STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385233	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Court at Keizer	5210 River Road N. Keizer, OR 97303

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review it was determined the failed to revise the plan of care to reflect resident needs for 1 of 3 sampled residents (#7) reviewed for nutrition. This placed residents at risk for unmet care needs. Findings include: Resident 7 admitted to the facility in 6/2025 with diagnoses including urinary tract infection. A 9/2/25 care plan revealed Resident 7 had a swallowing problem and was to receive assistance with meals. A 9/6/25 Speech Therapy progress note revealed Resident 7 was to receive supervision and assistance with meals. A 9/7/25 progress note revealed Resident 7 was to receive supervision and assistance with mealsOn 9/17/25 at 11:06 AM, Staff 5 (CNA) stated Resident 7 was to be encouraged to be out of bed for meals, she/he was to receive some assistance with meals and once set up she/he was able to eat well independently. Staff 5 stated Resident 7's Kardex (care plan accessible to the CNAs) did not indicate she/he was to have supervision for meals. On 9/17/25 at 12:38 PM, Resident 7 was observed sitting up in bed eating lunch, the privacy curtain was drawn, Resident 7 was not visible from the hallway, and no staff were observed in Resident 7's room. On 9/18/25 at 10:09 AM, Staff 4 (LPN) reviewed Resident 7's care plan and stated it did not indicate she/he needed supervision for meals. On 9/18/25 at 3:18 PM, Staff 3 (SLP) stated Resident 7 was assessed by speech therapy and orders were provided to nursing for Resident 7 to have supervision for meals. Staff 3 stated the rationale for supervision of Resident 7 during meals was less of a safety issue and more related to her/his comfort. On 9/18/25 at 4:52 PM, Staff 2 (DNS) confirmed Resident 7's care plan was not updated to include supervision for meals.

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