STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385221	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Oregon City Post Acute Rehab	1680 Molalla Avenue Oregon City, OR 97045

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and record review it was determined the facility failed to conduct a risk analysis assessment for potential areas of growth and spread of water-borne pathogens. This placed residents at risk for exposure to water-borne pathogens. Findings include:The Centers for Medicare and Medicaid Services Center for Clinical Standards and Quality/Safety and Oversight Group letter 17-30, revised on 7/6/18, on Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease stated, Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water.A review of the facility's revised 4/5/24 Water Management Program-Legionella revealed the following:-The facility's policy is to establish procedures to reduce the risk of Legionella and other opportunistic pathogens in the facility's water system.-A risk assessment is to be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water system.A review of the facility's Identifying Buildings at Increased Risk assessment indicated the assessment was completed on 3/27/24.On 2/26/26 at 11:05 AM Staff 1 (Administrator) and Staff 3 (Maintenance Director) acknowledged the annual risk analysis assessment for potential areas of growth and spread of water-borne pathogens, such as Legionella, in the facility's main water system was not completed since 3/27/24.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review it was determined the facility failed to ensure resident accessible outside space was free from environmental hazards for 1 of 1 memory care outdoor area reviewed for safety and failed to safely transfer 1 of 1 sampled resident (#44) reviewed for ADLs. This placed residents at risk for injury and elopement. Findings include: 1. The facility's undated Friendship House Disclosure Statement revealed:-The physical design of Friendship House allows for wandering both inside and outside of the unit. There are several areas that are inviting to the residents and offer a place to sit and relax or have stimulating objects to investigate. An outside walkway is designed to allow for a safe wandering path. Exits from the entire hall are locked to prevent unsafe wandering. Residents living at Friendship House are free to wander about the common area and outside secured yard. On 2/25/26 at 9:30 AM a walkthrough of the secure memory care fenced courtyard and concurrent interview with Staff 1 (Administrator) revealed the following: -The walkway in the courtyard had moss growth and was slippery when walked on, this was acknowledged by Staff 1.-A box of fertilizer was observed in an open plastic box and was next to the table in the courtyard, Staff 1 stated the fertilizer was a hazard to the memory care residents.On 2/26/26 at 11:33 AM Staff 2 (DNS) provided a list which indicated 10 residents in the memory care unit were actively exit seeking. On 2/27/26 at 9:14 AM Staff 1 confirmed the memory care outside space presented safety risks to the residents in the memory care. 2. Resident 44 admitted to the facility in 5/2020 with diagnoses including dementia.Resident 44's comprehensive care plan revised 9/3/24 revealed Resident 44 required a sit to stand mechanical lift and two staff for all transfers.On 2/23/26 at 11:49 AM Staff 9 (CNA) was observed to transfer Resident 44 from her/his bed to a wheelchair without the assistance of as second staff member while using a sit to stand lift. On 2/25/26 at 11:19 AM Staff 9 stated Resident 44 required two staff for safe sit to stand transfers. Staff 9 stated she transferred Resident 44 independently on 2/23/26 and it was a lapse of judgement. On 2/26/26 at 11:26 AM Staff 2 (DNS) stated she was aware of the 2/23/26 transfer and stated Resident 44 required two staff for safe sit to stand transfers due to Resident 44 often moving during the sit to stand mechanical transfers.