

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2025
NAME OF PROVIDER OR SUPPLIER  Fernhill Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on interview and record review it was determined the facility failed to return a power wheelchair to 1 of 3 resident (#51) reviewed for personal property. This placed residents at risk for decrease independence with mobility. Findings include: Resident 51 was admitted to the facility in 3/2024 with diagnoses including congestive heart failure. A 3/18/24 admission MDS revealed Resident 51's had a BIMS score of 15, which indicated the resident was cognitively intact. On 5/16/24 Resident 51 was transferred to the hospital due to a change in condition and did not return to the facility. Review of the resident's medical records revealed no attempt was made to return Resident 51's power wheelchair to Resident 51 after her/his discharge. On 8/5/25 at 12:57 PM and on 8/6/25 at 9:46 AM Staff 10 (Social Service Director) stated Resident 51 was admitted to the facility and utilized her/his power wheelchair. Staff 10 stated Resident 51 was discharged and transferred to another nearby facility, and the resident's power wheelchair was never delivered to her/him. On 8/6/25 at 10:01 AM Staff 11 (Maintenance Director) stated Resident 51's power wheelchair was kept in a storage shed for six months after the resident discharged. Staff 11 stated he was instructed and disposed of Resident 51's power wheelchair during 10/2024. On 8/6/25 at 12:26 PM Staff 1 (Administrator) stated Resident 51's power wheelchair was found to be non-operational during a large cleanup of the storage area in 10/2024. Staff 1 confirmed Resident 51's power wheelchair was disposed of and not returned to Resident 51.</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:  385237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2025
NAME OF PROVIDER OR SUPPLIER  Fernhill Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review it was determined the facility failed to protect the resident's right to be free from physical abuse by Resident 27 for 1 of 4 sampled resident (#24), reviewed for abuse. This placed residents at risk for additional physical abuse. Findings include:Resident 27 admitted to the facility in 2018 with a diagnosis including a stroke.Resident 24 admitted to the facility in 2024 with diagnoses including depression, scoliosis (abnormal spine).The facility's 1/3/25 Investigation summary concluded from Resident 24's statement she/he woke around 4:00 AM on 12/31/24 and saw Resident 27 in her/his room. When Resident 24 tried to stand up, Resident 27 pushed her/him down onto the bed and proceeded to hold the door shut from the outside. Resident 24 called the police and told staff what had happened.On 8/7/25 at 1:48 PM Staff 1 (Administrator) confirmed physical abuse occurred when Resident 27 pushed Resident 24 onto the bed on 12/31/24. Staff 1 stated all residents were to be free from any type of abuse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2025
NAME OF PROVIDER OR SUPPLIER  Fernhill Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and record review it was determined the facility failed to report allegations of physical abuse within the mandated timeframe for 1 of 4 sampled residents (#24) for 1 of 2 Facility Reported Incident (FRI) reports reviewed for abuse. This placed residents at risk for further abuse. Findings include: The facility's revised 4/2021 Abuse, Neglect, Exploitation or Misappropriation Prevention Program policy and procedure directed staff to report allegations of abuse within the required timeframes. On 12/31/24 at 11:11 AM, the state agency (SA) received a FRI for the 12/31/24 at 4:00 AM alleged abuse of Resident 24 by Resident 27. The FRI revealed Resident 27 entered Resident 24's room and pushed her/him onto her/his bed, then left and held the door shut from the outside so Resident 24 could not leave the room. On 8/7/25 at 1:48 PM Staff 1 (Administrator) stated he was not informed of the incident until his morning meeting approximately 9:30 AM. He confirmed the incident occurred and staff were aware of the incident at 4:00 AM on 12/31/25. Staff 1 acknowledged the FRI was submitted late to the State Agency (SA).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2025
NAME OF PROVIDER OR SUPPLIER  Fernhill Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on interview and record review it was determined the facility failed to ensure the DCSDR (Direct Care Staff Daily Report) postings were accurate for 15 of 45 days reviewed for staffing. This placed residents and visitors at risk for inaccurate staffing information. Findings include: Review of the facility's DCSDRs from 6/30/25 through 8/4/25 revealed 15 of 45 days reviewed were inaccurate or incomplete. Issues included, missing or incomplete licensed nurse staff hours, no CNA hours listed, missing census data, incorrect dates, and missing signatures. These deficiencies were noted on the following dates: 6/30/25, 7/2/25, 7/3/25, 7/9/25, 7/11/25, 7/15/25, 7/25/25, 7/26/25, 7/29/25, 7/30/25, 7/31/25, 8/1/25, 8/2/25, 8/3/25 and 8/4/25. On 8/7/25 at 3:55 PM, Staff 15 (Human Resources/Staffing Coordinator) reviewed the 6/30/25 through 8/4/25 DCSDRs and verified the reports were inaccurate or incomplete on the days identified.</p>		