

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/17/2024
NAME OF PROVIDER OR SUPPLIER  Gateway Care and Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>46054</p> <p>Based on interview and record review, it was determined the facility failed to ensure residents were free from abuse for 1 of 5 sampled residents (#1) reviewed for abuse. This placed residents at risk for abuse. Findings include:</p> <p>On 5/10/24, the Past Non-Compliance was corrected when the facility completed a root cause analysis of the incident and determined there was abuse. The Plan of Correction included:</p> <ol style="list-style-type: none"> <li>Residents were placed on alert charting for psychosocial mood and behaviors.</li> <li>The effected resident was evaluated for psychosocial harm by a lincensed provider and continued to receive mental health services on a regular basis.</li> <li>All staff were educated for abuse, neglect including reporting abuse and neglect.</li> <li>All residents were assessed for psychosocial distress with no noted safety or abuse concerns. Adjustments have been made to the effected resident's care plan to ensure residents mood and behavior are continuously monitored by the facility.</li> </ol> <p>Resident 1 was admitted to the facility in 3/2024, with diagnoses including acute hypoxic (low oxygen) respiratory failure and history of manic episodes.</p> <p>Resident 1's 3/26/24 Admission MDS revealed Resident 1 had no cognitive impairment.</p> <p>Resident 1's 4/15/24 Care Plan revealed Resident 1 with problematic manners characterized by ineffective coping and verbal aggression related to anger, anxiety, and mood disorder.</p> <p>A facility reported incident dated 5/10/24 revealed Witness 1 (Provider) was reported to have gripped the front of Resident 1's shirt and dragged her/him and slammed her/him onto her/his bed and was held down. Witness 1 was reported to have yelled and taunted at Resident 1 during the encounter which including calling Resident 1 a sissy. This incident was further revealed to have been witnessed by two staff members who were reported to have stopped the altercation before Witness 1 was escorted out of the building.</p> <p>(continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/16/24 at 10:23 AM, Resident 1 stated that during a routine visit, Witness 1 began arguing with Resident 1 which led to a physical confrontation between the two. Resident 1 stated Witness 1 held her/him down to the bed by her/his shirt and called her/him a sissy. Resident 1 stated during the altercation she/he felt that her/his pride had been effected but confirmed no harm had occurred during the event.</p> <p>On 5/16/24 at 10:35 AM, Witness 1 (Provider) stated that during a routine medical visit he had a physical confrontation with Resident 1. Witness 1 confirmed that as an act of self-defense he pushed and held Resident 1 to her/his bed. Witness 1 stated that during the altercation, he lost his temper and confirmed yelling at Resident 1 while he held Resident 1 to the bed. Witness 1 denied hitting or intentionally hurting Resident 1.</p> <p>On 5/16/24 at 10:56 AM, Staff 3 (RCM) stated Resident 1 was grabbed and flung on her/his bed by Witness 1 and held down. Staff 3 stated Witness 1 called Resident 1 a little sissy during the altercation. Staff 3 stated that Resident 1 was held down on the bed by Witness 1 for at least two minutes. Staff 3 stated she stopped the altercation and escorted Witness 1 out of the facility.</p> <p>On 5/16/24 at 11:09 AM, Staff 4 (CNA) stated she witnessed Resident 1 being grabbed by the shirt, pushed on the bed, and held to the bed by Witness 1. Staff 4 confirmed Witness 1 had held Resident 1 for several minutes before being confronted by facility staff.</p> <p>On 5/16/24 at 11:58 AM, Staff 6 (CNA) stated Resident 1 had no change in psychosocial mood or behavior during the altercation. Staff 6 stated Resident 1 had no loss of appetite and no decline as a result of the event.</p> <p>A review of a 5/16/24 Facility Investigation Summary revealed the facility determined abuse was substantiated based on resident and witness statements.</p> <p>On 5/17/24 at 10:38 AM, Staff 1 (Administrator) and Staff 2 (DNS) verified the incident occurred on 5/10/24 between Resident 1 and Witness 1.</p>