

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Clackamas		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>42271</p> <p>Based on observation, interview and record review it was determined the facility failed to follow care plan interventions related to elopement for 1 of 1 sampled resident (#32) reviewed for elopement. This failure, determined to be an Immediate Jeopardy situation, placed all residents at risk for an unsafe elopement and injury. Findings include:</p> <p>The facility's revised 3/2019 Wandering and Elopement policy states the facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents.</p> <p>The facility's revised 7/18/24 Avamere Living-Code Pink Guidelines, an Elopement, Exit seeking, Wandering Assessment, stated the facility will complete the Code Pink Documentation tool when the resident is identified as at risk for elopement, exit seeking or wandering.</p> <p>Resident 32 admitted to the facility in 3/2024, with diagnoses including dementia and congestive heart failure.</p> <p>Resident 32's 6/19/24 Care Plan indicated Resident 32 may leave facility premises only if accompanied by a responsible party for therapeutic leave.</p> <p>Resident 32's 8/15/24 AvaElopement Risk Evaluation indicated the resident was disoriented, cognitively impaired with poor decision-making skills, known history of elopement, able to self-propel wheelchair independently and a moderate risk for wandering.</p> <p>On 8/19/24 at 12:41 PM, a complaint was received by the State Survey Agency (SSA), which alleged Resident 32 arrived on 8/16/24 via a medical transport bus to a brand-new appointment with a new practitioner, unattended and disoriented. Paperwork received from the nursing facility stated the resident had dementia and was an elopement risk. The receiving clinic recognized the residents' risk for elopement and assigned a staff member to monitor the resident.</p> <p>On 9/16/24 at 10:59 AM Resident 32 stated she/he was unable to recall the recent clinic visit.</p> <p>On 9/16/24 at 11:05 AM Staff 4 (CNA) stated she arranged for Resident 32's transportation to the new clinic and ordered Hand To Hand: Specific instructions when the resident arrived to the clinic she/he was not to be left alone. Staff 4 stated the facility did not send staff with the resident.</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 9/16/24 at 11:52 AM Staff 2 (DNS) stated medical transport takes residents to their appointments and then picks them back up. Staff 2 stated the facility did not send staff with Resident 32 for the clinic appointment and acknowledged Resident 32 was not able to communicate and was an elopement risk. Staff 2 stated the expectation was for Resident 32 to be accompanied by a responsible party.</p> <p>On 9/17/24 at 12:05 PM Staff 3 (RNCM) stated she had received a phone call from the clinic stating Resident 32 was confused and could not give them any information. Staff 3 stated she knew Resident 32 was an elopement risk but assumed the driver from the medical transport would escort the resident in to the clinic.</p> <p>On 9/18/24 at 10:27 AM Staff 5 (RN Charge Nurse) stated Resident 32 needed redirection due to being forgetful and acknowledged Resident 32 was an elopement risk. Staff 5 stated she did not know if the resident could leave the facility by her/himself.</p> <p>On 9/18/24 at 10:52 AM Witness 2 (Medical Transport Driver) stated she did not know what the term Hand To Hand meant when transporting residents.</p> <p>On 9/20/24 at 3:00 PM Staff 1 (Administrator) and Staff 2 were notified of the immediate jeopardy (IJ) situation and provided a copy of the IJ template related to the facility's failure to follow Resident 32's care plan to have a responsible party accompany the resident to an outside appointment.</p> <p>On 9/20/24 at 4:51 PM an acceptable facility IJ removal plan was submitted by the facility. The plan indicated the facility would implement the following actions:</p> <ol style="list-style-type: none"> 1. The care plan for Resident 32 has been reviewed and revised to include an escort for all appointments. The resident will continue to receive 15-minute checks. 2. All staff on evening shift on 9/20/24, have been educated on the facility's elopement policy, with a special emphasis on transportation for appointments. 3. All remaining staff will be educated on the facility's elopement policy before the start of their shift, with a special emphasis on transportation for appointments. All staff with no scheduled shift within the week will have been educated by 9/26/24. 4. All residents in the facility have been reassessed for elopement risk, and care plans have been updated as necessary. 5. To ensure ongoing compliance the DNS/designee will audit and assess all new admissions for risk of elopement for one week, weekly for three weeks, and then monthly until substantial compliance is achieved. 6. All findings to be reported to the Quality Assurance and Performance Improvement Committee. <p>On 9/23/24 at 2:20 PM, the IJ was removed as confirmed by onsite verification.</p>		