

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER Secora Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 10435 SE Cora Street Portland, OR 97266	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to ensure infection control practices were observed for 1 or 2 halls reviewed for CBG monitoring. This placed residents at risk for bloodborne organisms. Findings include: A 2017 Evencare G2 glucometer Manufacturer Manual indicated, Disinfect common use glucometers with the use of approved disinfectant wipes. The glucometer was to be wiped with the disinfecting wipe and left wet for two minutes to ensure disinfection. Resident 22 was admitted to the facility in 9/2024 with diagnoses including diabetes. On 7/7/26 at 11:54 AM, Staff 25 (Agency RN) was observed using a shared Evencare G2 glucometer to obtain Resident 22's blood sugar. Staff 25 returned to the medication cart and cleaned the glucometer with an alcohol pad wipe. Staff 22 placed the glucometer on top of the medication cart and she was stopped prior to obtaining the next blood sugar. Staff 22 stated she did not receive education prior to starting her shift related to blood sugar disinfecting the glucometer after resident use. On 7/7/26 at 12:15 PM Staff 2 (DNS) stated staff were expected to use approved EPA disinfectant wipes to disinfect the glucometers.		

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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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on observation, interview and record review it was determined the facility failed to provide an ongoing person-centered activities program for 1 of 1 sampled dependent resident (#3) reviewed for activities. This placed residents at risk for a decline in psychosocial well-being and diminished quality of life. Findings include: The facility's 8/21/2025 Activity Program Policy indicated the following: *Residents who prefer not to participate in group programs and/or are independently involved in recreational pursuits will be identified through the assessment process. *Individual interventions will be developed based on each Resident's assessed needs and the family will be notified for any special requests. *The individual program will be provided according to a consistent schedule identifying specific days of the week and the time frame in which the program will occur. *Each Resident's individual program will include interventions that meet the Resident's assessed social, emotional, physical, spiritual and cognitive functioning needs. Resident 3 was admitted in 12/2025 with diagnoses including stroke and dysphagia (difficulty swallowing). Resident 3's 12/19/25 Activity Care Plan revealed the following: -The resident enjoyed group activities, entertainment, card games, Bingo, arts and crafts, gardening and plants, pet visits, social clubs, outdoor activities and shopping trips. Resident 3's 6/16/26 Quarterly MDS assessment indicated the resident's short-term memory was intact, while long-term memory was impaired. The MDS also indicated listening to music, pet visits, participating in group activities, going outside for fresh air on nice days and engaging in activities involving her/his favorite interests were very important to the resident. A review of Resident 3's Activity Task Records from 6/9/26 to 7/8/26 revealed the resident did not participate in any self-directed or independent activities and did receive any activity visits. During the review period, the only documented activity participation was conversation and reminiscing on 6/16/26 and 6/24/26. The facility's 7/2026 Activity Calendar revealed the following scheduled activities: 7/5/26:-Coffee & News-This day in History-Flower Care 7/6/26:-Coffee & News-Gardening-Movie Matinee 7/7/27:-Coffee & News-Garden Club-Bingo 7/8/26:-Coffee & News-Summer Decorating-Bingo 7/9/27-Coffee & News-One on One Visits-Chapel Service On 7/6/26 at 10:02 AM, Resident 3 was observed in her/his room in bed. The resident was nonverbal but able to answer yes/no questions by shaking her/his head. The television was on; the resident was not observed participating in an activity. No items related to the resident's identified interests, including music or activity materials, were observed available for the resident's use. Observations of Resident 3 from 7/6/26 through 7/9/26 from 8:30 AM to 4:00 PM revealed the resident to be in her/his room in bed. The television was on, no music, pet visit, activity supplies, reading materials, or other items related to the resident's identified interests and preferences were observed in the resident's room or readily available for the resident's use. On 7/9/2026 at 2:04 PM Staff 8 (CNA) stated she was not familiar with the activities listed on Resident 3's care plan. Staff 8 stated the resident did not participate in facility activities and remained in bed in her/his room watching television with her/his headphones on. On 7/9/26 at 2:12 PM Staff 10 (CNA) stated Resident 3 remained in her/his room in bed watching television. Staff 10 stated he was not familiar with Resident 3's care-planned activities and reported the resident had not participated in facility activities recently. On 7/9/26 at 2:33 PM Staff 6 (Activity Director) stated Resident 3's preferred activities included group activities, arts and crafts, and shopping trips. Staff 6 stated activities offered to Resident 3 included television and music. Staff 6 confirmed Resident 3 had not been offered additional activities and reported the only documented activity participation dates were 6/16/26 and 6/24/26 for conversation and reminiscing. On 7/9/26 at 3:25 PM Staff 2 (DNS) stated it was her expectation the facility adhered to residents (continued on next page)		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	identified preferences and ensure residents were provided opportunities for activities based on their individual needs. Staff 2 stated residents' activity preferences should be accurately reflected on their care plans and implemented by staff.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview and record review it was determined the facility failed to initiate wound care orders consistent with professional standards of practice for 1 or 1 sampled resident (#14) reviewed for skin conditions. This placed residents at risk for poor wound healing. Findings include: A 9/2025 Skin Integrity & Wound Prevention policy indicated the following: *Staff to complete weekly skin inspections. *Staff to notify the provider about new areas of concern that include treatment of new wounds. *Staff to obtain and initiate treatment orders that included a person-centered goal. Resident 14 was admitted to the facility on 6/2024 with diagnoses including a blister of abdominal wall. A 4/3/26 Quarterly MDS revealed Resident 14 had a BIMS score of 15 indicating Resident 14 was cognitively intact. A 8/2025 Care Plan indicated Resident 14 required the following: *Weekly skin checks and required staff to take pictures of new or old wounds identified. *Staff to monitor, document location, size and treatment of skin injury in the care plan when new wounds were identified. *Daily skin inspections during cares. 1. A 7/2026 MAR/TAR indicated staff applied InterDry (fabric strip) dressing to Resident 14's abdomen daily. A 7/3/26 Skin Inspection Evaluation indicated Resident 14 refused a skin inspection. On 7/7/26 at 2:00 PM, Resident 14 stated she/he had a new wound near her/his belly button. Resident 14 pointed to the new wound. The edges of the wound were irregular. The center of the area was pink and moist. The area was draining a clear substance, and the edges of the wound had a white substance. Resident 14 did not have InterDry applied. On 7/9/26 at 9:22 AM, Staff 22 (CNA) stated Resident 14 had open wounds to her/his abdomen and nursing staff were aware. On 7/9/26 at 9:05 PM, Staff 19 (LPN) stated Resident 14 had recurrent blisters near her/his abdomen and staff were expected to apply InterDry daily for preventative breakdown of the skin. Staff 19 stated staff were expected to notify the provider when new wounds were identified. Staff 19 stated wound care orders were initiated at 2:00 AM during the night shift. On 7/9/26 at 9:57 PM, Staff 23 (RN) stated Resident 14 had an open wound near her/his belly button. Staff 23 stated the wound was from friction or moisture. Staff 23 stated he was aware Resident 14 had an open wound but did not notify the provider because he thought the wound was old. Staff 23 stated he did not apply InterDry during his shift. Resident 14 stated no wound care orders were entered for the wound near Resident 14's belly button. Staff 23 stated the center of the wound was pink several weeks ago. Staff 23 stated he did not complete a skin assessment because Resident 14 refused and did not notify the provider. On 7/10/26 at 8:39 AM, Staff 24 (LPN) stated Resident 14 had recurrent abdominal blisters and staff were able to identify skin concerns during cares like bed baths or brief changes. Staff 24 stated she did not notify the provider about frequent skin assessment refusals or new skin wounds. On 7/10/26 at 10:39 AM, Staff 4 (RNCM) stated she expected staff to notify the provider when new wounds were identified and was unaware Resident 14 had new abdominal wounds. 2. A 2/23/26 Progress Note indicated Resident 14 had a referral for dermatology related to re-occurring blisters to the abdomen. On 7/8/26 at 12:00 PM, Resident 14 stated she did not see a dermatologist or had a scheduled appointment. Resident 14 stated Staff 23 (RN) was aware about her/his abdomen wound. Resident 14 stated she/he struggled with moisture and had recurrent blisters. On 7/9/26 at 9:22 AM, Staff 22 (CNA) stated Resident 14 had open wounds to her/his abdomen. Staff 22 stated staff were aware. On 7/9/26 at 9:57 PM, Staff 23 (RN) stated he was unaware Resident 14 had recurrent abdomen blisters. Staff 23 stated Resident 14 did not have any outside dermatology appointments scheduled or after visit summaries to indicate treatment started. On 7/10/26 at 8:39 AM Staff 24 (LPN) stated she was unaware about Resident 14's recurrent abdominal blisters. Staff 24 stated Resident 14 did not have a dermatologist. On 7/10/26 at 10:39 AM, (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff 4 stated Resident 14 did not have a scheduled appointment with a dermatologist. Staff 4 stated she was unaware Resident 14 had recurrent abdominal blisters. On 7/10/26 at 11:43 AM, Staff 2 stated Resident 14 had recurrent abdominal blisters and did not have an appointment to see a dermatologist. Staff acknowledged the referral was entered on 2/23/26.		