

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Piedmont Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  319 NE Russet Portland, OR 97211	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>50926</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure care plans were revised to accurately reflect the needs of residents for 1 of 4 sampled residents (#37) reviewed for nutrition and positioning. This placed residents at risk for receiving unneeded assistance. Findings include:</p> <p>Resident 37 was admitted to the facility in 5/2024 with diagnoses including stroke and a stage 4 pressure injury (a full thickness tissue loss with exposed bone, tendon or muscle).</p> <p>Resident 37's nutrition care plan, dated 5/3/24, and Restorative care plan, dated 6/3/24, indicated Resident 37 was at risk for nutritional deficits such as weight loss and decline in ROM to her/his hand. Interventions included:</p> <ul style="list-style-type: none"> <li>-1:1 total assistance for all meals and snacks.</li> <li>- Adaptive equipment was to be used including adaptive silverware, scoop plate, and an adaptive cup or coffee cup.</li> <li>- Staff were to put a splint in place in the resident's hand during the day for four hours, and at night, and were to thoroughly wash and dry the resident's skin before splint application and removal.</li> </ul> <p>During observations of Resident 37 from 12/2/24 through 12/5/24, no splint was observed in the resident's hand.</p> <p>On 12/3/24 at 8:40 AM Resident 37 was observed in the dining room during the breakfast meal. Resident 37 was drinking from a regular cup without assistance, and without difficulty. No assistive devices were observed. No hand splint was observed.</p> <p>On 12/3/24 at 12:53 PM Staff 21 (LPN) stated Resident 37 consumed 50-75% of her/his meal and only required staff supervision and encouragement.</p> <p>On 12/4/24 at 3:03 PM Staff 17 (LPN) stated there was a change from 1:1 assistance with meals to providing meal supervision for Resident 37. Staff 17 was unaware of the care plan for use of a hand splint.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Piedmont Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  319 NE Russet Portland, OR 97211	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/5/24 at 12:44 PM Staff 4 (RNCM) stated the hand splint was discontinued because it caused pain to the resident. Staff 4 stated Resident 37 no longer needed 1:1 assistance with meals or adaptive equipment. Staff 4 confirmed resident's care plan was not updated related to use of a splint and nutritional assistance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Marquis Piedmont Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  319 NE Russet Portland, OR 97211	
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50926</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure enhanced barrier precautions (EBP) were followed for 1 of 1 resident (#37) reviewed for EBP. This placed residents at risk for exposure to infections. Findings include:</p> <p>The facility's undated Isolation - Categories of Transmission-Based Precautions policy indicated EBP were to be used for residents with catheters and complex wounds. The precautions included use of gloves and gowns while providing high contact care such as transfers, wound care, peri-care, and dressing assistance.</p> <p>Resident 37 was admitted to the facility in 5/2024 with diagnoses including stroke and stage 4 pressure injury (a complex wound).</p> <p>Resident 37's 5/3/24 care plan indicated she/he was at risk for infection due to a stage 4 pressure injury. Interventions included EBP.</p> <p>On 12/3/24 at 11:56 AM an observation of Resident 37's care revealed Staff 9 (CNA) and Staff 8 (NA) provided transfer assistance and personal hygiene without donning gowns.</p> <p>On 12/3/24 at 12:05 PM Staff 8 (NA) was unable to explain what EBP was required when providing care for Resident 37 and confirmed she did not wear a gown when providing care to the resident.</p> <p>On 12/3/24 at 12:11 PM Staff 9 (CNA) verbalized understanding of EBP and confirmed she did not wear a gown when providing care to the resident.</p> <p>On 12/3/24 at 1:49 PM another observation of Resident 37's care revealed Staff 9 (CNA) and Staff 19 (NA) provided transfer assistance to Resident 37 without donning gowns.</p> <p>On 12/3/24 at 2:00 PM Staff 19 (NA) was unable to explain what EBP was required when providing care for Resident 37 and confirmed she did not wear a gown when providing care to the resident.</p> <p>On 12/5/24 at 12:44 PM Staff 4 (RNCM) was provided with these findings. Staff 4 confirmed staff were to wear gloves and gowns during transfers and personal hygiene care for Resident 37.</p>		