STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385272	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tigard Rehabilitation and Care	14145 SW 105th Avenue Tigard, OR 97224

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 46054 Based on observation, interview and record review, it was determined the facility failed to ensure residents were free from sexual abuse for 1 of 2 sampled residents (#1) reviewed for abuse. This placed residents at risk for potential repeat sexual abuse incidents. Findings include: Resident 1 was admitted to the facility in 11/2023, with diagnoses including severe sepsis and post-traumatic stress disorder. A 11/8/23 Admission MDS Assessment, Section C: Cognitive Patterns, identified Resident 1 with severe cognitive impairment. Resident 1's 11/17/23 Care Plan identified the resident with a history of trauma related to domestic violence with interventions, including maintaining personal space boundaries and announcing self before approaching. Resident 2 was admitted to the facility in 8/2023, with diagnoses including encephalopathy and dementia with behavioral disturbance. An 11/24/23 Quarterly MDS Assessment, Section C: Cognitive Patterns, identified Resident 2 with severe cognitive impairment. Resident 2's 8/18/23 Care Plan identified the resident with inappropriate sexual behavior related to touching and kissing other residents. A 4/29/24 Facility Reported Incident revealed Resident 2 was found with her/his hand down Resident 1's brief while she/he was asleep. Resident 2 was reported to have been removed from the room after and was transferred to a different hallway soon after the incident. Tigard police were notified on the morning of 4/30/24 who identified Resident 1 with a history of engaging in inappropriate sexual behaviors. On 5/2/24 at 12:59 PM, Resident 2 stated she/he went to visit Resident 1 on 4/29/24 but did not recall touching Resident 1 during their visit. On 5/2/24 at 1:24 PM, Staff 3 (CMA) stated she witnessed Resident 2 with her/his hand inside the front of Resident 1's brief towards the resident's genitals exposing her/his right hip and buttocks. (continued on next page)

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
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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility progress notes and risk management report indicated Resident 2 was discovered in Resident 1's room on the evening of 4/29/24 and placed her/his hand down Resident 1's brief while she/he was asleep. Facility immediately placed Resident 2 on the opposite side of the facility. On 5/2/24 at 2:08 PM, Staff 5 (Receptionist) stated Resident 2 had been placed on a one on one monitoring schedule to assure resident safety and prevent further occurrence of sexually inappropriate behaviors. Observation of Resident 2 from 5/2/24 to 5/3/24 revealed the resident with an assigned one on one staff member. On 5/3/24 at 11:25 AM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged Resident 2 placed her/his hand down the front of Resident 1's brief while she/he was sleeping in her/his room. Staff 2 stated Resident 2 was placed with a one on one staff member indefinitely.