

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Tigard Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>46054</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were treated with dignity and respect for 1 of 3 sampled residents (#2) reviewed for dignity and respect. This placed residents at risk for a decrease in their quality of life.</p> <p>Resident 2 admitted to the facility in 11/2023, with diagnoses including hyperlipidemia (a condition caused by high levels of fat in the blood).</p> <p>Resident 1 admitted to the facility in 2/2024, with diagnoses including chronic systolic heart failure.</p> <p>A 7/17/24 Facility Reported Incident indicated Resident 1 was observed having a verbal altercation with Resident 2 in the facility parking lot. It was reported the altercation began after Resident 2 requested Resident 1 to return a spare wheelchair that Resident 1 had borrowed. Resident 1 during the verbal altercation was observed spitting in Resident 2's face before staff intervened and separated both residents.</p> <p>A 7/17/24 witness statement by Staff 3 (Medical Records Director) and Staff 4 (ADNS) indicated Resident 1 spat in the face of Resident 2 during the resident's verbal altercation.</p> <p>On 10/1/24 at 3:23 PM Resident 2 stated Resident 1 had spit in her/his face during the argument. Resident 2 stated she/he felt offended and disrespected and it was emotionally difficult for her/him. Resident 2 confirmed she/he had not been abused by Resident 1 during the altercation. Resident 2 stated she/he declined a physical assessment be conducted by staff and had not been injured during the altercation between Resident 1.</p> <p>On 10/2/24 at 12:13 PM Resident 1 denied spitting in Resident 2's face but confirmed she/he had gotten in her/his face during the verbal altercation as she/he was pissed off.</p> <p>On 10/2/24 at 12:42 PM Staff 3 indicated that she witnessed Resident 1 talking aggressively regarding Resident 2's wheelchair. Staff 3 stated that during the altercation, Resident 1 was witnessed spitting in the face of Resident 2. Staff 3 stepped in and separated both parties and escorted Resident 2 back to her/his room for clinical assessment. Staff 3 stated Resident 2 had declined assessment due to no injuries being sustained during the incident.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/2/24 at 12:52 PM Staff 4 stated she observed Resident 1 yelling in the face of Resident 2. Staff 4 stated Resident 1 was upset with Resident 2 when she/he asked for a wheelchair that Resident 1 had borrowed. Staff 4 confirmed that during the incident, Resident 1 was witnessed spitting in the face of Resident 2. Staff 4 stated she assisted Staff 3 in separating both residents and stayed with Resident 1 outside while she/he calmed down. Staff 3 stated both residents were placed on safety monitoring and confirmed no additional incidents occurred.</p> <p>On 10/10/24 at 12:55 PM Staff 2 (DNS) and Staff 4 (ADNS) confirmed findings and provided no additional information.</p>		