STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385268	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gateway Care and Retirement	39 NE 102nd Avenue 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38140 Based on observation, interview and record review it was determined the facility failed to ensure physician orders were followed and medical conditions were assessed for 3 of 3 sampled residents (#s 1, 2 and 5) reviewed for physician orders and weight. This placed residents at risk for worsening health conditions and unmet needs. Findings include: 1. Resident 5 admitted to the facility on [DATE] with diagnoses including pneumonia, acute respiratory disease, acute heart failure, hypertension, and vascular disease. Resident 5's 2/25/24 physician order directed staff to give 40 mg of Furosemide (diuretic medication) every 24 hours PRN for edema (fluid retention), shortness of breath, weight gain of three lbs (pounds) in 24 hours or a weight gain of more than five lbs in one week. Review of Resident 15's health record revealed the following weights: - Admission weight: 2/15/24 at 243.8 lbs; - Gained three lbs in 24 hrs on; - 2/19/24 at 244.6 lbs to 2/20/24 at 248.3 lbs; - 3/14/24 at 252.8 lbs to 3/15/24 at 261.6 lbs; - 3/19/24 at 261.4 lbs to 3/20/24 at 266.2 lbs. - Gained five lbs in one week on; - 2/26/24 at 246.2 lbs to 3/4/24 at 252.2 lbs; - 3/12/24 at 253.8 lbs to 3/19/24 at 261.4 lbs. Discharge/hospitalization weight: - 3/25/24 at 267.2 lbs. (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
	385268	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gateway Care and Retirement	39 NE 102nd Avenue 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 5's 2/2024 and 3/2024 MAR revealed the order for 40 mg of Furosemide (diuretic medication) every 24 hours PRN for edema (fluid retention), shortness of breath, weight gain of three lbs in 24 hours or weight gain of more than five lbs in one week was given on 3/21/24 and 3/25/24. No other dates were identified when the medication was given. On 4/25/24 at 2:53 PM Staff 2 (DNS) acknowledged she expected all physician orders to be followed. Staff 2 confirmed Resident 5 experienced weight gain with no PRN Furosemide given according to the physician order. No additional information was provided. 2. Resident 1 admitted to the facility in 3/2023 with diagnoses including pain and depression. Resident 1's health record revealed weights were taken on the following dates: - 1/16/24 at 242.9 lbs (pounds); - 3/23/24 at 199 lbs. (43.9 lbs loss). On 2/28/24 Resident 1 was reviewed with the NAR (Nutrition At Risk) team. The NAR team indicated Resident 1's weight was stable with no changes. A 3/28/24 Weight Warning progress note indicated Resident 1's weight was 199 lbs on 3/23/24 which indicated significant weight loss. A 4/4/24 Nutrition Assessment indicated Resident 1's weight was 199 lbs. No changes in nutritional status and no indication of significant weight loss were identified or assessed. On 4/25/24 at 10:20 AM Staff 2 (DNS) stated the CNAs were expected to obtain resident's weights. She would expect the CNAs to report to the CN (Charge Nurse) if a resident weight was out of normal range, the CN would reweigh the resident, and if the weight was accurate, the CN would report to the RNCM. The RNCM would then take the resident's weight concern to the NAR team to evaluate the information. Resident 1's heath record revealed no attempts to assess, evaluate, provide a justification or referral for NAR team for the significant weight loss recorded on 3/23/24. On 4/25/24 at 2:06 PM Staff 2 acknowledged Resident 1's Weight Warning progress note on 3/28/24. Staff 2 stated the Weight Warning alert trigger in the progress note was cleared by the RD and she was unaware of why it would have been cleared with no follow up. Staff 2 stated she would have expected this weight loss to have been assessed and followed up on to find the root cause. No additional information was provided to indicate the facility assessed, evaluated, or provided a justification for Resident 1's significant weight loss. 3. Resident 2 admitted to the facility in 3/22/24 with diagnoses including heart disease. Record review of Resident 2's health record revealed the following weights: - 3/24/24 at 156.6 lbs (pounds); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385268	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gateway Care and Retirement	39 NE 102nd Avenue 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 3/25/24 at 156.0 lbs; - 3/26/24 at 154.9 lbs; - 4/2/24 at 162.2 lbs; - 4/6/24 at 162.4 lbs; - 4/9/24 at 168.0 lbs; - 4/10/24 at 170.8 lbs (16 days with a 14.8 lbs weight gain). Resident 2's 3/25/24 Nutritional Assessment revealed no concerns identified her/his nutritional status. Review of Resident 2's health record revealed no assessment, justification or indication for the reason for the weight gain. On 4/25/24 at 10:20 AM Staff 2 (DNS) stated the CNAs were to obtain the resident's weights. She would expect the CNAs to report to the CN (Charge Nurse) if a resident weight was out of normal range, the CN would reweigh the resident, if the weight was accurate, the CN would report to the RNCM. The RNCM would then take the resident's weight concern to the NAR (Nutrition At Risk) team to evaluate the information. Review of Resident 2's health record revealed no information regarding the weight gain. On 4/25/24 at 3:05 PM Staff 2 acknowledged Resident 2's weight gain and stated she would expect the facility to assess the weight gain. No additional information was provided.