STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385237	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernhill Rehabilitation and Care	5737 NE 37th Avenue 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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 46054 Based on interview and record review it was determined the facility failed to protect the resident's right to be free from physical abuse for 1 of 3 sampled residents (#6) reviewed for abuse. This placed residents at risk for abuse. Resident 7 was admitted to the facility in 5/2024, with diagnoses including acute pancreatitis (a condition that inflames the pancreas) and alcohol induced disorder (a condition that triggers mood disorders due to alcohol consumption). A Behavioral Care Plan was initiated on 6/14/24 and revised on 9/12/24, which indicated Resident 7 had a history of problematic manner which were characterized through abusive language, and threats due to a history of alcohol dependence. Staff were directed to remove other residents away from Resident 7 should she/he become aggressive or initiate verbal altercations with residents or staff. In addition, care staff were instructed to remove Resident 7 from the area and provide low stimulus activities and or to leave Resident 7 in a safe area and reapproach again later. Resident 6 was admitted to the facility in 5/2024, with diagnosis including congestive heart failure and depression. A Behavioral Care Plan was initiated on 5/4/24, which indicated Resident 6 had high anxiety due to a history of homelessness and medical conditions. Staff were directed to provide resident with resources for mental health including empathy, reassurance and comfort during moments of high anxiety. A 9/7/24 Clinical Progress Note indicated Resident 7 had been drinking most of the day and engaged in a verbal altercation with Resident 6 near the smoking area. Resident 7 was identified to have punched Resident 6 in the face with her/his right hand and fell to the floor from her/his wheelchair after attempting to hit her/him again with her/his left hand. Facility assessment noted Resident 7 and Resident 6 had no injuries from the altercation. On 4/25/25 at 12:58 PM, Resident 6 confirmed she/he was hit in the face by Resident 7 during a verbal altercation that started due to Resident 6's request for Resident 7 to pick up her/his cigarette butts. Resident 6 stated Resident 7 had been drinking most of the day and was increasingly agitated as a result. Resident 6 stated Resident 7 confronted her/him and punched her/him in the face. Resident 6 stated Resident 7 had intended to hurt her/him during the altercation as Resident 7 threatened her/him just before being punched but noted that no harm had occurred after the punch. (continued on next page)

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
	385237	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernhill Rehabilitation and Care	5737 NE 37th Avenue 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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/25/25 at 1:38 PM, Staff 7 (CNA) stated Resident's 7 and 6 got into a verbal altercation which resulted in Resident 7 punching Resident 6 in the face. Staff 7 stated Resident 7 had a long history of aggressive behaviors towards residents and staff and had been drinking during the day of the incident which led to an argument between Resident 7 and Resident 6. On 4/25/25 at 2:09 PM, Staff 4 (RCM) stated Resident 7 had identified verbal behaviors days before the incident. Staff 4 stated that when Resident 7 began to engage in verbally inappropriate behavior, care staff would remove the resident and or residents in the immediate area for safety. Staff 4 indicated that on the day of the incident, Resident 7 displayed no verbal behaviors while out on the patio until she/he engaged in an argument with Resident 6. Staff 4 confirmed Resident 7 punched Resident 6 in the face before falling out of her/his wheelchair on their second attempt. Staff 4 further confirmed Resident 7 had been drinking that day. On 4/28/25 at 11:03 AM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged findings and confirmed Resident 7 had punched Resident 6 in the face.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385237	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernhill Rehabilitation and Care	5737 NE 37th Avenue 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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 42222 Based on interview and record review it was determined the facility failed to timely assist a resident with a transfer for 1 of 3 sampled residents (#3) reviewed for accidents. As a result, Resident 3 was hospitalized and suffered a fractured femur. Findings include: Resident 3 was admitted to the facility in 2024 with diagnoses including diabetes and end stage renal (kidney) disease. Resident 3's 4/5/25 MDS Annual Assessment revealed a BIMS score of 15, indicating no cognitive deficits. Resident 3's care plan, revised 12/2/24, revealed she/he was a fall risk based on her/his medical conditions, lack of safety awareness and poor impulse control. Interventions included to keep the call light within reach and to anticipate and meet Resident 3's needs. On 11/25/24 the facility submitted a FRI to the State Survey Agency, which indicated on 11/23/24, Resident 3 attempted to self transfer from the bedside commode to the bed, fell during the attempt and was sent to the hospital. The hospital initially had no findings but the resident continued to complain of pain the following day and was sent to the hospital a second time. Resident 3 was diagnosed with a fracture of her/his right femur (thigh bone). The FRI included a statement from Resident 3, which noted she/he had a suppository and needed to use the commode. At 8:30 PM, the resident had the room light on and used the call light. Resident 3 asked the night nurse for help but she in doing wound care. At about 8:55 PM, Resident 3 stated she/he positioned the commode in front of the transfer pole and transferred herself/himself to the commode. Resident 3 noted at 9:15 PM, no staff had come to her/his room, and she/he continued to push her/his call light. Resident 3 indicated her/his leg was cramping up, so she/he stood up to stretch it, took a step to the right, let go of the transfer pole and fell on her/his right side and hit her/his right side of the face on the bottom bar of the bedside table. On 4/25/25 at 1:50 PM, Resident 3 stated she/he recalled the incident and had fractured her/his femur due to the fall. She/he stated she/he had used the bedside commode and needed /did not respond to the call light for an hour so she/he decided to transfer herself/himself. When Resident 3 stood up, her/his leg cramped as she/he attempted to step away from the commode and she/he fell . Resident 3 stated other staff heard her/him screaming and found her/him on the floor. On 4/25/25 at 2:30 PM, Staff 14 stated he was the resident's assigned CNA on 11/23/24. He confirmed he did not respond to Resident 3's call light because another resident had eloped from the facility and he went out to find the resident. Staff 14 recalled he found the missing resident and returned to the facility about an hour after he left. He stated he was unaware Resident 3 needed assistance and had been told by Staff 12 (RN) other staff could assist any residents' needs because it was almost the end of his shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385237	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernhill Rehabilitation and Care	5737 NE 37th Avenue 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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 4/25/25 at 2:44 PM, Staff 12 stated he was working on the other hall and was not aware of Resident 3's fall. He confirmed Staff 14 had left the facility to search for an eloped resident on the evening of 11/23/24. On 4/25/25 at 4:01 PM, Staff 8 (LPN) stated she was working on Resident 3's hall on the 11/23/24 evening shift. She recalled checking in with Resident 3, who was on her/his bedside commode but the resident stated she/he wasn't done. Staff 8 stated she completed a tube feed and was on her way to the nurse's station when she heard Resident 3 screaming. She and two CNAs found the resident on the floor and the resident was sent to the hospital. Staff 8 stated this occurred close to 10:00 PM and she did not see Resident 3's assigned CNA. On 4/28/25 at 11:00 AM, Staff 1 (Administrator) and Staff 2 (DNS) were informed of the findings of the investigation and provided no additional information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385237	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernhill Rehabilitation and Care	5737 NE 37th Avenue 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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42222 Based on interview and record review it was determined the facility failed to ensure residents were free from significant medication errors for 1 of 3 sampled residents (#2) reviewed for medications. This placed residents at risk of adverse side effects for lack of medication administration. Findings include: Resident 2 was admitted to the facility in 2/2024, with diagnoses including atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow). Resident 2's 2/14/24 Physician orders revealed the resident was to receive 5 mg of apixaban (an anticoagulant medication which thins the blood) twice a day for atrial fibrillation. On 8/29/24 the State Survey Agency received a public complaint, which alleged Resident 4 did not receive her/his medication for three days following a hospitalization and re-admission to the facility. The complainant stated the resident called her on Tuesday, 8/27/25 stating she/he had a headache and had not received her/his medication since returning from the hospital the previous weekend. Progress notes from 8/22/25 through 8/24/24 indicated Resident 2 was sent to the hospital on 8/22/24 and returned to the facility on [DATE]. She/he was diagnosed with pneumonia and an antibiotic was ordered. Hospital discharge orders dated 8/24/24 indicated the apixaban was ordered to be continued at the facility. A progress note dated 8/27/24, indicated Resident 2 complained of a headache, was concerned about having a stroke and stated she/he had been taken off her/his blood thinners. Resident 2's 8/2024 MAR revealed the apixaban was not administered on 8/23/24 through 8/27/24. The MAR was coded as hold. There were no nursing notes to indicate why the medication was on hold. Review of Resident 2's 8/24/24 Admission Form revealed Staff 15 (Former LPN) was the admitting nurse. On 4/23/25 at 12:42 PM, Witness 3 (Complainant) stated she received a phone call from Resident 2 on 8/27/25 stating she/he had not received her/his apixaban since returning from the hospital the previous Saturday. Witness 3 stated she spoke to the DNS later that day and was told Resident 2 had not received her/his apixaban because the admitting nurse did not input the orders when the resident readmitted on [DATE]. On 4/24/25 at 10:35 AM, Witness 4 (Physician) stated the apixaban was not supposed to be held when the resident returned to the facility on [DATE] and he did not order the medication to be held. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385237	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fernhill Rehabilitation and Care	5737 NE 37th Avenue 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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/24/25 at 12:03 PM, Staff 9 (LPN) confirmed she administered the apixaban to Resident 2 on 8/22/24, prior to the resident going to the hospital. She stated the medication could have been pulled from the Pixus (facility emergency medication kit) if the medication was not available when the resident returned from the hospital. Staff 15 was not interviewed due to no longer working at the facility. On 4/25/25 at 12:56 PM, Staff 3 (RCM) verified the apixaban was not administered to Resident 2 until 8/27/24 and this constituted a serious medication error.