

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Mirabella Portland		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 S Bond Ave Portland, OR 97239	

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>43691</p> <p>Based on observation, interview and record review it was determined the facility failed to follow fall prevention techniques for 1 of 4 residents (# 16) reviewed for accidents. This placed residents at risk for falls. Findings include:</p> <p>Resident 16 was admitted to the facility in 7/2020 with diagnoses including dementia.</p> <p>A 10/23/24 Fall Risk Evaluation determined Resident 16 to be at high risk for falls.</p> <p>A 11/18/24 CNA Pocket Guide regarding transfers stated Resident 16 required the assistance of one person with the use of a front wheel walker (FWW) and gait belt with a focus on turning clockwise when available.</p> <p>On 11/19/24 at 12:13 PM Resident 16 was observed being assisted by Staff 4 (CNA) with a standing transfer with the use of a FWW. Resident 16 was observed without a gait belt turning counter-clockwise when she/he was observed falling backwards onto the ground.</p> <p>On 11/19/24 at 12:36 PM Staff 4 stated Resident 16 experienced a fall during a standing transfer. Staff 4 confirmed Resident 16 was not wearing a gait belt and probably should have been wearing one. Staff 4 stated she was not aware of specific instructions regarding fall prevention techniques for Resident 16.</p> <p>On 11/19/24 at 12:38 PM Staff 2 (DNS) confirmed the CNA Pocket Guide was updated daily and was provided to nursing staff at the start of their shifts to provide care need information to staff. Staff 2 stated Resident 16 did not experience a significant injury as result of the fall. Staff 2 stated Resident 16 should have been wearing a gait belt and assisted with turning clockwise to reduce the risk of falls.</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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