STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385203	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation of Clackamas	220 E. Hereford Gladstone, OR 97027

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 46054 Based on observation, interview, and record review it was determined the facility failed to re-evaluate elopement risks and revise care plan interventions to prevent repeated elopements for 1 of 1 sample residents (#1) reviewed for elopement. This placed residents at risk for an unsafe elopement and injury. Findings include: Resident 1 admitted to the facility in 3/2024, with diagnosis including dementia and Type 2 diabetes. Resident 1's 3/16/24 Elopement Assessment identified she/he was a moderate risk for elopement. Resident 1's 4/15/24 Care Plan indicated the resident presented as a high risk for wandering and elopement with interventions to implement a Code Pink protocol. Code Pink was defined as a medical emergency for residents who have wandered away from the facility and was at risk of harm and/or protecting themselves. Resident 1 was also revealed to be a significant fall risk due to cognitive impairment related to dementia. No additional interventions were identified. A 4/24/24 Facility Incident Reported revealed Resident 1 had an unwitnessed exit from the facility. Resident 1 was located according to the facility's investigation to have been found at the local market. Facility door alarms were in place but was revealed to have not alerted staff when resident exited the facility. Residents SLUMS score was revealed to be 12/30 indicating significant cognitive impairment. On 4/24/24 Resident 1's care plan interventions included working with the resident to determine reasons for wanting to leave the facility. No additional interventions were identified. A 5/31/24 Facility Incident Report revealed, Resident 1 had an unwitnessed exit from the facility. Facility indicated during internal review that staff were unaware of resident's whereabouts and unaware she/he could not leave the facility on her/his own. Facility investigation revealed care staff were not aware of Resident 1's elopement and prior interventions were determined to be unsuccessful. Resident 1 was located at the local market and returned to the facility by care staff. On 5/31/24 Resident 1's care plan interventions included placing the resident on 15 minute checks. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385203	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation of Clackamas	220 E. Hereford Gladstone, OR 97027

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A 6/10/24 Facility Incident Report revealed, Resident 1 had an unwitnessed exit from the facility. Resident was located at Clackamas Town Center by spouse. Resident 1 was picked up by the facility. There was no documented evidence the facility re-evaluated Resident 1's elopement risk to identify her/his risk factors and to develop targeted interventions or to determine the need for increased supervision to prevent reoccurring elopements. On 6/18/24 at 11:27 AM, Resident 1's room was observed to be located between two emergency exit doors. On 6/18/24 at 11:34 AM, Staff 3 (CNA) stated Resident 1 consistently wanted to elope from the facility and continued to present as an elopement risk for the facility due to Resident 1's elusiveness and not having staff to monitor the resident every 15 minutes. Staff 3 was unaware of any additional interventions in place for Resident 1. On 6/18/24 at 12:17 PM, Staff 7 (RNCM) stated Resident 1 was not appropriate for a nursing facility due to residents consistent wandering behaviors and was more suitable for a memory care facility. Staff 7 indicated Resident 1 was capable of leaving the facility without notifying anyone. Staff 7 stated no additional interventions other then fifteen minute checks were implemented in the resident's care plan. On 6/18/24 at 3:06 PM, Staff 2 (DNS) stated no additional communication, assessments, or interventions were put into place for Resident 1 outside of the fifteen minute checks due to the facility's belief in additional interventions or assessments to be unnecessary. On 6/18/24 at 3:14 PM, (Staff 5) CNA stated Resident 1 was smart enough to elope from the building by waiting for care staff to get busy then walk out through the front door or side door. Staff 5 stated only fifteen minute interventions were in place and was unaware of any additional interventions identified. On 6/20/24 at 11:04 AM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged the facility failed to implement additional interventions to prevent Resident 1's elopements. Staff 2 (DNS) acknowledged the facility failed to re-evaluate Resident 1's elopement risk and failed to revise care plan interventions to prevent Resident 1's elopements.