STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385199	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chehalem Post Acute	1900 E. Fulton Street 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 34324 Based on interview and record review it was determined the facility failed to protect the resident's right to be free from verbal and physical abuse by a resident for 1 of 7 sampled residents (#3) reviewed for abuse. This placed residents at risk for isolation. Findings include: Resident 3 admitted to the facility in 2024 with diagnoses including obesity. Resident 4 admitted to the facility in 2024 with diagnoses including dementia with behaviors. A 1/30/24 facility Event Summary Report indicated Resident 4 became easily agitated and was verbally aggressive. Common behaviors of Resident 4 included verbal aggression toward others and a history of yelling, cursing and kicking others. Resident 4 was noted to be often confused and was cognitively impaired. The report indicated Resident 3 was sitting near Resident 4 during an activity. Upon getting agitated, Resident 4 kicked Resident 3 in the left foot three times and yelled profanities at Resident 3. Both residents were separated and Resident 4 was escorted back to her/his room in the Memory Care Unit. The report concluded verbal and physical abuse by Resident 4 toward Resident 3 was substantiated. On 9/17/24 at 11:11 AM Resident 3 stated she/he was in the common living room area playing bingo when Resident 4 indicated she/he took Resident 4's spot at the table. Resident 3 stated Resident 4 kicked her/him about three or four times and called her/him some not so nice names. Resident 3 stated Resident 4 cussed her/him out, and called her/him a fat [expletive]. Resident 3 stated she/he did nothing to provoke the incident. Resident 3 stated she/he forgave Resident 4 but could never forget what happened. Resident 3 stated she/he never saw or interacted with Resident 4 prior to the incident. Resident 3 stated she/he had a small bruise as a result of being kicked. Resident 3 further stated she/he felt both physically and verbally abused by Resident 4. On 9/17/24 at 11:41 AM Resident 4 was unable to recall the event between her/himself and Resident 3. On 9/19/23 at 2:03 PM Staff 1 (Administrator) and Staff 2 (DNS) acknowledged the findings of abuse related to the incident between Resident 3 and Resident 4 on 1/30/24.

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