STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 35855 Based on interview and record review, it was determined the facility failed to notify the physician regarding weight changes for 1 of 5 sampled residents (#7) reviewed for medications. This placed residents at risk for lack of physician involvement. Findings include: Resident 7 was admitted to the facility in 1/2025 with diagnoses including chronic heart failure, hypertension (abnormally high blood pressure), and a pacemaker (a small device implanted in the chest to help control the heartbeat). A 4/13/25 physician order indicated staff were to complete daily weights and notify the physician of a weight gain of three or more pounds in 24 hours or above 283 pounds for weight monitoring. A review of Resident 7's 4/2025 TAR revealed the following weights in pounds: -4/2/25: 283 -4/3/25: 287 -4/4/25: 286 -4/5/25: 290 -4/9/25: 287 -4/10/25: 290 -4/11/25: 279 -4/12/25: 288 No documentation was found in Resident 7's clinical record to indicate the physician was notified of three or more pounds weight gain or weight over 283 pounds. (continued on next page)

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
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/8/25 at 10:31 AM, Staff 4 (LPN) stated she could not recall if she notified the physician of Resident 7's weight gains in 4/2025. Staff 4 stated she should have documented the information in the resident's chart when the physician was notified. On 5/9/25 at 10:26 AM, Staff 1 (Administrator) and Staff 2 (DNS) stated they expected staff to implement the physician's order and notify the physician of the increased weight changes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 50930 Based on interview and record review it was determined the facility failed to report a fall with major injury to the State Survey Agency within 24 hours for 1 of 1 sampled resident (#25) reviewed for dialysis. This placed residents at risk for neglect. Findings include: The Oregon Department of Human Services Nursing FRI form revised 4/2023 indicated alleged violations (an occurrence not yet investigated and, if verified, could be noncompliance with Federal requirements) not involving abuse or resulting in serious bodily injury must be reported to the state agency no later than 24 hours after the allegation was made. Resident 25 was admitted to the facility in 12/2023 with diagnoses including diabetes and kidney failure. Review of a facility incident report investigation closed 8/5/24 indicated Resident 25 sustained a fall on 7/24/24 while working with physical therapy. The report indicated the resident complained of pain and x-rays of her/his right leg and foot were ordered by the provider. A 7/25/24 progress note indicated the provider ordered Resident 25 be sent out to the hospital for further evaluation. Review of the 7/25/24 hospital report indicated Resident 25's right leg was fractured in multiple places. On 5/8/25 at 10:24 AM, Staff 9 (Former DNS) stated she did not file a FRI regarding Resident 25's fall on 7/24/25. She stated a FRI was not necessary because Resident 25's injuries were not serious bodily injuries as defined on the FRI form, and the FRI form was only needed if serious bodily injury occurred. On 5/9/25 at 12:04 PM, Staff 2 (DNS) acknowledged a FRI was not submitted for Resident 25's fall with major injury on 7/24/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 35855 Based on observation, interview, and record review it was determined the facility failed to ensure a dependent resident received required assistance with ADLs for 1 of 1 sampled resident (#17) reviewed for mobility and positioning. This placed residents at risk for unmet needs. Findings include: Resident 17 was admitted to the facility in 4/2022 with diagnoses including diabetes and osteoarthritis (a degenerative joint disease). A review of Resident 17's clinical record revealed an order for fingernail care every day shift every Friday, which started on 3/10/23 and was discontinued on 5/25/23. No additional documentation was located for diabetic nail care in Resident 17's clinical record in 4/2025 and 5/2025. A 4/27/25 revised care plan indicated Resident 17 had fragile skin, decreased mobility, and cognitive deficits. Resident 17 was forgetful of events at times and time of day. Interventions included keeping Resident 17's fingernails short and allowing her/him time to think and respond to her/his needs. On 5/6/25 at 12:03 PM and 5/9/25 at 7:50 AM, Resident 17 was observed to have fingernails approximately a half an inch long. Resident 17 stated her/his fingernails were too long and she/he was concerned they would poke into her/his hands and cause a cut as they were jagged. Resident 17 wanted her/his nails trimmed. On 5/9/25 at 7:58 AM, Staff 5 (CNA) was in Resident 17's room and verified her/his fingernails were long. On 5/9/25 at 7:59 AM, Staff 6 (RN) stated she found no documentation regarding Resident 17's nail care in the clinical record. On 5/9/25 at 10:22 AM, Staff 1 (Administrator) stated when a resident was diabetic, nurses were expected to provide nail care and documentation was to be completed in the residents clinical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. 40774 Based on observation interview and record review it was determined the facility failed to ensure a resident with history of trauma received trauma informed care for 1 of 1 sample resident (#23) reviewed for mood and behavior. This placed residents at risk for lack of psychosocial needs and a potential decline in their quality of life. Findings include: Resident 23 was admitted to the facility in 2024 with diagnoses including altered mental status with auditory hallucinations, anxiety, and PTSD (Post-Traumatic Stress Disorder). The 3/29/24 Preadmission-Admission Screening/Resident Review (PASRR) Level I, indicated serious mental illness. Sections II and III of the form were not completed, and no documentation was provided to support further assessment. The 4/9/25 Resident Review Screening for Mental Illness confirmed the need for specialized services. Part B of the form was not completed within the required seven-day timeframe, and there was no documentation of staff follow-up regarding the referral. The 4/14/25 care plan revealed increased hallucinations, delusions and mistrust towards caregivers. The 4/21/25 care plan indicated PTSD but did not document the resident's trauma history or identify individual triggers. Interventions noted a psychiatric consult. The care plan did not include person-centered details related to her/his triggers. The 4/22/25 Psychiatric Admission Note indicated Resident 23 had a complex psychiatric history including depression, anxiety, chronic pain syndrome, cognitive communication deficits, and a past history of auditory hallucinations. Resident 23 had a history of sexual abuse and traumatic physical injury. The 4/27/25 Significant Change in Status MDS revealed Resident 23's BIMS score was seven which indicated severe cognitive impairment. The cognitive, behavioral, mood state, and psychosocial well-being CAAs did not reference or reflect trauma informed care planning. The 4/29/25 Social Services Psychosocial Evaluation did not document the resident's trauma history or demonstrate a psychosocial assessment which incorporated PTSD related concerns. There was no evidence of a trauma informed, person centered care plan. On 5/7/25 at 10:36 AM, Staff 14 (CNA) stated Resident 23 would spontaneously reference past traumas while receiving assistance with personal care a couple times a month. During these episodes, the resident reportedly described being raped by multiple individuals, tied up, and drugged. Staff 14 stated Resident 23 at times appeared to re-experience past events, demonstrating behaviors and making statements such as, you shouldn't be doing this because . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/8/25 at 9:51 AM, Staff 6 (RN) reported long-term familiarity with the resident and noted frequent hallucinations and delusions, often triggered by loud noises, unfamiliar staff and lack of sleep. Staff 6 stated Resident 23 consistently expressed the belief others were trying to harm her/him and often became verbally aggressive towards new staff members because she/he did not trust them. Staff 6 stated loud noises, particularly during mealtimes, where especially upsetting for the resident. Staff 6 recalled an incident the previous week in which the resident placed a chair in front of her/his door to prevent staff from coming in her/his room during lunch because she/he was overwhelmed and needed to calm down. On 5/9/25 at 9:36 AM, Staff 1 (Administrator) and Staff 13 (Regional Director of Clinical Services) acknowledged there was not appropriate follow up related to Resident 23's PASRR, along with incomplete documentation. Staff 1 and Staff 13 acknowledged the need for Resident 23 to have triggers identified for her/his PTSD diagnosis to reduce triggers and prevent re-traumatization. Staff 1 and Staff 13 confirmed the care plan and CAAs did not reflect trauma or person-centered care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385241	A. Building B. Wing	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keizer Nursing and Rehabilitation	4062 Arleta Avenue NE 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 50930 Based on observation, interview, and record review it was determined the facility failed to ensure resident medications were not expired for 1 of 1 medication storage room and 1 of 4 medication carts reviewed for medication storage. This placed residents at risk for lack of medication efficacy and adverse reactions from expired medications. Findings include: During an observation of the medication storage room on 5/6/25 at 12:31 PM, the following were found: - Three bottles of Pro Stat AWC liquid (nutritional supplement) with an expiration date of 4/3/25. - One bottle of ASA (aspirin) 325 mg tablets with an expiration date of 4/2025. - 33 boxes of bisacodyl (laxative) 10 mg suppositories with an expiration date of 4/2025. On 5/6/25 at 12:47 PM, Staff 7 (LPN) stated the expectation for expired medications was for them to be destroyed and replaced. During an observation of medication cart number 2 on 5/6/25 at 12:55 PM, the following was found: - One bottle of ASA 325 mg tablets with an expiration date of 4/2025. On 5/6/25 at 1:01 PM, Staff 8 (LPN) stated the expectation for expired medications was for them to be removed from the medication cart. On 5/9/25 at 12:04 PM, Staff 2 (DNS) acknowledged expired medications were found in the medication storage room and medication cart number 2. She stated the expectation for expired medications was for them to be removed from circulation and destroyed.