

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48830</p> <p>Based on interview and record review it was determined the facility failed to accurately code MDS assessments for 1 of 1 sampled resident (#295) reviewed for oxygen. This placed residents at risk for unidentified treatment needs. Findings include:</p> <p>Resident 295 admitted to the facility on [DATE] with diagnoses including asthma and acute respiratory failure with hypoxia (not enough oxygen in the tissues in the body).</p> <p>The resident's 3/29/24 admission orders indicated the resident required the use of oxygen therapy.</p> <p>A review of the March and April 2024 TARs indicated the resident received oxygen continuously every day since admission.</p> <p>The resident's 4/5/24 Admission MDS indicated the resident did not require the use of oxygen.</p> <p>On 4/15/24 at 1:37 PM Resident 295 was observed to have oxygen in place and the resident stated she/he required oxygen continuously since admission to the facility in March 2024.</p> <p>On 4/18/24 at 3:18 PM Staff 3 (Resident Care Manager LPN) acknowledged the 4/5/24 Admission MDS was coded inaccurately for the use of oxygen.</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: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>41453</p> <p>Based on interview and record review it was determined the facility failed to ensure a written summary of a baseline care plan was reviewed and provided to residents within 48 hours of admission for 1 of 1 sampled resident (#245) reviewed for care planning. This placed residents at risk for being uninformed about their plan of care. Findings include:</p> <p>Resident 245 admitted in 12/2023 with diagnoses including diabetes and kidney failure.</p> <p>Resident 245's care plan dated 12/26/23 did not indicate she/he received or reviewed the baseline care plan.</p> <p>Resident 245's 12/2023 MAR revealed no documentation her/his baseline care plan was provided or reviewed.</p> <p>On 4/19/24 at 10:08 AM Staff 15 (Resident Care Manager) Staff 15 confirmed Resident 245 did not receive or review the baseline care plan.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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>41453</p> <p>Based on 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 1 sampled resident (#246) reviewed for staffing. This placed residents at risk for unmet needs. Findings include:</p> <p>Resident 246 admitted to the facility in 6/2023 with diagnoses including dementia and hypertension.</p> <p>Resident 246's 1/29/24 care plan indicated staff were to wake up the resident at 2:00 AM every morning to void.</p> <p>On 4/17/24 at 9:51 PM Staff 17 (CNA), Staff 18 (CNA) and Staff 19 (CNA) stated they were not aware of the care plan intervention to wake Resident 246 at 2:00 AM to void. Staff 17, Staff 18, and Staff 19 stated Resident 246 was up and down often at night and the intervention to wake her/him did not fit with Resident 246's care needs.</p> <p>On 4/19/24 at 9:53 AM Staff 2 (DNS) confirmed the intervention to wake Resident 246 at 2:00 AM was not current and the care plan needed to be updated.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34324</p> <p>Based on interview and record review it was determined the facility failed to ensure physician orders were followed for 12 of 15 sampled residents (#s 1, 4, 10, 11, 14, 28, 30, 32, 33, 94, 144 and 145) reviewed for medications. This placed residents at risk for reduced medication efficacy and adverse medication side effects. Findings include:</p> <p>1. Resident 94 admitted to the facility on [DATE] with diagnoses including cellulitis and a pressure ulcer.</p> <p>Review of Resident 94's current physician orders indicated the following medications:</p> <ul style="list-style-type: none"> - Atorvastatin (used to lower cholesterol) at bedtime for hyperlipidemia. - Cholecalciferol (vitamin D) at bedtime for a supplement. - Gabapentin TID for pain. - Pantoprazole (used to treat heartburn) BID for ulcer. <p>Review of Resident 94's 4/2024 Medication Administration Audit report indicated Resident 94 was to receive; Atorvastatin, Cholecalciferol, Gabapentin and Pantoprazole at 9:00 PM. The report indicated Resident 94 did not receive her/his medications until 11:18 PM on 4/12/24 and 11:02 PM on 4/13/24.</p> <p>On 4/15/24 at 2:20 PM Resident 94 stated she/he usually received her/his night medications around 9:00 PM. Resident 94 stated on 4/13/24 she/he did not receive her/his medications until 12:00 AM.</p> <p>On 4/18/24 at 10:32 AM Staff 6 (LPN) stated on 4/13/24 she worked with a resident who just returned from the hospital, completed a bed bath and was doing treatments. Staff 6 stated she was unable to complete her medication pass on time and was late passing medications including Resident 94's medications.</p> <p>On 4/18/24 at 1:08 PM Staff 7 (LPN) stated on 4/12/24 he was late passing medications, including Resident 94's medications, due to starting late and trying to figure out the arrangement of the medications and treatments.</p> <p>On 4/19/24 at 9:23 AM Staff 5 (Resident Care Manager LPN) acknowledged Resident 94's medications were not administered timely on 4/12/24 and 4/13/24.</p> <p>34702</p> <p>2. On 4/25/23 a concern was reported that indicated Resident 144 did not receive her/his medications as ordered.</p> <p>Resident 144 admitted to the facility on [DATE] with diagnoses including heart failure.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The 4/20/23 physician orders indicated Resident 144 was to receive the following medications:</p> <ul style="list-style-type: none"> -Eliquis 2.5 mg bid for atrial fibrillation -metoprolol 25 mg bid for heart failure <p>Resident 144's 4/2023 MARs indicated the following:</p> <ul style="list-style-type: none"> -Eliquis and metoprolol were not administered on the evening of 4/20/23 as ordered. -On 4/21/23 at 10:43 AM the resident received her/his first dose of Eliquis and metoprolol. <p>On 4/16/23 at 12:59 PM Staff 24 (Regional Director) stated Resident 144 admitted on [DATE] at 6:25 PM.</p> <p>On 4/19/24 at 1:08 PM Staff 2 (DNS) acknowledged Resident 144 did not receive Eliquis and metoprolol on 4/20/23 as ordered and did not receive the medications until 4/21/23 at 10:43 AM.</p> <p>41453</p> <p>3. a. Resident 32 admitted on ,d+[DATE] with diagnoses including anxiety and depression.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Duloxetine was administered three hours late. <p>b. Resident 28 admitted on ,d+[DATE] with diagnoses including diabetes and kidney failure.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Carvedilol was administered three hours late. <p>c. Resident 1 admitted on ,d+[DATE] with diagnoses including dementia and heart failure.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Levothyroxine was administered one hour and 23 minutes late. - Metformin was administered four hours late. - Tylenol was administered three hours late. <p>d. Resident 10 admitted on ,d+[DATE] with diagnoses including diabetes and heart failure.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Humulin (Insulin) was ordered at 6:00 PM and was not administered. <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- Ferrous Sulfate was administered five hours late.</p> <p>- Humulin (Insulin) was administered six hours late.</p> <p>e. Resident 33 admitted on ,d+[DATE] with diagnoses including heart failure and hypertension.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <p>- Calcium was administered four hours late.</p> <p>- Carvedilol was administered four hours late.</p> <p>- Atorvastatin was administered four hours late.</p> <p>- Insulin was administered six hours late.</p> <p>- Acetaminophen was administered three hours late.</p> <p>- Gabapentin was administered three hours late.</p> <p>f. Resident 4 admitted on ,d+[DATE] with diagnoses including diabetes and depression.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <p>- Torsemide was administered four hours late.</p> <p>- Metoprolol ER was administered three hours late.</p> <p>- Pregabalin was administered three hours late.</p> <p>- Symbicort was administered three hours late.</p> <p>- Apixaban was administered three hours late.</p> <p>- Tylenol was administered three hours late.</p> <p>- Atorvastatin was administered three hours late.</p> <p>- Insulin was administered five and a half hours late.</p> <p>g. Resident 11 admitted on [DATE] with diagnoses including diabetes and anxiety.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <p>- Ciprofloxacin (antibiotics) was administered four hours late.</p> <p>- Simvastatin was administered three hours late.</p> <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <ul style="list-style-type: none"> - Tylenol was administered two and a half hours late. - Apixaban was administered two and a half hours late. - Gabapentin was administered two and a half hours late. <p>h. Resident 14 admitted on ,d+[DATE] with heart failure.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Pregabalin was administered five hours late. <p>i. Resident 145 admitted on ,d+[DATE] with heart failure.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Buspirone was administered four hours late. - Tylenol was administered four hours late. - Carvedilol was administered four hours late. - Eliquis was administered four hours late. - Potassium chloride ER was administered four hours late. - Senna plus was administered four hours late. <p>j. Resident 30 admitted on ,d+[DATE] with Hypertension.</p> <p>A 4/17/24 medication administration audit indicated the following:</p> <ul style="list-style-type: none"> - Potassium chloride ER was administered four hours late. - Senna oral was administered four hours late. - Gabapentin oral was administered four hours late. <p>On 4/17/24 at 8:23 PM Staff 14 (LVN) confirmed the identified medications were all administered late.</p> <p>On 4/19/24 at 9:31 AM Staff 15 (LPN Resident Care Manager) and Staff 16 (LPN Resident Care Manager) were made aware of the late medications. No additional information was provided.</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34702</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure pressure ulcers were assessed, treated and care planned appropriately for 1 of 2 sampled residents (#145) reviewed for pressure ulcers. This placed residents at risk for worsening pressure ulcers. Findings include:</p> <p>Resident 145 admitted to the facility on [DATE] with diagnoses including pressure ulcers to the right and left heels (unspecified stages) and a Stage 2 pressure ulcer to the right elbow.</p> <p>The 4/10/24 Admission Nursing Database indicated Resident 145 had the following skin impairments: bilateral heels and right pinkie finger with necrosis [dead tissue] noted varying in size from quarter to half dollar. Multiple skin impairment sores noted throughout body - varying in size from dime to quarter - varying degrees of healing (scabbing noted). Wounds present: 10 or more.</p> <p>The 4/11/24 care plan indicated the resident had potential impairment to skin integrity related to impaired mobility. Interventions included: encourage resident to change position frequently; lotion to skin as needed; notify nurse of new skin issues. The care plan did not identify the resident had pressure ulcers and did not include specific interventions for the pressure ulcers.</p> <p>The 4/13/24 progress note indicated the facility received orders for wound care: provider indicated to continue wound care the hospital was performing. Resident had opti-foam to the left heel in place at the time of assessment, new order to place opti-foam to both heels every day until wound care assessed the wounds.</p> <p>The 4/14/24 at 2:40 PM progress note indicated Resident 145 was now complaining of increased pain and burning to right elbow, the diameter in size has increased and the pus pockets are now leaking fluids. Resident has complained of feeling hot and received Tylenol due to 99.2 temp. Provider gives new order to send to ER for evaluation and treatment. Resident is made aware. EMS [Emergency Medical Services] notified and in route.</p> <p>The 4/2024 TARs indicated the following:</p> <p>-4/17/24: left fifth digit apply betadine to eschar once daily and cover with bandage every day shift.</p> <p>-There was no indication any other treatments were implemented or obtained from 4/10/24-4/17/24 including the opti-foam daily dressing changes to both heels.</p> <p>On 4/18/24 at 9:13 AM Resident 145 stated she/he had wounds on both heels and staff were supposed to do bandage changes daily, but the dressings were not changed for a couple of nights.</p> <p>On 4/18/24 at 9:47 AM Staff 10 (CNA) stated she was assigned to Resident 145 and was unsure if the resident had skin issues. Staff 10 reviewed the Kardex (CNA care directive) and stated the resident was to be repositioned frequently with no further interventions indicated.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/18/24 at 9:58 AM Staff 8 (LPN) stated Resident had skin issues including a couple of areas on both big toes and her/his heel, and a red area to her/his right elbow, and the resident admitted with those skin issues. Staff 8 stated the resident had one skin treatment due that day and it was for betadine to the finger. Staff 8 stated the wound care nurse practitioner was at the facility that day and would assess the resident.</p> <p>On 4/18/24 at 11:16 AM Staff 23 (Wound Care Nurse Practitioner) was observed to measure Resident 145's multiple wounds. Staff 23 ordered and performed treatment on the wounds. Staff 4 (Resident Care Manager LPN) assisted Staff 23 and indicated the dressing removed from the resident's left heel wound was dated 4/13/24 (five days prior), and the dressing removed from the resident's right heel wound had an illegible date.</p> <p>On 4/19/24 Staff 23's wound assessment notes from 4/18/23 were provided to the Surveyor and indicated the following:</p> <ul style="list-style-type: none"> -Wound 1: left 5th finger unstageable pressure ulcer 1.8 cm x 0.9 cm. -Wound 2: right elbow stage 2 pressure ulcer closed. -Wound 3: left 1st digit foot unstageable pressure ulcer 1 cm x 1 cm. -Wound 4: right 1st digit foot unstageable pressure ulcer 1 cm x 1 cm. -Wound 5: right heel unstageable pressure ulcer 1.1 cm x 0.9 cm. -Wound 6: buttocks with moisture associated skin damage widespread. -Wound 7: left heel Stage 3 pressure ulcer 6.8 cm x 7.2 cm. <p>On 4/19/24 at 1:08 PM Staff 2 (DNS) acknowledged Resident 145 admitted with 10 plus wounds per documentation. Staff 2 acknowledged on 4/18/24 Resident 145's left heel wound had a dressing dated 4/13/24 and an illegible date on the right heel. Staff 2 further acknowledged there was no comprehensive assessment, measurements or treatments implemented until one treatment on 4/17/24 for the finger and additional treatments were not implemented until after Staff 23 assessed and ordered wound treatments on 4/18/24.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34324</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure sufficient staffing to meet resident care needs for 2 of 2 halls reviewed for staffing. This placed residents at risk for delayed and unmet care needs. Findings include:</p> <p>On 4/18/24 the facility provided lists of residents who:</p> <ul style="list-style-type: none"> -Required assistance with eating: 3. -Required two-person assistance with transfers: 6. -Required mechanical lift with transfers: 23. -Required assistance with dressing: 46. -Required assistance with bathing: 47. -Required assistance with toileting: 40. -Residents who were incontinent: 37. -Had wandering behaviors: 2. -Had behavioral healthcare needs: 32. <p>Review of Resident Council Notes revealed the following staffing concerns:</p> <ul style="list-style-type: none"> -January 2024: The call light does not get answered during shift change between 2:00 PM to 3:00 PM. -February 2024: The call light was on for an hour and a half. A resident was left in a wet and dirty brief for a unknown length of time. A CNA sat at the nurses' station on a cell phone while call lights were on and a CNA sat in the breakroom during night shift. <p>Observations of call lights made on 4/17/24 from 8:00 PM to 10:00 PM revealed the following:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER]: call light was activated at 8:20 PM and staff responded at 8:43 PM (23 minutes). - room [ROOM NUMBER]: call light was activated at 8:20 PM and staff responded at 8:43 PM (23 minutes). - room [ROOM NUMBER]: call light was activated at 9:07 PM and staff responded at 9:33 PM (26 minutes). <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- room [ROOM NUMBER]: call light was activated at 9:07 PM and staff responded at 9:33 PM (26 minutes).</p> <p>During a resident group meeting on 4/18/24 at 1:30 PM, the residents indicated call light times were lengthy, ranging from 30 minutes to one hour or longer and that occurred multiple times a week. The residents indicated the staff often stated no one was available to help answer call lights. Residents indicated they were incontinent due to the slow response to call lights. The residents stated multiple days a week they received their medications late on every shift and night medications were administered at midnight.</p> <p>Resident interviews revealed the following:</p> <ul style="list-style-type: none"> - On 4/16/24 at 9:00 AM Resident 294 stated call lights took up to 45 minutes to be answered. - On 4/16/24 at 9:23 AM Resident 19 stated she/he typically waited 30-45 minutes for call lights to be answered; and waited as long as two hours. - On 4/16/24 at 9:41 AM Resident 6 stated she/he frequently waited a long time for call lights to be answered and the longest call light time was two hours and 40 minutes. - On 4/16/24 at 10:34 AM Resident 7 stated call lights took up to 45 minutes to be answered. - On 4/15/24 at 11:03 AM Resident 296 stated she/he waited 30 minutes or longer for call lights to be answered. - On 4/15/24 at 12:48 AM Resident 25 stated call lights took anywhere from 20-30 minutes and up to two hours to be answered. - On 4/15/24 at 2:16 PM Resident 9 stated call light wait times were longer on evenings and weekends; she/he waited up to an hour and had incontinence episodes on occasions while waiting for staff to answer her/his call light. - On 4/16/24 at 10:15 AM Resident 94 stated a couple of days prior over the weekend she/he did not receive incontinence care timely and staffing was worse on nights and weekends. Resident 94 stated she/he waited up to 40 minutes for her/his call light to be answered. - On 4/15/24 at 12:29 PM Resident 145 stated she/he waited hours for staff to answer her/his call light and had episodes of incontinence due to waiting a long time for staff to answer the call light. <p>Staff interviews revealed the following:</p> <ul style="list-style-type: none"> - On 4/17/24 at 1:35 PM Staff 22 (CMA) stated she passed medications for the entire facility and was not able to finish passing morning medications until just before noon due to the large amount of residents, and she was the only staff passing medications. <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- On 4/17/24 at 5:03 PM Staff 20 (CNA) stated the facility was often short staffed and a few days prior staff were not able to give residents their showers due to being short-staffed. Staff 20 stated several residents had higher acuity needs and it was often difficult to take breaks.</p> <p>- On 4/17/24 at 5:34 PM Staff 12 (CNA) stated she was not always able to take breaks and some of the halls had residents with behaviors and residents who had higher acuity care needs which made the workload more difficult.</p> <p>- On 4/17/24 at 5:43 PM Staff 21 (LPN) was observed to answer the call light in room [ROOM NUMBER]. When she exited the room she stated she provided incontinence care to the resident and often assisted to answer call lights due to staffing.</p> <p>- On 4/17/24 at 8:20 PM ten residents noted on Staff 14's (LPN) computer were highlighted in red, indicating their medications were late. At 8:23 PM Staff 14 (LPN) confirmed the residents' (#s 1, 4, 10, 11, 14, 28, 30, 32, 33 and 145) medications were late. Staff 14 stated medications were late because she got pulled too many different directions and was not able to complete her work on time.</p> <p>- On 4/17/24 at 9:24 PM Staff 11 (CNA) stated she was regularly unable to complete all her assigned duties on her shift.</p> <p>- On 4/17/24 at 10:30 PM Staff 12 (CNA) stated because of the needs of some residents she was unable to complete all her assigned duties on her shift.</p> <p>- On 4/17/23 at 10:42 PM Staff 13 (CNA) stated if she had a good hall partner, she was able to complete her work, otherwise she was unable to complete her work.</p> <p>- On 4/18/24 at 10:32 AM Staff 6 (LPN) stated on her shift she dealt with several high demand residents, completed a resident bed bath and had to complete new or returning resident admissions that could take up to several hours. Staff 6 stated with all these tasks she could fall behind in passing medications, resulting in residents receiving medications late. Staff 6 stated Resident 94 received her/his medications late on 4/13/24.</p> <p>- On 4/18/24 at 12:23 PM Staff 8 (LPN) stated often times medications were given late at night to residents due to nursing staff having to complete medication pass, assessments, new admissions, discharges and other nursing tasks.</p> <p>- On 4/19/24 at 9:32 AM Staff 5 (Resident Care Manager LPN) and Staff 4 (Resident Care Manager LPN) stated the expectation was for night shift nursing staff to pass medications, complete treatments as well as complete any new or readmitted residents.</p> <p>41453</p> <p>48830</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34702</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were free from unnecessary medications for 2 of 6 sampled residents (#s 4 and 6) reviewed for medication. This placed residents at risk for adverse side effects of medication and hypoglycemia. Findings include:</p> <p>1. Resident 6 admitted to the facility in 2023 with diagnoses including end stage renal disease.</p> <p>The 2/29/24 physician order indicated Resident 6 was to receive midodrine (used to manage low blood pressure in patients whose [NAME] are impaired) TID PRN if the systolic blood pressure was less than 90.</p> <p>The 3/2024 and 4/2024 TARs revealed the following:</p> <p>-3/16-3/31 there were 43 occasions when the systolic blood pressure was greater than 90 and the midodrine was administered and not held as ordered.</p> <p>-4/1-4/16 there were 40 occasions when the systolic blood pressure was greater than 90 and the midodrine was administered and not held as ordered.</p> <p>On 4/19/24 at 1:08 PM Staff 2 (DNS) acknowledged Resident 6 received midodrine on the identified dates and the medication was not held as ordered.</p> <p>2. Resident 4 admitted to the facility in 2023 with diagnoses including diabetes.</p> <p>The 3/8/24 physician order indicated Resident 4 was to receive insulin lispro (fast acting insulin) 13 units before meals, hold if the CBG was less than 120.</p> <p>The 3/2024 and 4/2024 Diabetic Administration Records (DAR) revealed the following:</p> <p>-3/16-3/31 there were two occasions when Resident 4's CBG was less than 120 and insulin was administered and not held as ordered.</p> <p>-4/1-4/16 there were five occasions when Resident 4's CBG was less than 120 and insulin was administered and not held as ordered.</p> <p>On 4/19/24 at 1:08 PM Staff 2 (DNS) acknowledged Resident 4 received insulin lispro on the identified dates and the medication was not held as ordered.</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 proper labeling of biologicals, proper storage temperatures were logged and maintained, and medication carts were properly secured for 2 of 2 treatment carts and 1 of 1 medication room reviewed for medication storage and observed during random observations. This placed residents at risk for reduced efficacy of medication and unauthorized access to medications. Findings include:</p> <ol style="list-style-type: none"> On 4/19/24 at 10:11 AM two open insulin pens were observed in the 300-hall treatment cart with no open dates. On 4/19/24 at 10:11 AM Staff 8 (LPN) acknowledged the two insulin pens were open and not labeled with open dates. On 4/19/24 at 10:19 AM one open insulin pen was observed in the 200-hall treatment cart with no open date. On 4/19/24 at 10:19 AM Staff 8 (LPN) acknowledged the insulin pen was open and not labeled with an open date. On 4/19/24 at 10:04 AM the controlled medication refrigerator was observed with Staff 8 (LPN). The refrigerator contained a thermometer and medications, but no temperature log was located. On 4/19/24 at 10:04 AM Staff 8 (LPN) acknowledged there was no temperature log for the controlled medication refrigerator. The 3/2024 and 4/2024 medication refrigerator temperature logs indicated the temperatures were to be logged twice daily and the temperatures were to be between 36 F and 46 F. The temperature logs indicated the following: <ul style="list-style-type: none"> -26 occasions when the temperature was checked zero to one time daily. -Three occasions when the temperature was less than 36 F and one occasion when the temperature was greater than 46 F. On 4/19/24 at 10:04 AM Staff 8 (LPN) stated the temperature logs for the medication refrigerators were not assigned to anybody. Staff 8 was not sure who was responsible for recording temperatures. On 4/19/24 at 1:08 PM Staff 2 (DNS) acknowledged the identified dates when the temperatures were out of range and acknowledged the 26 occasions when the temperatures were not checked twice daily. <p>41453</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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>5. On 4/17/24 at 8:19 PM a treatment cart which contained antibiotics and blood pressure medications was observed to be unlocked and unattended in the long-term care nursing unit. Staff 14 (LPN) confirmed the cart was unattended and unlocked. Staff 14 locked the cart.</p> <p>On 4/17/24 at 9:21 PM a treatment cart which contained antibiotics and blood pressure medications was observed to be unlocked and unattended, in the long-term care nursing unit. Staff 14 (LPN) confirmed the cart was unlocked.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Post-Acute and Rehabilitation Center - MC | | STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128 | |
| 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41453</p> <p>Based on interview and record review it was determined the facility failed to ensure records were accurate for 1 of 18 sampled residents (#246) reviewed for staffing. This placed residents at risk for inaccurate treatment. Findings include:</p> <p>Resident 246 admitted to the facility in ,d+[DATE] with diagnoses including dementia and hypertension.</p> <p>Resident 246's ,d+[DATE] MAR indicated the resident received pantoprazole as ordered at 5:20 AM on [DATE].</p> <p>A FRI submitted to the state on [DATE] indicated Resident 246 was found unresponsive in her/his room at 7:15 AM and the resident was determined to be deceased .</p> <p>An undated investigation summary report revealed the facility contacted the police. The police and coroner findings indicated Resident 246 passed away much earlier in the morning before the pantoprazole was documented as administered.</p> <p>On [DATE] at 4:43 PM Witness 2 (Former Employee) stated he provided the medication to Resident 246 the night before she/he passed away and did not visualize the resident the remainder of the shift on [DATE]. Witness 2 confirmed the administration time was documented incorrectly.</p> <p>On [DATE] at 11:56 AM Staff 1 (Administrator) stated the police investigated Resident 246's cause of death and found she/he passed away at approximately midnight. Staff 1 stated the police indicated the medication time change was non-contributory to Resident 246 passing away. Staff 1 confirmed the medication was given and documented incorrectly.</p> | | |