

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Rogue Valley Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Mira Mar Avenue Medford, OR 97504	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>50930</p> <p>Based on interview and record review it was determined the facility failed to offer residents the opportunity to participate in the care planning process for 1 of 5 sampled residents (#6) reviewed for unnecessary medications. This placed residents at risk for unmet needs. Findings include:</p> <p>Resident 6 was admitted to the facility in 11/2022 with diagnoses including diabetes.</p> <p>A review of the 2/16/25 BIMS assessment indicated a score of 13 (cognitively intact).</p> <p>On 4/21/25 at 5:16 PM Resident 6 stated she/he could not remember her/his last care conference.</p> <p>An 4/22/25 review of Resident 6's clinical record revealed a care conference was completed on 11/20/24. There was no indication any care conference was held between 11/20/24 and 4/22/25.</p> <p>On 4/24/25 at 10:49 AM Staff 2 (DNS) acknowledged a care conference had not been completed for Resident 6 since 11/2024 and stated the expectation was for care conferences to be completed quarterly for every resident.</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
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<p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p>50930</p> <p>Based on interview and record review, it was determined the facility failed to effectively respond to resident council concerns expressed at 3 of 4 resident council meetings reviewed. This placed residents at risk for unaddressed concerns related to resident care and quality of life. Findings include:</p> <p>Resident 6 was admitted to the facility in 11/2022 with diagnoses including diabetes.</p> <p>A review of the 2/16/25 BIMS assessment for Resident 6 indicated a score of 13 (cognitively intact).</p> <p>Resident 7 was admitted to the facility in 6/2024 with diagnoses including history of falling.</p> <p>A review of the 3/20/25 BIMS assessment for Resident 7 indicated a score of 13 (cognitively intact).</p> <p>A 4/22/25 review of the 1/20/25, 2/28/25, 3/28/25, and 4/21/25 Resident Council Minutes revealed the following:</p> <ul style="list-style-type: none"> - The 1/20/25 notes indicated Resident 7 requested more activities on the weekends because they were really boring and was acknowledged by Staff 1 (Administrator) and Staff 3 (Activities Director). - The 2/28/25 notes indicated Resident 6 stated she/he did not know what medications she/he was taking and requested a copy of her/his medication list. The notes did not contain follow up for Resident 7's request from 1/20/25 and were acknowledged by Staff 1 and Staff 3. - The 3/28/25 notes indicated Resident 7 stated weekends were so dead and needed activities. The notes did not contain follow up for Resident 6 and Resident 7's previous concerns or requests and were acknowledged by Staff 1, Staff 3, and Staff 21 (Social Services Director). - The 4/21/25 notes indicated Resident 6 stated she/he did not know what pills she/he was taking. The notes did not contain follow up for Resident 6 and Resident 7's previous concerns or requests and were acknowledged by Staff 1, Staff 3, and Staff 21. <p>During a Resident Council meeting on 4/23/25 at 11:11 AM Resident 7 stated there were still no activities on the weekends.</p> <p>On 4/23/25 at 3:32 PM Staff 1 stated she received the information about weekend activity requests last week. She stated the follow up and resolution for Resident Council concerns and requests were handled in an email between staff members and the department head was expected to follow up with the resident.</p> <p>On 4/23/25 at 3:34 PM Staff 2 (DNS) stated she did not know about Resident 6's request for a copy of her/his medication list.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 4/24/25 review of an email sent by Staff 3 on 1/20/25 indicated the 1/20/25 Resident Council notes were emailed to Staff 1, Staff 2, and Staff 21. There was no indication of follow up regarding Resident 7's request for more weekend activities.</p> <p>A 4/24/25 review of an email sent by Staff 3 on 3/28/25 indicated the 3/28/25 Resident Council notes were emailed to Staff 1, Staff 2, and Staff 21. There was no indication of follow up regarding Resident 7's second request for weekend activities.</p> <p>On 4/24/25 at 9:39 AM Resident 6 stated she/he still did not have a copy of her/his medication list.</p> <p>On 4/24/25 at 10:03 AM Staff 1 acknowledged Resident 6 had not received her/his medication list and the Resident Council notes did not contain follow up regarding resident concerns and requests.</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>34703</p> <p>Based on interview and record review, it was determined the facility failed to obtain information related to advance directives and health care decisions for 1 of 3 sampled residents (#177) reviewed for advance directives. This placed residents at risk for not having their health care decisions honored. Findings include:</p> <p>Resident 177 was admitted to the facility in 4/2025 with diagnoses including aftercare following surgery.</p> <p>Assembly Clinical Records policy dated 10/2022 indicated: Clinical records needing to be readily available for emergencies such as the POLST (Physician Orders for Life-Sustaining Treatment) and Advance Directive are maintained as hard copies. These records will be transported with the resident upon transfer to the emergency room and or hospital as required.</p> <p>A 4/4/25 Health Care Admission Questionnaire indicated Resident 177 did not have an Advance Directive or a POLST.</p> <p>On 4/23/25 at 11:57 AM Staff 4 (RCM) stated upon admission to the facility she prepared a POLST in the admission paperwork so when the physician visits the resident they can review the POLST and Advance Directive together. Staff 4 acknowledged she did not place a POLST or Advance Directive in the admission paperwork for the physician to discuss with the resident.</p> <p>On 4/23/25 at 3:33 PM Resident 177 and Witness 2 (Family) stated Resident 177 did not complete a POLST or Advance Directive with the physician. Witness 2 stated they were offered an Advance Directive in the hospital but nothing was offered from the facility. Witness 2 stated Resident 177 needed to complete a POLST or Advance Directive.</p> <p>On 4/24/25 at 10:26 AM Staff 1 (Administrator) and Staff 2 (DNS) stated a questionnaire was given to residents upon admission to see if they have a POLST or an Advance Directive, and Resident 177 had neither. Staff 1 stated the Advance Directive was not part of the admission packet, but if a resident would like an Advance Directive they could ask for one. Staff 1 and Staff 2 stated their expectation was for all residents to have a POLST or an Advance Directive.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>41455</p> <p>Based on observation, interview, and record review it was determined the facility failed to provide meaningful activities for dependent residents for 1 of 1 sampled resident (#3) reviewed for activities. This placed residents at risk for lack of social interaction and isolation. Findings include:</p> <p>Resident 3 was admitted to the facility in 6/2012 with diagnoses including dementia and anxiety disorder.</p> <p>An 10/2023 facility Activity Program policy indicated a resident's activity plan was to be updated as the resident's needs changed, but no less than quarterly.</p> <p>The 7/5/24 Annual MDS revealed Resident 3 had a BIMS score of 2 (severe cognitive impairment). Resident 3 was dependent on staff for all cares and staff indicated she/he liked to listen to music, be around animals, and participate in group activities.</p> <p>An 10/4/24 revised care plan for activities indicated staff were to help Resident 3 listen to music and encourage observation of the bird feeder outside the resident's window. Staff were to provide one-on-one visits or activities if Resident 3 was unable to attend group events.</p> <p>An 10/10/24 Care Conference Review indicated Staff 3 (Activities Coordinator) was not present during the meeting and no information related to the resident's activities during the last quarter was found.</p> <p>The 4/4/25 Quarterly MDS revealed Resident 3 had pleasure in doing things.</p> <p>On 4/21/25 from 12:35 PM to 1:31 PM Resident 3 was observed in her/his bed with the news on her/his television. No music was heard in the resident's room and the bird feeder outside her/his window was empty.</p> <p>On 4/22/25 at 8:07 AM Staff 5 (CNA) stated Resident 3 routinely remained in bed during the day and no family came to visit the resident.</p> <p>On 4/22/25 at 2:28 PM Resident 3 was observed sleeping in her/his bed.</p> <p>On 4/22/25 at 2:36 PM Staff 7 (CNA) stated Resident 3 attended group music activities when they were offered, once each month. She was not aware who was responsible to turn on the music in Resident 3's room.</p> <p>On 4/22/25 at 4:30 PM Staff 3 stated she kept no written documentation of resident participation in activities.</p> <p>On 4/23/25 Staff 3 provided a recently created list of Resident 3's participation in activities from 2/2025 through 4/2025:</p> <p>-In 2/2025, Resident 3 attended one music activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-In 3/2025, Resident 3 attended one nail and one music activity.</p> <p>-In 4/2025, Resident 3 attended one Tavelogue (a lecture about travel) activity.</p> <p>On 4/23/25 at 8:45 AM Staff 3 stated Resident 3's group activities were limited due to her/his inability to participate appropriately and Resident 3 was often in bed when activities were offered. Staff 3 expected residents to participate in activities three to five times each week and acknowledged Resident 3's activity needs were not met.</p> <p>On 4/23/25 at 3:51 PM Staff 4 (RNCM) was aware Resident 3 had a decrease in her/his activity participation and expected the resident's activity needs to be addressed at each care conference.</p> <p>On 4/24/25 at 8:08 AM Staff 1 (Administrator) and Staff 2 (DNS) acknowledged the facility needed to work collaboratively to provide meaningful activities for Resident 3. Staff 1 expected more one-on-one activities for Resident 3. Staff 2 expected discussions about the resident's activity needs during quarterly care conferences.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50897</p> <p>Based on observation, interview and record review the facility failed to ensure food was properly stored and discarded in a timely manner, kitchen staff wore appropriate hair and beard restraints, and equipment was sanitized for 1 of 1 kitchen. This placed residents at risk for cross-contamination and food-borne illnesses. Findings include:</p> <p>1. On [DATE] at approximately 12:25 PM an observation of the walk-in cooler revealed the following outdated food items: hoisin sauce expired [DATE], cooked peppers expired [DATE], cooked rice expired [DATE], beef base opened with no remove by date, and shredded cheese expired [DATE].</p> <p>On [DATE] at 8:20 AM Staff 20 (Cook) inspected the walk-in cooler and confirmed the out-dated items.</p> <p>2. A review of the facility Dress Code effective ,d+[DATE] revealed staff handling food shall wear hair restraints such as hats, hair covering, hair restraints, or clothing that covers body hair.</p> <p>On [DATE] at 3:59 PM two unidentified staff were observed working on the tray line and in the kitchen area without hair restraints. Additional staff were seen with facial hair without beard restraints.</p> <p>On [DATE] at 1:00 PM Staff 18 (Nutritional Aide) was observed in the kitchen area with a beard without a beard restraint. Staff 18 stated he was not required to wear a beard restraint unless his beard was long.</p> <p>On [DATE] at 8:34 AM Staff 14 (Sous Chef) was observed with a beard not wearing a beard restraint. Staff 14 stated beard restraints were only required for longer beards.</p> <p>On [DATE] at 10:44 AM Staff 10 (Dining Director) stated his expectation was for staff to wear caps or hair restraints at all times and beard restraints should always be worn when staff had beards.</p> <p>3. A review of the dishwasher temperature log revealed no entries from the current year.</p> <p>On [DATE] at 8:20 AM Staff 20 (Cook) acknowledged no current temperature log for the dishwasher existed.</p> <p>On [DATE] at 8:34 AM Staff 14 (Sous Chef) confirmed the dishwasher unit was heat-sanitizing but was not certain whose responsibility it was to record temperatures of the unit.</p> <p>On [DATE] at 11:35 AM Staff 11 (Director of Facility Services) reviewed the temperature log for the dishwasher and noted it was not current. Staff 11 verified the dishwasher was heat sanitizing and stated dishwashing staff were to check and record the water temperatures of the dishwasher. Staff 11 stated the temperature of the dishwasher was clearly not being recorded.</p>		