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	02/18/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 43690 Based on interview and record review it was determined the facility failed to protect the residents' right to be free from physical abuse by a resident for 1 of 5 sampled residents (#10) reviewed for abuse. This placed residents at risk for abuse. Findings include: The facility's Abuse Policy and Procedure dated 8/2024, stated: Abuse is defined as: a. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. c. Instances of abuse of all residents, irrespective of any mental, physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology. Resident 10 was admitted to the facility in 4/2017 with diagnoses including obstructive pulmonary disease and dementia. Resident 10's 1/13/25 Annual MDS indicated the resident was cognitively intact. Resident 27 was admitted to the facility in 2/2023 with diagnoses including end stage renal disease and PTSD (Post-traumatic stress disorder). Resident 27's 11/22/24 Quarterly MDS indicated the resident was cognitively intact. A 12/28/24 facility investigation indicated an interaction occurred between Resident 10 and Resident 27. Staff indicated Resident 10 and Resident 27 were near the nurse's station when Resident 27 struck Resident 10 on the left side of the face, one of Resident 27's fingers poked Resident 10 in the eye. On 2/11/25 at 8:40 AM, Resident 10 stated she/he was hit on the side of her/his face and on her/his torso by Resident 27. Resident 10 stated she/he was scared and felt unsafe at the time of the incident. (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
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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/12/25 at 8:46 AM, Staff 22 (RN) stated she witnessed Resident 27 being physically aggressive with Resident 10 12/28/24. Staff 22 stated Resident 27 struck Resident 10 on the left side of her/his face, resulting in Resident 10 being poked in they eye. On 2/18/25 at 8:21 AM, Staff 17 (CNA) stated she witnessed Resident 27 hit Resident 10 with her/his fist on the left side of the face causing Resident 10 to have swelling and redness on her/his left eye. Staff 17 stated Resident 10 seemed afraid because she/he had been hit on the face. On 2/18/25 at 9:38 AM, Staff 26 (CNA) stated on 12/28/24 she heard a slap and heard Resident 10 repeat she/he had been hit. Staff 26 stated she witnessed Resident 27 punch Resident 10 on her/his face causing redness and swelling to her/his eye. Staff 26 stated Resident 10 stated she/he was scared and repeated she/he had been hit. On 2/18/25 at 11:47 AM, Staff 1 (Administrator), Staff 2 (DNS) and Staff 4 (Regional Nurse Consultant) were aware and acknowledged the physical altercation on 12/28/24 between Resident 10 and Resident 27.