

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Rivers Edge Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE 411 SE Sheridan Road Sheridan, OR 97378	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50897</p> <p>Based on interview, observation and record review it was determined the facility failed to follow resident rights for 2 of 2 sampled residents (#s 13 and 26) reviewed for resident rights and incontinence care. This placed residents at risk for lack of dignity. Findings include:</p> <p>1. Resident 13 admitted to facility in ,d+[DATE], with diagnoses including congestive heart failure (a progressive heart disease that affects pumping action of the heart muscles).</p> <p>A ,d+[DATE] Annual MDS assessment revealed Resident 13 had a BIMS of 15 (cognitively intact).</p> <p>A review of Resident Council notes from ,d+[DATE] revealed Resident 13's concerns about leaking briefs had been discussed at Resident Council and the facility response recorded was they would work to ensure the most appropriate product was used and supply an incontinence pad for Resident 13's wheelchair.</p> <p>A review of Resident 13's ,d+[DATE] care plan revealed no changes were made related to incontinence.</p> <p>On [DATE] at 10:05 AM, Resident 13 stated her/his brief leaked when she/he urinated. Resident 13 stated she/he preferred to participate in activities but mostly stayed in her/his room because she/he did not want to be embarrassed by her/his brief leaking.</p> <p>On [DATE] at 11:50 AM, Resident 13 was observed wheeling down the facility hall with a wet peri area.</p> <p>On [DATE] at 8:15 AM, Staff 17 (CNA) stated he occasionally noticed Resident 13 with leaking briefs. Staff 17 stated Resident 13 used to attend activities frequently but now seemed to mostly stay in her/his room.</p> <p>On [DATE] at 9:27 AM, Resident 13 was observed in her/his wheelchair in the hallway and a strong smell of urine from the resident.</p> <p>On [DATE] at 9:57 AM, Staff 4 (CNA) stated she was aware Resident 13 sometimes had leaking briefs and correct application of her/his briefs was critical to prevent leakage.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:22 PM, Staff 3 (LPN/Resident Care Manager) stated she was responsible for care planning for Resident 13. She stated she was not aware of Resident 13's issues with leaking briefs and staff should have informed her Resident 13's briefs were leaking.</p> <p>On [DATE] at 1:07 PM, Staff 2 (DNS) stated she was aware Resident 13 had brought up the issue of leaking briefs. Staff 2 stated CNA staff determined moderate briefs were sufficient for Resident 13 and she thought the issue had been resolved.</p> <p>42270</p> <p>2. Resident 100 admitted to the facility in ,d+[DATE], with diagnoses including heart failure.</p> <p>A [DATE] progress note written at 12:31 AM revealed Resident 100 passed away on [DATE] at 12:30 AM.</p> <p>A [DATE] progress note written at 11:59 AM revealed Resident 100's body was picked up at 11:45 AM.</p> <p>Resident 26 admitted to the facility in ,d+[DATE] with diagnoses including heart failure.</p> <p>A [DATE] Annual MDS revealed Resident 26 had a BIMS of 15 which indicated she/he was cognitively intact.</p> <p>A [DATE] progress note revealed Resident 26 was upset over her/his roommate passing away and the body being left in their room for several hours after death.</p> <p>A review of the medical record revealed no documentation staff offered to move Resident 26 out of the room or move Resident 100's body out of the shared room while they waited for her/him to be picked up.</p> <p>On [DATE] at 11:45 AM, Resident 26 stated she/he was upset because Resident 100 was left in their shared room after her/his death.</p> <p>On [DATE] at 12:41 PM, Staff 7 (Social Services Director) stated she recalled the incident and stated Resident 26 should have been put on alert following the death of the roommate and being left in the room for multiple hours with Resident 100's body. Staff 7 stated she did not know if Resident 26 was offered to move out of the room while the body was in the room and stated she would have been upset if she was left in a room with a deceased resident for over 11 hours.</p> <p>On [DATE] at 1:27 PM, Staff 3 (LPN Resident Care Manager) stated at the time of Resident 100's death Resident 26 was not moved to another room and Resident 26 was not placed on alert charting following the death of her/his roommate.</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident or resident's representative was provided the risk and benefits information for psychotropic medications prior to administration for 1 of 5 sampled residents (#9) reviewed for medications. This placed residents at risk for lack of informed consent. Findings include:</p> <p>Resident 9 was admitted to the facility in 6/2022 with a diagnosis of depression.</p> <p>A 1/17/25 hospice Certification and Plan of Care revealed Resident 9 was admitted to hospice services on 1/17/25. Orders indicated Abilify (an antipsychotic medication) was to be administered daily, Cymbalta (an antidepressant medication) was to be administered daily, and lorazepam (an antianxiety medication) was to be administered PRN for restlessness.</p> <p>Review of Resident 9's clinical record revealed no evidence of consent forms for the administration of Abilify, Cymbalta, or lorazepam.</p> <p>On 2/27/25 at 9:18 AM, Staff 8 (LPN) stated consents for psychotropic medications were to be obtained from residents prior to medication administration.</p> <p>On 2/27/25 at 11:42 AM, Staff 3 (LPN Resident Care Manager) stated hospice should have obtained consents for the psychotropic medications upon admission to hospice services. Staff 3 stated she did not see the consents for the medications in Resident 9's clinical record.</p> <p>On 2/28/25 at 9:36 AM, Witness 2 (Hospice Director) stated hospice staff reviewed general admission consent and treatment plans upon admission to hospice services. Hospice did not go over the risk and benefits of psychotropic medications unless the facility provided a specific form and notified hospice staff to include the education in the admission process.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47001</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure resident equipment, resident windows, walls, and bathroom lighting were in good working order and water was hot for 4 of 8 sampled residents (#s 6, 13, 22, and 26) reviewed for environment. This placed residents at risk for an unhomelike environment. Findings include:</p> <p>1. Resident 6 was admitted to the facility in 12/2024 with diagnoses including dementia.</p> <p>On 2/26/25 at 12:00 PM, Resident 6's bathroom was observed to be dim with the light on.</p> <p>On 3/3/25 at 10:23 AM, Resident 6's bathroom was observed to be dark with the lights on.</p> <p>On 3/3/25 at 10:25 AM, Staff 13 (CNA) stated Resident 6 used the bathroom. Staff 13 stated the light had been dim for at least a week.</p> <p>On 3/3/25 at 10:38 AM Staff 5 (Maintenance Director) confirmed the bathroom light was dim and it was unsafe for a resident to go in there with the dim light.</p> <p>On 3/3/25 at 12:28 PM Resident 6 stated she/he took her/himself to the bathroom and had a difficult time seeing her/his way around in the bathroom.</p> <p>50897</p> <p>2. Resident 13 admitted to facility in 11/2023 with diagnoses including congestive heart failure (a progressive heart disease that affects pumping action of the heart muscles).</p> <p>A 12/2024 Annual MDS assessment revealed Resident 13 had a BIMS of 15 (cognitively intact).</p> <p>On 2/24/25 at 10:00 AM and on 2/27/25 at 10:08 AM, Resident 13 stated her/his walls were damaged from the bed scraping on the wall and she/he brought it up to maintenance several times but they were not repaired. Resident 13 sated the condition of the walls in her/his room bothered her/him because they were not repaired.</p> <p>On 3/3/25 at 9:28 AM, Staff 5 (Maintenance Director) stated it was hard to get repair completed due to rooms were occupied and he could not paint rooms with residents in the room.</p> <p>On 3/3/25 at 1:46 PM, Staff 1 (Administrator) stated she recognized walls in disrepair were not a homelike environment for residents.</p> <p>26991</p> <p>3. Resident 22 was admitted to the facility in 2023 with a diagnosis of diabetes.</p> <p>A 12/18/24 annual MDS revealed Resident 22 was cognitively intact.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/24/25 at 4:52 PM, Resident 22's bathroom window was observed to have a crack which extended from the left side and spread to the right side. Resident 22's water in her/his sink was checked for one minute and it was cool to the touch.</p> <p>On 2/27/25 at 2:09 PM, with Staff 6 (Business Office Manager) Resident 22's sink water was tested and it was 59 degrees F.</p> <p>On 2/27/25 at 2:31 PM, Resident 22 stated her/his water was cold and her/his window was cracked since she/he was admitted to the facility.</p> <p>On 2/27/25 at 2:35 PM, Staff 1 (Administrator) stated staff performed a weekly water check but the form they filled out did not include the temperatures which were taken so she could not verify the location or temperatures. Staff 1 verified the cracked window and cold water temperatures were identified on 2/24/25.</p> <p>On 3/3/25 at 10:51 AM, Staff 5 (Maintenance Director) stated a pump was out therefore the hot water was not being pushed to rooms including Resident 22's room.</p> <p>42270</p> <p>4. Resident 26 admitted to the facility in 12/2023 with diagnoses including heart failure.</p> <p>A 12/23/24 Annual MDS revealed Resident 26 had a BIMS of 15 which indicated she/he was cognitively intact.</p> <p>On 2/24/25 at 5:18 PM Resident 26 stated there was a time her/his bed had been stuck with the head up for ten days.</p> <p>A 2/3/25 Physical Therapy note revealed Resident 26's bed was stuck in a high position with the head and knee elevated which resulted in Resident 26 being unable to get out of bed and unable to roll in the bed.</p> <p>A 2/5/25 Physical Therapy note revealed Resident 26's bed was broken and stuck in a high position.</p> <p>A 2/6/25 Physical Therapy note revealed resident 26's bed was broken and she/he could not get in and out of the bed safely.</p> <p>A 2/7/25 progress note revealed Resident 26 reported to Staff 7 (Social Services Director) concerns about her/his bed being broken and not yet repaired. Resident 26 stated she/he was not able to get out of bed because the bed was stuck too high and it was difficult to have a bowel movement due to the bed being at a tilt.</p> <p>A 2/7/25 progress note revealed Resident 26's bed controller was fixed.</p> <p>On 2/26/25 at 8:56 AM, Staff 9 (CNA) stated she recalled Resident 26's bed being broken and stated it was broken for around three days. Staff 9 stated Resident 26 was stuck with one side of the head up and the other side down so she/he was stuck laying sideways and could not get out of the bed during this time. Staff 9 stated the facility management was aware of the broken bed.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/27/25 at 11:13 AM, Staff 7 (Social Services Director) stated she was made aware of Resident 26's bed not working on 2/7/25 and the bed was repaired later that day. Staff 7 did not know how long the bed was stuck but stated Resident 26 was laying flat with part of the the top of the bed swaying down. Staff 7 stated Staff 5 (Maintenance Director) and Staff 1 (Administrator) were notified and the bed was repaired the same day she was notified of it.</p> <p>On 2/27/25 at 2:32 PM, Staff 5 (Maintenance Director) stated he was aware of Resident 26's bed being broken and stated it was stuck at a level that she/he could not get out of bed. Staff 5 stated the bed was broken for a couple days.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to follow up on grievances for 1 of 4 sampled residents (# 26) reviewed for staffing. This placed residents at risk for not having their needs addressed. Findings include:</p> <p>Resident 26 admitted to the facility in 12/2023 with diagnoses including heart failure.</p> <p>A 12/23/24 Annual MDS revealed Resident 26 had a BIMS of 15 which indicated she/he was cognitively intact.</p> <p>A 5/14/24 progress note revealed Resident 26 complained to Staff 7 (Social Services Director) about long call light times. Staff 7 told Resident 26 she would address the issue.</p> <p>A 5/24/24 progress note revealed Resident 26 complained to Staff 7 about long call light times and her/his room not being clean. Staff 7 told Resident 26 she would report the concerns to the appropriate people.</p> <p>A 5/29/24 progress note revealed Resident 26 complained to Staff 7 about food issues and long call light times. Staff 7 told Resident 26 she would report the concerns to the appropriate department.</p> <p>A 6/3/24 progress note revealed Resident 26 complained to Staff 7 about the night shift not doing a good job, long call light times, and rude staff. Staff 7 told Resident 26 she would report this to the administrator and resident care manager.</p> <p>A review of the medical record revealed no documented follow up to the concerns.</p> <p>A review of the grievance binder revealed no grievances related to the concerns.</p> <p>On 2/28/25 at 12:28 PM Staff 7 (Social Services Director) stated when Resident 26 made complaints about staffing and call lights she reported the concerns to nursing and did nothing else with it.</p> <p>On 2/28/25 at 12:57 PM Staff 3 (LPN Resident Care Manager) stated when she followed up with Resident 26 she would just have a conversation and encouraged her/him that there was never a problem with staffing.</p> <p>On 2/28/25 at 1:15 PM Staff 29 (Regional Nurse Consultant) and Staff 2 (DNS) stated going forward the facility planned to follow the grievance process when there were concerns expressed to staff and Staff 2 stated she was unaware of Resident 26's concerns identified in the progress notes.</p> <p>On 2/28/25 at 3:57 PM Resident 26 reviewed the concerns she/he expressed and stated the facility did not resolve them and had not gotten back to her/him about the concerns.</p>		

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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>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>47001</p> <p>Based on interview and record review it was determined the facility failed to protect the resident's right to be free from physical abuse by another resident for 1 of 3 sampled residents (#39) reviewed for abuse. This placed residents at risk for injury related to abuse. Findings include:</p> <p>Resident 39 was admitted to the facility in 9/2024 with diagnoses including post traumatic stress disorder (PTSD).</p> <p>Resident 20 was admitted to the facility in 11/2024 with diagnoses including PTSD.</p> <p>On 1/18/25 a Facility Reported Incident (FRI) was received by the State Survey Agency, which alleged Resident 20 hit Resident 39 on the head several times.</p> <p>Resident 39's 1/18/25 Progress Note indicated she/he reported to the nurse she/he was hit by Resident 20 on the top of the head several times.</p> <p>The facility's investigation dated 1/20/25, revealed Resident 39 and Resident 20 were in the dining room. Resident 39 was on her/his phone when Resident 20 asked Resident 39 to turn her/his phone down. Resident 39 stated she/he did turn her/his phone down, Resident 20 stated Resident 39 refused to turn her/his phone down. Resident 20 went over to Resident 39 and hit Resident 39 on the head several times. The residents were separated and assessed, no injuries noted. The police were notified and Resident 39 pressed charges against Resident 20. Both residents were placed on alert charting and no further incidents occurred. The facility substantiated abuse.</p> <p>On 2/28/25 at 10:09 AM, Staff 11 (LPN) stated on 1/18/25 Resident 39 went to the nurse's station and reported Resident 20 hit Resident 39 on the head several times after Resident 20 asked Resident 39 to turn down the volume on her/his phone. Staff 11 stated the residents were separated and Resident 39 was assessed for injury, no injuries noted. The police were notified and Resident 39 pressed charges against Resident 20. Staff 11 stated Resident 20 did not like loud noises and would yell if something in the environment was too loud. Staff 11 stated Resident 20 had no previous physical behaviors and had no physical behaviors since the incident on 1/18/25.</p> <p>On 2/28/25 at 1:33 PM, Staff 3 (LPN/Resident Care Manager) stated on 1/18/25 there was an incident with Resident 39 and Resident 20. Staff 3 stated Resident 39 was watching a video on her/his phone without using her/his headphones, which irritated Resident 20. Staff 3 stated Resident 20 hit Resident 39 on the head several times. Staff 3 stated Resident 20 usually had verbal behaviors and the incident on 1/18/25 was the only time Resident 20 had physical behaviors. Resident 20 acknowledged the incident occurred and that it was abuse.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to provide bowel care and failed to follow physician orders for medication parameters for 3 of 5 sampled residents (#s 9, 22, and 24) reviewed for medications. This placed residents at risk for constipation and adverse medication regimen. Findings include:</p> <p>1. Resident 9 was admitted to the facility in 6/2022, with a diagnosis of dementia.</p> <p>A bowel record dated 1/29/25 through 2/27/25 revealed Resident 9 had a bowel movement on 2/1/25 and did not have another bowel movement until 2/7/25.</p> <p>A 2/2025 MAR revealed Senna (laxative) was administered on 2/4/25 and the results of the administration were unknown.</p> <p>Progress Notes from 1/29/25 through 2/7/25 did not include an assessment related to Resident 9's lack of bowel movement.</p> <p>On 2/27/25 at 9:18 AM, Staff 10 (CMA) stated every day a bowel sheet was printed for all residents. If a resident did not have a bowel movement for three days, bowel care was initiated.</p> <p>On 2/27/25 at 9:18 AM, Staff 8 (LPN) stated if a resident refused bowel care the nurse was to document in the resident's Progress Notes an assessment and the rationale bowel care was not provided.</p> <p>On 2/28/25 at 9:36 AM, Staff 2 (DNS) verified bowel care was to be administered if a resident did not have a bowel movement for three days. A nurse was to document an assessment if a resident stated they did not require bowel care. Staff 2 verified Resident 9 did not have a bowel movement for five days and there was no documented nursing assessment.</p> <p>2. Resident 22 was admitted to the facility in 12/2023, with a diagnosis of depression.</p> <p>A bowel record dated 1/29/25 through 2/25/25 revealed Resident 22 had a bowel movement on 2/2/25 and did not have another bowel movement until 2/6/25. Resident 22 also was documented to have a bowel movement on 2/21/25 and did not have another bowel movement until 2/25/25.</p> <p>Resident 22's 2/2025 MAR revealed she/he did not have PRN bowel care medications ordered.</p> <p>Resident 22's Progress notes from 2/2/25 through 2/25/25 revealed no bowel assessments.</p> <p>On 2/27/25 at 9:18 AM, Staff 10 (CMA) stated every day a bowel sheet was printed for all residents. If a resident did not have a bowel movement for three days, bowel care was initiated.</p> <p>On 2/27/25 at 9:18 AM, Staff 8 (LPN) stated if a resident refused bowel care the nurse was to document in the resident's Progress Notes an assessment and the rationale bowel care was not provided.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/28/25 at 9:36 AM, Staff 2 (DNS) verified bowel care was to be administered if a resident did not have a bowel movement for three days. A nurse was to document an assessment if a resident stated they did not require bowel care. Staff 2 stated Resident 22 was very independent, was able to use the bathroom without assistant, and staff may not have documented all of Resident 22's bowel movements. Staff 2 verified Resident 22 did not have a bowel movement for four days on two occasions, there were no PRN bowel care orders initiated and administered from the standing orders, and there were no nursing assessments in the resident's clinical records.</p> <p>47001</p> <p>3. Resident 24 was admitted to the facility in 10/202,4 with diagnoses including heart failure.</p> <p>A 10/31/24 physician order for Lasix (a diuretic medication) indicated to hold the medication for a systolic blood pressure (SBP) less than 110.</p> <p>A review of Resident 24's 2/2025 MARs revealed the following:</p> <ul style="list-style-type: none"> -On 2/4/25 the blood pressure was 109/62 and the MAR was signed as administered. -On 2/6/25 the blood pressure was 108/60 and the MAR was signed as administered. -On 2/12/25 the blood pressure was 98/59 and the MAR was signed as administered. -On 2/14/25 the blood pressure was 96/50 and the MAR was signed as administered. -On 2/17/25 the blood pressure was 99/62 and the MAR was signed as administered. -On 2/19/25 the blood pressure was 102/60 and the MAR was signed as administered. -On 2/21/25 the blood pressure was 108/59 and the MAR was signed as administered. -On 2/25/25 the blood pressure was 108/61 and the MAR was signed as administered. <p>On 2/27/25 at 1:31 PM, Staff 10 (CMA) stated Resident 24 received Lasix if she did not put a hold note in the progress notes.</p> <p>A 2/27/25 review of Resident 24's 2/2024 Progress Notes revealed no evidence of Staff 10 holding Resident 24's Lasix.</p> <p>On 3/3/25 at 10:28 AM, Staff 2 (DNS) stated based on Resident 24's blood pressure parameters, her/his Lasix should have been held for the identified days in 2/2025.</p>		

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<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>26991</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure cigarette lighters were not stored in resident rooms for 1 of 3 sampled residents (#5) reviewed for smoking. This placed residents at risk for burns. Findings include:</p> <p>Resident 5 was admitted to the facility in 10/2022 with a diagnoses of seizures and heart disease.</p> <p>The facility's undated Smoking Policy for Residents revealed smoking was only permitted in designated smoking areas and all cigarettes and lighters were to be kept locked at the nurse's station.</p> <p>A 12/30/24 Smoking Assessment indicated Resident 5 was a supervised smoker due to noncompliance with the smoking policy including sharing cigarettes with nonsmoking residents.</p> <p>On 2/26/25 at 2:06 PM, Resident 5 was observed by the back door, in a nonsmoking area, in her/his wheelchair, and was smoking a cigarette. Staff were not with the resident.</p> <p>On 2/26/25 at 2:11 PM, with Witness 4 (State Fire Marshall) Resident 5 stated she/he kept her/his cigarette lighter in a box in her/his coat pocket. Resident 5 pulled the box from her/his coat pocket and provided the lighter to Witness 4. Witness 4 notified Resident 5 the lighter would be given to Staff 1 (Administrator). Resident 5 stated she/he did not let other residents use the lighter.</p> <p>On 2/26/25 at 3:27 PM, Staff 17 (Activities Director) stated residents were to keep lighters and cigarettes at the nurse's station. Staff 17 stated Resident 5 was to check out her/his lighter and cigarettes out at the nurse's station when she/he had smoking breaks.</p> <p>On 2/26/25 at 3:31 PM, Staff 18 (CNA) stated Resident 5 was allowed to smoke off facility property two times a day and had to obtain her/his smoking paraphernalia from the nurse's station. Staff 18 stated if she saw a resident in a nonsmoking area she would notify the nurse.</p> <p>On 2/26/25 at 3:58 PM, Staff 8 (LPN) stated there used to be a check out sheet at the nurse's station where the nurses would check out cigarettes and lighters for residents, including Resident 5. Staff 8 stated she returned from personal leave on 2/7/25 and the sign out sheet was no longer at the nurse's station and it was harder to keep track of the lighters.</p> <p>On 2/26/25 04:40 PM, Staff 2 (DNS) and Staff 3 (LPN resident care manager) stated Resident 5 was a supervised smoker because she/he did not comply with the smoking policy. Staff stated she/he did not have any injuries related to smoking, and confirmed the resident was not to have smoking paraphernalia in her/his room.</p> <p>42270</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50897</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure respiratory equipment was maintained for 1 of 1 sampled resident (#13) reviewed for respiratory care. This placed residents at risk for increased risk for respiratory concerns. Findings include:</p> <p>Resident 13 admitted to the facility in 11/2023, with diagnoses including congestive heart failure (a progressive heart disease that affects pumping action of the heart muscles).</p> <p>A 12/2024 Annual MDS assessment revealed Resident 13 had a BIMS of 15 (cognitively intact).</p> <p>Review of Resident 13's 8/2024 and 2/2025 TARS revealed an order for PRN oxygen, but no instruction for the resident's oxygen concentrator to be cleaned.</p> <p>On 2/24/25 at 10:05 AM, Resident 13 stated the facility had not cleaned her/his oxygen concentrator and it was filthy the last time they cleaned it.</p> <p>The facility's Departmental Respiratory Therapy policy revealed oxygen cannula and tubing were to be changed every seven days and filters were to be washed every seven days.</p> <p>On 3/3/25 at 12:22 PM, Staff 3 (LPN/Resident Care Manager) stated nursing staff were responsible for oxygen concentrators and they should be cleaned on night shift every Sunday including when a resident was on PRN oxygen. She stated she could find no documentation in Resident 13's record her/his oxygen concentrator had been cleaned.</p> <p>On 3/3/25 at 12:58 PM, Resident 13 stated her/his oxygen concentrator was last cleaned 6-9 months ago.</p> <p>On 3/3/25 at 1:07 PM, Staff 2 (DNS) stated oxygen concentrators needed to be cleaned weekly.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to provide care and services related to dialysis for 1 of 1 sampled resident (#22) reviewed for dialysis. This placed residents at risk for dialysis access complications. Findings include:</p> <p>Resident 22 was admitted to the facility in 12/2023, with a diagnosis of kidney failure.</p> <p>The facilities Dialysis Access and Care Policy revised on 2/2023 revealed:</p> <ul style="list-style-type: none"> -Do no use the access site arm to take blood samples, or give injections. -Do not use the access arm to take blood pressure. -Document in the resident's medical record every shift the location, condition of dressing, if dialysis was done, report from dialysis, and observations post-dialysis. <p>A 12/18/24 Annual MDS revealed Resident 22 received dialysis and was cognitively intact.</p> <p>A care plan initiated 12/12/23 revealed Resident 22 had scheduled dialysis on Monday, Wednesday, and Fridays. Staff were to monitor her/his dialysis site upon return from dialysis. Staff were to send the dialysis communication book with the resident to dialysis.</p> <p>Resident 22's care plan did not include instructions for staff to not obtain the resident's blood pressure on her/his arm with the dialysis access, nor included emergency instructions in the event of complications related to the resident's dialysis site, such as bleeding.</p> <p>On 2/26/25 at 10:14 AM, Staff 8 (LPN) was observed to assess Resident 22's dialysis site upon return from dialysis. Staff 8 stated the dialysis site assessment was documented on the dialysis communication sheet which was kept in the resident's dialysis communication book. Staff 8 stated the dialysis site was only assessed and documented on dialysis days on the dialysis sheet.</p> <p>On 2/27/25 at 12:01 PM, Staff 3 (LPN Resident Care Manager) stated Resident 22 was cognitively intact and if staff attempted to obtain a blood pressure on her/his arm with the dialysis access she/he would stop staff. Staff 3 acknowledged if Resident 22 had a change of mental status and was not able to speak, she/he would not be able to stop staff. Staff 3 also acknowledged there was no monitoring of the dialysis site on non-dialysis days.</p> <p>On 2/28/25 at 11:45 AM, Staff 16 (CNA) stated if a resident was not to have a blood pressure in a specific arm due to their dialysis site there was usually a sign in the room. Staff 16 stated Resident 22 did not have a sign in her/his room. Staff 16 stated if Resident 22's dialysis site started to bleed she would keep it covered and call the nurse.</p> <p>On 2/28/25 at 11:49 AM, Staff 2 (DNS) verified the care plan did not have directions for staff to not obtain blood pressures on the arm with the dialysis access and did not have instructions on how to care for the dialysis site if it started to bleed.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>47001</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident who was a trauma survivor received trauma-informed care for 1 of 3 sampled resident (#12) reviewed for abuse. This placed residents at risk for unmet trauma needs and a decrease in their quality of life. Findings include:</p> <p>Resident 12 was admitted to the facility in 7/2022, with diagnoses including post-traumatic stress disorder (PTSD).</p> <p>A 1/22/25 MDS indicated Resident 12 was cognitively intact.</p> <p>On 2/24/25 at 12:03 PM, Resident 12 stated about a month ago she/he was coming out of the shower room and another male resident was in the hall. Resident 12 stated the other resident looked her/him up and down and stated he wanted to shower with Resident 12. Resident 12 stated this made her/him uncomfortable and triggered her/his PTSD.</p> <p>A 2/24/25 review of Resident 12's care plan revealed no evidence of a PTSD care plan.</p> <p>On 2/27/25 at 10:17 AM, Staff 2 (DNS) stated Resident 12 had a PTSD care plan initiated on 2/26/25.</p> <p>A 2/28/25 investigation for a 1/14/25 resident-to-resident incident involving Resident 12 indicated Resident 12's PTSD was triggered by the incident and a PTSD care plan was started on 2/26/25 by the RCM.</p> <p>On 2/28/25 at 9:59 AM, Staff 7 (Social Services Director) stated she completes a trauma/PTSD assessment with resident when she completes her initial social service assessment, upon admission. Staff 7 stated residents are care planned based on that assessment and any diagnosis of PTSD. Staff 7 stated she did not work at the facility when Resident 12 was admitted and she was unsure of when or if Resident 12 had a trauma/PTSD assessment completed but she was working on completing the assessment now.</p> <p>A 11/14/24 Progress Note revealed Resident 12's provider completed a PTSD assessment in 11/2024. The assessment did not identify any of Resident 12's PTSD triggers.</p> <p>On 2/28/25 at 10:54 AM, Staff 1 (Administrator) stated Resident 12's PTSD was not care planned because she/he did not ask to be care planned, and we try not to pry.</p> <p>On 2/28/25 at 10:58 AM, Staff 3 (LPN/Resident Care Manager) stated Resident 12 was care planned for PTSD within the last couple of days but should have been care planned upon admission or upon receiving the diagnosis of PTSD in 11/2024.</p> <p>On 3/3/25 at 10:43 AM, Staff 2 (DNS) stated Resident 12's PTSD should have been assessed and care planned upon admission.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to ensure each CNA received annual performance reviews for 2 of 5 sampled CNAs (#s Staff 21 and Staff 23) reviewed for in-service education. This placed residents at risk for lack of care by competent staff. Findings include:</p> <p>On 3/3/25 at 12:31 PM and 1:17 PM, annual performance reviews of Staff 21 (CNA) and Staff 23 (CNA) were requested from Staff 1 (Administrator). Staff 1 was unable to provide the performance reviews and confirmed Staff 21 and Staff 23 did not have their annual performance reviews completed within the last 12 months.</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>27793</p> <p>Based on interview and record review it was determined the facility failed to provide medically-related social services for arranging mental health services for 2 of 2 sampled residents (#s 20 and 39) reviewed for abuse and unnecessary medications. This placed residents at risk for unmet behavioral health needs and a decrease in their quality of life. Findings include:</p> <p>1. Resident 20 was admitted to the facility in 11/2024, with diagnoses including schizoaffective disorder, bipolar disorder, post-traumatic stress disorder, and borderline personality disorder.</p> <p>Resident 20's 1/18/25 Progress Note indicated he hit another resident several times on top of the head.</p> <p>The facility's investigation dated 1/20/25 noted Resident 20 was to follow up with mental health due to hitting another resident.</p> <p>A review of Resident 20's medical record on 2/28/25 revealed no evidence Resident 20 was seen by mental health provider after 1/20/25.</p> <p>On 2/28/25 at 2:22 PM, Staff 1 (Administrator) stated the facility did not have a mental health provider who visited the facility. Staff 1 stated the facility was working with their medical provider group to get a mental health provider for the facility.</p> <p>On 3/3/25 at 10:37 AM, Staff 2 (DNS) acknowledged Resident 20 had not been seen by a mental health provider since the resident-to-resident incident on 1/18/25.</p> <p>2. Resident 39 was admitted to the facility in 9/2024 with diagnoses including bipolar disorder and post-traumatic stress disorder.</p> <p>Resident 39's 1/18/25 Progress Note indicated she/he was hit on top of the head several times by another resident.</p> <p>The facility's investigation dated 1/20/25 noted Resident 39 was to follow up with mental health due to hitting another resident.</p> <p>A 2/28/25 review of Resident 39's medical record revealed no evidence Resident 39 was seen by mental health after 1/20/25.</p> <p>On 2/28/25 at 2:22 PM, Staff 1 (Administrator) stated the facility did not have a mental health provider who visited the facility. Staff 1 stated the facility was working with their medical provider group to get a mental health provider for the facility.</p> <p>On 3/3/25 at 10:37 AM, Staff 2 (DNS) acknowledged Resident 39 had not been seen by a mental health provider since the resident-to-resident incident on 1/18/25.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>27793</p> <p>Based on interview and record review it was determined the facility failed to act upon pharmacist recommendations for 1 of 5 sampled residents (# 32) reviewed for unnecessary medications. This placed residents at risk for a decrease in their quality of life. Findings include:</p> <p>Resident 32 was admitted to the facility in 5/2023, with diagnoses including depression, schizoaffective disorder, and anxiety.</p> <p>A review of Resident 32's Physician Orders revealed a 7/29/24 order for aripiprazole (an antipsychotic medication) for schizoaffective disorder, a 7/30/24 order for duloxetine (an antidepressant medication) for depression, and a 7/29/24 order for depakote (a mood stabilizing medication) for schizoaffective disorder.</p> <p>Resident 32's 1/10/25 Pharmacist's Recommendation to Prescriber noted a gradual dose reduction (GDR) for the resident's psychotropic medications (ariprazole, duloxetine, or depakote). The resident's recommendation was signed by her/his provider on 1/28/25, with an order for a psychiatric consult to discuss if a GDR was appropriate.</p> <p>A review of Resident 32's medical record revealed no evidence the pharmacist's recommendation was acted upon for a psychiatric consult.</p> <p>On 3/3/25 at 10:41 AM, Staff 2 (DNS) acknowledged Resident 32 had not had a psychiatric consult since 1/28/25 and stated orders for pharmacy recommendations should be followed up on within one week of receiving the order. Staff 2 stated the facility did not follow up timely for a psychiatric consult for Resident 32.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to provide a rationale for PRN psychotropic medication and develop a care plan related to antianxiety medication side effects for 1 of 5 sampled residents (#9) reviewed for unnecessary medications. This placed residents at risk for sedation. Findings including:</p> <p>Resident 9 was admitted to the facility in 6/2022, with a diagnosis of depression.</p> <p>Resident 9's hospice Certification and Plan of Care revealed Resident 9 was admitted to hospice services on 1/17/25, with orders for lorazepam (an antianxiety medication) was to be administered PRN for restlessness.</p> <p>A care plan revised 1/28/25 revealed Resident 9 had ineffective coping and anxious behavior. Interventions included to give reassurance, report delusions to the nurse, and to See Psychotropic medication plan of care.</p> <p>Resident 9's care plan did not address the resident's psychotropic medication use, side effects of the lorazepam, or nonpharmacological interventions to be used prior to administration of the lorazepam.</p> <p>Resident 9's 2/2024 MAR revealed lorazepam was renewed for 14 days starting on 2/19/25.</p> <p>Resident 9's clinical record revealed it did not have a rationale for the continuation of the resident's lorazepam.</p> <p>On 2/27/25 at 9:18 AM, Staff 8 (LPN) stated if a PRN antianxiety was to be administered nonpharmacological interventions were to be provided prior to administration. The interventions were to be documented on the MAR.</p> <p>On 2/27/25 at 11:42 AM, Staff 3 (LPN/Resident Care Manager) stated the lorazepam was the same as an antipsychotic medication.</p> <p>On 2/28/25 at 9:36 AM, Staff 2 (DNS) stated a rationale for the renewal of the lorazepam was required. Staff 2 verified there were no PRN interventions besides reassurance for anxiety and side effects for the lorazepam were not identified. Staff 2 stated lorazepam was not an antipsychotic medication and verified there was no psychotropic care plan.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47001</p> <p>Based on observation and interview it was determined the facility failed to store food in a sanitary manner for 1 of 1 resident refrigerator reviewed for food safety. This placed residents at risk for foodborne illnesses. Findings include:</p> <p>On 2/27/25 at 12:53 PM, a resident room refrigerator was observed with Staff 12 (Food Service Director) and observed the following:</p> <ul style="list-style-type: none"> -An undated plate of meatballs. -An undated, uncovered bowel of pears. -A container of cottage cheese dated 2/12/25. -A sandwich dated 2/21/25. -An undated desert. -Two partial gallons chocolate milk with an expiration date of 2/7/25. -A jar of salsa with an expiration date of 2/20/25. -An open container of hot dogs with an expiration date of 1/16/25. -An open container of cole slaw with an expiration date of 2/20/25. -An open container of bologna with an expiration date of 2/18/25. -A green canister dated 11/14/23 with an unknown powder in it. -An undated pitcher with blue liquid in it labeled bowel prep with a resident's name on it. <p>Staff 12 stated anything provided by the kitchen was dated and should be thrown out three days after that date, all other food needs to be thrown out by the expiration date. Staff 12 stated medications should not be stored in the resident's refrigerator and the dietary aid was responsible for cleaning out the resident's refrigerator monthly.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure a therapy evaluation was obtained for 1 of 2 sampled residents (#38) reviewed for discharge. This placed residents at risk for weakness. Findings include:</p> <p>Resident 38 was admitted to the facility in 8/2024 with a diagnosis of a stroke.</p> <p>Resident 38's 8/29/24 hospital admission orders revealed admit to skilled. There were no orders for PT, OT, or SLP.</p> <p>A 9/3/24 Physician Encounter Note revealed Resident 38 was to continue skilled PT, SLP, and OT at the facility until the resident had enough strength and function to return to her/his previous living situation safety and successfully.</p> <p>Review of Resident 38's record revealed there were no therapy services provided.</p> <p>On 2/27/25 at 11:50 AM and 2/28/25 at 8:46 AM, Staff 3 (LPN/Resident Care Manager) stated Resident 38 required little assistance from the facility and could be at a lower level of care. Staff 3 stated Resident 38 was never a skilled resident. Staff 3 reviewed the 9/3/24 Physician Encounter Note and stated therapy got missed. Staff 2 stated she did not follow up with the resident's provider to ensure if the resident was to receive therapy services.</p> <p>On 2/28/25 at 8:53 AM, Staff 2 (DNS) verified Resident 38 did not receive therapy or an evaluation.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>50897</p> <p>Based on interview and record review the facility failed to ensure residents were fully informed and understood the binding arbitration agreement for 1 of 3 sampled resident (# 12) reviewed for binding arbitration agreement. This placed residents at risk of being uninformed regarding their legal rights. Findings include:</p> <p>Resident 12 admitted to the facility in 11/2022, with diagnoses including quadriplegia (paralysis affecting all of a person's limbs).</p> <p>On 9/20/23 Resident 12 signed an Arbitration Agreement with the new owner of the facility.</p> <p>On 2/27/25 at 2:20 PM, Resident 12 stated she/he did not know what a binding arbitration agreement was. Resident 12 stated she/he never would have signed a document giving up the right to sue the facility in court if she/he had known that was what she/he was signing.</p> <p>In interviews on 2/28/25 at 11:55 AM and 12:26 PM, Staff 7 (Social Services Director) stated she left the form with Resident 12 at her/his request then returned after a few days and asked for the form. Staff 7 stated she would discuss the form with residents when requested, and was unaware she was required to explain the binding arbitration agreement with residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Rivers Edge Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE 411 SE Sheridan Road Sheridan, OR 97378	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were offered pneumonia vaccines for 5 of 5 sampled residents (#s 19, 22, 26, 38, and 39) reviewed for vaccines. This places residents at risk for pneumonia. Findings include:</p> <ol style="list-style-type: none"> Resident 19 was admitted to the facility in 9/2022 with a diagnosis of Parkinson's disease. Resident 19's clinical record revealed she/he was eligible for, but was not offered a pneumonia vaccine. On 2/27/25 at 11:02 AM and at 11:26 AM, Staff 2 (DNS) verified resident 19 was eligible to receive a pneumonia vaccine. A request was made for Staff 2 to provide documentation a pneumonia vaccine was offered to Resident 19. No additional information was provided. Resident 22 was admitted to the facility in 12/2024 with a diagnosis of diabetes. Resident 22's clinical record revealed she/he was eligible for, but was not offered a pneumonia vaccine. On 2/27/25 at 11:02 AM and at 11:26 AM, Staff 2 (DNS) verified Resident 22 was eligible to receive a pneumonia vaccine. A request was made for Staff 2 to provide documentation a pneumonia vaccine was offered to Resident 22. No additional information was provided. Resident 26 was admitted to the facility in 12/2023 with a diagnosis of kidney failure. Resident 26's clinical record revealed she/he was eligible for, but was not offered a pneumonia vaccine. On 2/27/25 at 11:02 AM Staff 2 (DNS) verified Resident 28 was eligible to receive a pneumonia vaccine. A request was made for Staff 2 to provide documentation a pneumonia vaccine was offered to Resident 26. No additional information was provided. Resident 38 was admitted to the facility in 8/2024 with a diagnosis of a stroke. Resident 38's clinical record revealed she/he was eligible for, but was not offered a pneumonia vaccine. On 2/27/25 at 11:02 AM Staff 2 (DNS) verified Resident 38 was eligible to receive a pneumonia vaccine. A request was made to Staff 2 to provide documentation a pneumonia vaccine was offered to Resident 38. No additional information was provided. Resident 39 was admitted to the facility in 9/2024 with a diagnosis of seizures. Resident 39's clinical record revealed she/he was eligible for, but was not offered a pneumonia vaccine. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/27/25 at 11:02 AM Staff 2 (DNS) verified Resident 39 was eligible to receive a pneumonia vaccine. A request was made to Staff 2 to provide documentation a pneumonia vaccine was offered to Resident 39. No additional information was provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to offer Covid-19 vaccines for 3 of 5 sampled residents (#s 19, 38 and 39) reviewed for vaccines. This placed residents at risk for respiratory illness. findings include:</p> <ol style="list-style-type: none"> 1. Resident 19 was admitted to the facility in 9/2022, with a diagnosis of Parkinson's disease. Resident 19's clinical record revealed she/he was eligible but not offered the Covid vaccine. On 2/27/25 at 11:02 AM and at 11:26 AM, Staff 2 (DNS) verified Resident 19 was eligible to receive a Covid-19 vaccine. A request was made for Staff 2 to provide documentation a Covid-19 vaccine was offered to Resident 19. No additional information was provided. 2. Resident 38 was admitted to the facility in 8/2024, with a diagnosis of a stroke. Resident 38's clinical record revealed she/he was eligible for, but was not offered a Covid-19 vaccine. On 2/27/25 at 11:02 AM and at 11:26 AM, Staff 2 (DNS) verified Resident 38 was eligible to receive a Covid-19 vaccine. A request was made to Staff 2 to provide documentation a Covid-19 vaccine was offered to Resident 38. No additional information was provided. 3. Resident 39 was admitted to the facility in 9/2024, with a diagnosis of seizures. Resident 39's clinical record revealed she/he was eligible for, but was not offered a Covid-19 vaccine. On 2/27/25 at 11:02 AM, Staff 2 (DNS) verified Resident 39 was eligible to receive a Covid-19 vaccine. A a request was made to Staff 2 to provide documentation a Covid-19 vaccine was offered to Resident 39. No additional information was provided. 		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to provide dementia training for 5 of 5 sampled staff (#s 4, 9, 21, 22, and 23) reviewed for dementia training. This placed residents with dementia at risk of not receiving appropriate care and services to attain or maintain their highest practicable self. Findings include:</p> <p>A review of the facility's in-service records revealed dementia training was not completed by Staff 4 (CNA), Staff 9 (CNA), Staff 21 (CNA), Staff 22 (CNA), and Staff 23 (CNA) within the last 12 months.</p> <p>On 3/3/25 at 1:59 PM, Staff 1 (Administrator) confirmed the reviewed staff did not complete dementia training within the last 12 months.</p>		