

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Forest Grove Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3300 19th Avenue Forest Grove, OR 97116	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48830</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure resident respiratory equipment was maintained for 1 of 1 sampled resident (#12) reviewed for respiratory care. This placed residents at risk for increased respiratory concerns. Findings include:</p> <p>A 3/2015 Oxygen Administration facility policy indicated oxygen concentrator filters were to be cleaned weekly.</p> <p>Resident 12 was admitted to the facility in 10/2023 with diagnoses including Chronic Obstructive Pulmonary Disorder (a lung disease causing restricted airflow and breathing problems) and depression.</p> <p>The 10/19/24 Annual MDS indicated Resident 12 was cognitively intact.</p> <p>Resident 12's physician order dated 11/1/24 revealed she/he required oxygen nightly and as needed.</p> <p>The 11/2024 Task log to Replace oxygen tubing and filter every seven days indicated it was last completed on 11/17/24 by Staff 3 (RN).</p> <p>On 11/18/24 at 10:47 AM the oxygen concentrator was observed to have two foam external filters. The right-side foam filter appeared clean, and the left-side foam filter had a thick layer of dust. Resident 12 stated she/he used the oxygen concentrator nightly and as needed during the day.</p> <p>On 11/19/24 at 4:59 PM Staff 3 stated Resident 12's oxygen concentrator had one external foam filter that she cleaned every Sunday and last cleaned on 11/17/24. Staff 3 stated she was unaware the oxygen concentrator had two external foam filters.</p> <p>On 11/20/24 at 8:57 AM Staff 2 observed Resident 12's oxygen concentrator filters and acknowledged the left-side foam filter appeared dirty.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Forest Grove Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3300 19th Avenue Forest Grove, OR 97116	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>34702</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure appropriate medication storage temperatures were logged and maintained and failed to ensure proper labeling of biologicals for 1 of 1 medication storage refrigerator and 1 of 3 treatment carts reviewed for safe medication storage. This placed residents at risk for receiving medications with reduced efficacy. Findings include:</p> <p>1. On 11/21/24 at 11:18 AM one open, undated vial of tuberculin (used for the testing in the diagnosis of Tuberculosis) was observed in the medication room refrigerator. The manufacturer's instructions indicated to discard the medication 30 days after opening.</p> <p>On 11/21/24 at 11:18 AM Staff 4 (LPN) acknowledged the vial of tuberculin was open and not labeled with the date opened.</p> <p>On 11/21/24 at 12:38 PM Staff 2 (DNS) stated the expectation was for staff to label tuberculin with an open date.</p> <p>2. On 11/21/24 at 11:32 AM one open insulin lispro pen was open with no open date in the East Hall treatment cart. The manufacturer's instructions indicated to discard the medication 28 days after opening.</p> <p>On 11/21/24 at 11:32 AM Staff 13 (LPN) acknowledged the insulin lispro pen was open with no open date.</p> <p>On 11/21/24 at 12:38 PM Staff 2 (DNS) stated the expectation was for staff to label insulin with open dates.</p> <p>3. On 11/21/24 at 11:54 AM the medication room refrigerator temperature logs were reviewed for 10/2024 and 11/2024 and revealed no temperatures were recorded for 10/6, 10/26, 10/28 and 11/16.</p> <p>On 11/21/24 at 12:38 PM Staff 2 (DNS) acknowledged the medication refrigerator logs had no temperatures recorded on the identified dates and the expectation was for staff to log temperatures twice daily.</p> <p>4. On 11/21/24 at 11:54 AM the 10/2024 and 11/2024 medication room refrigerator temperature logs were reviewed and indicated the following:</p> <p>-Temperatures were to be kept within 36 F to 46 F.</p> <p>-On 10/2, 10/5, 10/8, and 10/9 the medication refrigerator was 48 F.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Forest Grove Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3300 19th Avenue Forest Grove, OR 97116	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/21/24 at 12:38 PM Staff 2 (DNS) stated the expectation was for the medication room refrigerator to be kept between 36 F and 46 F. Staff 2 acknowledged the medication room refrigerator temperature logs indicated temperatures exceeded 46 F on the identified dates and the refrigerator contained vaccines and insulin.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Forest Grove Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3300 19th Avenue Forest Grove, OR 97116	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50928</p> <p>Based on observation, interview, and record review it was determined the facility failed to process laundry to produce hygienically clean laundry and prevent the spread of infection for 1 of 1 laundry room reviewed for infection control. This placed residents at risk for contaminated laundry. Findings include:</p> <p>According to the Center for Disease Control and Prevention: Guidelines for Environmental Control in Healthcare Facilities (2003); Laundry and Bedding Section G.II.D, damp laundry was not to be left in machines overnight.</p> <p>On 11/21/24 at 1:48 PM Staff 11 (Housekeeping) stated her shift ended at 2:30 PM and she had the last shift of the day. Staff 11 stated when wet laundry was not completed in the washing machine at the end of her shift, she left the wet laundry in the washing machine overnight. Staff 11 stated the next morning she or other housekeeping staff transferred the wet laundry to the dryer and did not rewash the laundry.</p> <p>On 11/21/24 at 2:45 PM the washing machine was observed to contain damp clothing protectors after housekeeping staff left the facility for the day.</p> <p>On 11/21/24 at 2:46 PM 1 (Administrator) stated she was unaware of a laundry policy regarding damp laundry left in the washing machine overnight.</p>		