs was maintained for 4 of 4 medication carts reviewed for medication administration. This placed residents at risk for drug diversion. Findings included: On 6/4/25 at 11:14 AM, book four on the South hall's 5/2025 medication cart Narcotic log book revealed 57 times out of 186 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 11:30 AM, book four on the South hall's 4/2025 medication cart Narcotic log book revealed 45 times out of 180 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 11:45 AM, book seven on the North hall's 3/2025 medication cart Narcotic log book revealed 92 times out of 186 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 11:50 AM, book seven on the North hall's 4/2025 medication cart Narcotic log book revealed 82 times out of 180 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 11:55 AM, book seven on the North hall's 5/2025 medication cart Narcotic log book revealed 64 times out of 186 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 12:00 PM, book 14 on the South hall's 3/2025 medication cart Narcotic log book revealed 94 times out of 186 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 12:05 PM, book 14 on the North hall's 4/2025 medication cart Narcotic log book revealed 52 times out of 186 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 12:10 PM, book 14 on the North hall's 5/2025 medication cart Narcotic log book revealed 36 times out of 180 counting opportunities the facility staff did not sign verification the narcotic count was accurate. On 6/4/25 at 12:22 PM, Staff 2 (DNS) verified the missing signatures in the Narcotic books. Staff 2 acknowledged the Narcotic book always needed to be signed by two nurses or CMAs to verify the count was accurate.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview it was determined the facility failed to ensure sufficient supplies were available to ensure a functional and comfortable environment for one of two floors reviewed for environment. This placed residents at risk for an uncomfortable living environment. Findings include: A public complaint received on 2/13/25 indicated the facility failed to provide enough supplies to meet resident care needs. On 6/5/25 at 9:24 AM, Staff 21 (CNA) reported since 2/2025 the facility experienced on-going shortages of bariatric sheets and towels for residents. As a result, residents often waited for clean linens before staff could change their beds. Staff 21 stated she reported these concerns to management however the issues continued to occur. On 6/5/25 at 9:25 AM, Staff 21 confirmed no bariatric sheets or towels were available for resident use in the North Hall linen closet. On 6/5/25 at 9:45 AM, Staff 29 (CNA) stated she looked for towels for a resident and was unable to find any in the North Hall linen closet. She further stated this was a common occurrence and she often searched other areas of the facility to locate linens for all residents. On 6/5/25 at 10:00 AM, Resident 43 stated the facility never had the right size sheets for her/his bariatric bed and the sheets frequently slipped off her/his mattress. Resident 43 also stated the facility frequently ran out of sheets, and she/he waited more than 20 minutes before staff could change her/his bedding. On 6/5/25 at 10:31 AM, Staff 22 (CNA) stated on weekends, the facility always ran out of bed pads and bariatric sheets. She informed the housekeeping management of the issue over the past few months however the facility still did not have enough linens for the residents. On 6/5/25 at 10:57 AM, Resident 31 stated for a period of time, the facility ran out of bariatric sheets several times a week. Resident 31 stated nine times out of 10 the CNA's were unable to make her/his bed until later in the day due to lack of bariatric sheets. On 6/5/25 at 11:16 AM, Staff 30 (CNA) stated the facility had multiple bedbound bariatric residents. Staff 30 reported the facility ran out of bariatric sheets daily, resulting in residents having to wait before their bedding could be changed. Staff 30 stated this made it difficult to provide care particularly on shower days when staff were expected to change resident sheets but often waited for supplies or searched throughout the facility to locate them. On 6/6/25 at 9:45 AM, Staff 27 (Maintenance Director) confirmed over the past several months both residents and staff expressed concerns about not having enough bariatric sheets and towels. On 6/6/25 at 1:19 PM, Staff 1 (Administrator) confirmed he was aware the facility had an ongoing issue with not having sufficient linens to meet the needs of all the residents.