STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385258	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Post Acute	8643 NE Beech Street Portland, OR 97220

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 41458 Based on interview and record review it was determined the facility failed to ensure residents were treated with dignity for 1 of 7 sampled residents (#105) reviewed for dignity and abuse. This placed residents at risk for lack of dignity. Findings include: The facility's Courtesy Policy, last revised 5/2019, indicated all employees were expected to treat residents, families, visitors and fell ow workers with kindness, respect and dignity. Resident 105 was admitted to the facility in 12/2022 with diagnoses including major depressive disorder. On 7/3/24 a public complaint was received by the State Agency which alleged Staff 7 (CNA) talked down to Resident 105 like she/he was a kid and stated, I don't know why you pee in the bed when you have a urinal. You do not need to pee in the bed. On 9/18/24 at 11:43 AM Resident 105 stated Staff 7 kept yelling and talking to her/him like, I am a teenager. Resident 105 stated she/he told Staff 7, I don't have to take it. Resident 105 stated she/he told other CNAs that Staff 7 yelled and cussed at her/him but nothing had gotten better. Resident 105 stated Staff 7 talked to other residents in the same manner. Resident 105 stated she/he did not feel abused but did not like Staff 7 yelling, screaming and talking like a kid to her/him. Resident 105 stated she/he wanted to be treated respectfully and like an equal. On 9/19/24 at 8:13 AM Staff 7 (CNA) stated she had not been directly assigned to Resident 105 for the past month but the resident required two staff to provide care so sometimes she stood outside the resident's door while the primary CNA provided care, but entered the resident's room if the primary CNA needed assistance. Staff 7 stated sometimes her voice escalated and got loud but that was how she talked. Staff 7 stated other residents complained about her and some residents requested she not come into their rooms. On 9/19/24 at 12:06 PM Staff 2 (DNS) stated there had been other resident complaints regarding Staff 7's communication style which resulted in Staff 7 not being able to go into those residents' rooms. Staff 2 reported there were many times when residents felt uncomfortable with Staff 7's communication style. Staff 2 acknowledged Staff 7 did not treat Resident 105 in a dignified and respectful manner. (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
	385258	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Post Acute	8643 NE Beech Street Portland, OR 97220

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/19/24 at 2:31 PM Staff 1 (Administrator) stated he expected staff to speak with kindness, respect and explain information to residents with a calm tone, and to speak kindly and respectfully to residents. Staff 1 acknowledged Staff 7 did not speak to Resident 105 in a dignified manner.