STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Marquis Wilsonville Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 30900 SW Parkway Avenue Wilsonville, OR 97070	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review it was determined the facility failed to provide adequate nail care for 1 of 1 sampled resident (#32) reviewed for ADLs. This placed residents at risk for poor hygiene. Findings include: Resident 32 was admitted to the facility in 3/2026 with diagnoses including fracture of the left leg.Resident 32's 3/25/26 Personal Hygiene Care Plan directed the resident's hygiene needs would be met and the resident required constant supervision and physical assistance from staff with hand washing. Resident 32's 3/31/26 admission MDS indicated the resident was cognitively impaired and required substantial to maximum staff assistance for personal hygiene. Observations from 4/6/26 through 4/7/26 between the hours of 8:37 AM and 12:44 PM revealed Resident 32's fingernails and cuticles on both hands were coated in dark, black thick debris collected underneath the nails and built up around the cuticles.Resident 32's health record did not include documented evidence specific to the provision of nail care. On 4/6/26 at 10:14 AM Resident 32 was unable to provide information related to personal hygiene abilities and nail care preferences. On 4/6/26 at 3:19 PM and 3:50 PM Witness 1 (Spouse) stated she saw Resident 32's nails and was unsure if the substance coating the fingernails and cuticles was blood, feces or food and stated it bothered her to see Resident 32's nails in that condition. Witness 1 stated she visited on 4/4/26 and Resident 32's nails looked the same. Witness 1 stated Resident 32 took pride in her/his appearance and would not like her/his nails to be dirty. On 4/7/26 at 12:47 PM Staff 11 (CNA) stated Resident 32 was dependent on staff for her/his ADLs, including hygiene care. Staff 11 stated she was Resident's 32's assigned CNA for day shift and did not provide hand or nail care. On 4/7/26 at 1:43 PM Staff 12 (LPN) stated CNAs were responsible to provide ADLs, including hand washing and ensuring fingernails were clean. Staff 12 stated CNAs should offer and attempt to provide nail care if fingernails were long or dirty. Staff 12 stated she saw Resident 32's fingernails during the morning medication administration and stated the resident's nails were very dirty. On 4/7/26 at 1:54 PM Staff 4 (RNCM) observed Resident 32's fingernails and cuticles on both hands. Staff 4 stated the resident's nails were dirty and stated she was unsure how long the nails were in this condition. Staff 4 stated staff should notice if fingernails and cuticles were dirty and provide appropriate care to ensure they were clean. On 4/9/26 at 12:02 PM Staff 3 (Interim DNS/Corporate RN) was informed of the observations of Resident 32's dirty fingernails and cuticles from 4/6/26 through 4/7/26. Staff 2 stated staff notified her regarding Resident 32's dirty fingernails and stated the resident's nails were disgusting and unacceptable. Staff 2 indicated Resident 32 was resistive to ADL care at times and stated she educated staff to find ways to reapproach the resident to ensure adequate nail care was provided. Staff 2 indicated there were missed opportunities to notice and provide nail care for Resident 32.

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
	385266	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Wilsonville Post Acute Rehab	30900 SW Parkway Avenue Wilsonville, OR 97070

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review it was determined the facility failed to ensure resident respiratory equipment was maintained for 1 of 2 sampled residents (#44) reviewed for respiratory care. This placed residents at risk for increased respiratory concerns. Findings include:A 3/2015 Oxygen Administration facility policy indicated oxygen concentrator filters were to be cleaned weekly. Resident 44 admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease and chronic respiratory failure with hypoxia. Resident 44's physician order dated 3/30/26 revealed she/he required supplemental oxygen use to maintain oxygen saturation. On 4/6/26 at 1:49 PM and on 4/7/26 at 11:30 AM the oxygen concentrator was observed to have an external foam filter with a thick layer of dust. On 4/7/26 at 3:30 PM Staff 3 (Interim DNS/Corporate RN) acknowledged Resident 44's concentrator foam filter was covered in a thick layer of dust. Staff 3 stated she expected the filters to be checked and cleaned weekly.

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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 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review it was determined the facility failed to ensure the State Long Term Care Ombudsman Office was notified of resident discharges as required for 1 of 1 facility reviewed for discharge. Findings include: The facility's undated Notice Transfer Discharge Policy & Procedure specified the facility business office will notify the state ombudsman office of all transfers and discharges monthly, or by cadence defined by the state ombudsman's office. On 4/9/26 at 3:14 PM and 3:41 PM Staff 9 (Business Office Manager) stated a list of discharged residents was not sent to the state ombudsman office since 10/2025. On 4/10/26 at 10:44 AM Staff 1 (Administrator) stated the facility process included sending a monthly update of discharged residents to the state ombudsman office. Staff 1 explained the facility experienced business office staffing changes and acknowledged the list of residents was not sent to the state ombudsman office.