

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 02/06/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46054</p> <p>Based on observation, interview, and record review it was determined the facility failed to implement care plan interventions to prevent an elopement for 1 of 4 sampled residents (#1) reviewed for elopement. This placed residents at risk for an unsafe elopement and injury. Findings include:</p> <p>Resident 1 was admitted to the facility in 2/2024, with diagnosis including nontraumatic intracerebral hemorrhage (bleeding of the brain without external trauma).</p> <p>Resident 1's 2/29/24 Care Plan indicated the resident presented as a high risk for elopement with interventions to implement a Code Pink protocol. Code Pink was defined as a medical emergency for residents who have wandered away from the facility and was at risk of harm and/or protecting themselves. Resident 1 was revealed to have convulsions related to seizure disorder.</p> <p>Resident 1's 12/5/24 Elopement Assessment identified she/he was a high risk for elopement.</p> <p>A 4/23/24 facility Progress Note revealed Resident 1 had an unwitnessed exit from the facility. Resident 1 was located per facility report to have been found at a nearby hospital. Resident 1 identified to have wandered unsupervised from the facility after being observed smoking in the back park lot of the facility.</p> <p>A 2/2/25 facility Incident Report revealed Resident 1 had an unwitnessed exit from the facility. Resident 1 was located per the facility's investigation to have been found at a nearby hospital. The facility's video footage revealed the resident independently entered the facility's door code and exited the facility. The resident's BIMS score was revealed to be 9 out of 15, which indicated significant cognitive impairment.</p> <p>A 2/3/25 Hospital Record revealed the resident presented to the emergency department after being found wandering the hospital's parking lot. Additional records revealed Resident 1 was assessed and determined to have no significant abnormalities or acute findings before being transferred back to the facility.</p> <p>On 2/6/25 at 12:35 PM, Staff 5 (CNA) indicated she was unaware that Resident 1 was an elopement risk and did not provide 30 minute checks for Resident 1 as she believed Resident 1 was independent. Staff 5 stated she was aware Resident 1 had left the facility and did not report the resident had left the facility until shift exchange.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/6/25 at 2:12 PM, Staff 2 (DNS) and Staff 3 (Clinical Management Specialist) confirmed and acknowledged the facility failed to implement care plan interventions to prevent Resident 1's elopement.		