

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE  650 SE Oak Street Hillsboro, OR 97123	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review it was determined the facility failed to follow physician orders for 2 of 3 sampled residents (#s 5 and 13) reviewed for bowel and wound care. This placed residents at risk for unmet care needs. Findings include: A 2025 Facility Bowel Care Protocol revealed the facility will administer the following interventions to prevent and treat complications related to no bowel movement within 3 days or longer. These include residents who upon admission received opioid, iron, psychotropics, immobility and neurological disorders. Interventions included the following:-Residents who've experienced over 3 days without a bowel movement will be administered Senna to treat the identified constipation. -After 4 days with no bowel movement, residents will be administered polyethylene glycol (MiraLAX). -After 5 days with no bowel movement, residents will be administered a suppository.-After 6 days with no bowel movement, residents will be administered an enema.</p> <p>1. Resident 5 was admitted to the facility in 11/2025, with diagnoses including hypothyroidism, breast cancer and depression.</p> <p>Resident 5's 11/8/25 Care Plan revealed the resident was prescribed an anti-depressant with an identified side effects including issues with constipation and voiding.</p> <p>Resident 5's 11/14/25 admission MDS revealed the resident with a BIMS of 14 out of 15 indicating no cognitive impairment.</p> <p>An Incident Note dated 11/13/25 revealed the resident was administered a suppository due to not having a bowel movement for 6 days.</p> <p>A review of Resident 5's 11/2025 MAR revealed the resident was prescribed both Senna and MiraLAX (laxative medications used to treat constipation). Further review revealed the resident was not administered either medication during the time of the resident's identified constipation from 11/7/25 to 11/13/25 and was only administered the suppository after 6 days with no bowel movement.</p> <p>On 1/7/25 at 1:24 PM, Staff 24 (RN) stated residents are administered suppositories after 5 days when additional bowel care interventions such as Senna and MiraLAX fail to be effective. Staff 24 further stated it was not recommended to only administer a suppository after 6 days with no bowel movement as it did not follow the facility's bowel care protocol.</p> <p>On 1/7/26 at 2:00 PM, Staff 22 (CMA) confirmed she administered Resident 5 the suppository per nursing orders. Staff 22 stated she was unaware of the facility's bowel care protocol.</p> <p>On 1/7/26 at 2:09 PM, Staff 3 (RCM) confirmed the facility failed to follow the facility's bowel care protocol after reviewing Resident 5's 11/2025 MAR.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/8/26 at 1:29 PM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged Resident 5 did not receive appropriate bowel care.</p> <p>2. Resident 13 admitted to the facility in 4/2025, with diagnoses including infection of amputation stump, unspecified open wound right thigh, acute posthemorrhagic anemia and acquired absence of right leg above the knee.</p> <p>a. A 10/13/25 Physician Order indicated Resident 13 was to receive lubricant eye drops: two drops in each eye twice a day and as necessary for complaint of dry eyes.</p> <p>Resident 13's 10/2025 MAR indicated lubricant eye drops were not given from 10/14/25 to 10/29/25.</p> <p>On 1/8/26 at 11:36 AM, Staff 26 (LPN/Resident Care Manager) stated the order for eyedrops was transcribed incorrectly, the eye drops were not given to Resident 13 and Resident 13 missed at least 28 doses, which placed the resident at risk for discomfort related to dry eyes.</p> <p>b. An 8/14/25 Physician order indicated Resident 13 was to receive wound care to his/her right leg two times a day.</p> <p>Resident 13's 9/2025 TAR indicated Staff 25 (LPN) charted a 5 on 9/16/25, which indicated to hold treatment or see nurse note.</p> <p>Resident 13's 9/16/25 Progress Note indicated care conference, endorsed to evening shift nurse.</p> <p>There was no documented evidence Resident 13's wound care treatment to his/her right leg was completed BID on 9/16/25.</p> <p>c. A 9/18/25 Physician Order indicated Resident 13 was to receive wound care to his/her right leg each day shift.</p> <p>Resident 13's 9/2025 TAR indicated Staff 25 charted a 5 on 9/30/25, which indicated to hold treatment or see nurse note.</p> <p>Resident 13's 9/30/25 Progress Note indicated meeting with social services.</p> <p>There was no documented evidence Resident 13's wound care treatment to his/her right leg was completed on 9/30/25.</p> <p>d. A 9/18/25 Physician Order indicated Resident 13 was to receive wound care to his/her chest wound each day.</p> <p>Resident 13's 9/2025 TAR indicated Staff 25 (LPN) charted a 5 on 9/30/25, which indicated to hold treatment or see nurse note.</p> <p>Resident 13's 9/30/25 progress note indicated meeting with social services.</p> <p>There was no documented evidence Resident 13's chest wound care treatment was completed on 9/30/25.</p> <p>On 1/8/26 at 12:21 PM, Staff 25 stated on 9/16/25 Resident 13 was in a care conference, so she did (continued on next page)</p>

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