STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385276	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cascade Manor	65 West 30th Avenue Eugene, OR 97405

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 47001 Based on interview and record review it was determined the facility failed to care plan for hospice care for 1 of 1 sampled resident (#3) reviewed for hospice care. This placed residents at risk for unmet end of life needs. Findings include: Resident 3 was admitted to the facility in 1/2023 with diagnoses including cardiac heart failure. A review of the medical record revealed Resident 3 was admitted to hospice on 1/24/23. A review of the care plan revealed no evidence Resident 3 was care planned for hospice care. On 3/25/25 at 3:17 PM Staff RCM (RNCM) stated Resident 3 was admitted to hospice on 1/24/25. Staff RCM stated when a resident was placed on hospice the resident should be care planned for hospice care. Staff RCM acknowledged Resident 3 had no care plan for hospice care.

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38140 Based on interview and record review it was determined the facility failed to ensure care planned interventions to reduce the risk of injury from falls were in place for 1 of 1 sampled resident (#2) reviewed for accidents. This placed residents at risk for injury. Findings include: Resident 2 admitted to the facility in 2021 with diagnoses including Cauda Equina Syndrome (neurological condition). Resident 2's 12/1/24 care plan directed staff to encourage her/him to use her/his call light for assistance, to keep the call light in reach and keep the bed in the low position. A 12/22/24 progress note revealed Staff 4 (LPN) documented on 12/21/24 at 10:55 PM Resident 2 was heard yelling and staff found her/him on the fall mat, on the ground, next to her/his bed. Resident 2 told staff, I was looking for my call light and fell out of bed. Staff 4 inspected Resident 2's room and the call light was connected to the wall, but was not in reach of the resident. Resident 2's 12/30/24 fall investigation summary revealed Staff 3 (RNCM) documented it became clear during the investigation the care plan was not followed as the bed was not lowered to the ground and the call light was not in reach. The root cause of the fall was the call light not in reach of the resident. On 3/25/25 to 3/26/25 between 8:00 AM to 4:00 PM Resident 2 was observed to lay in her/his bed in the lowest position and the call light was in reach. On 3/26/25 at 10:17 AM Staff 3 stated Resident 2's call light was expected to always be within reach when she/he was in bed and the bed was to be in the lowest position. Staff 3 confirmed on 12/21/24 at 10:55 PM Resident 2 fell due to the call light not being within her/his reach. On 3/26/25 at 3:05 PM Staff 2 (DNS) stated she expected Resident 2 to always have her/his call light within reach when in bed. Staff 2 confirmed it was determined Resident 2 fell on [DATE] due to her/his call light not in reach. Staff 2 confirmed the facility completed staff training for individual, in services for all facility staff for fall preventions and the root cause analysis for the fall was brought to the Quality Assurance team. On 12/22/24 the deficient practice was identified by the facility and was corrected by 1/3/25 when the facility completed a root cause analysis of the incident and determined the facility failed to implement care planned intervention to prevent a fall. The Plan of Correction included: -On 12/27/24 the employee was counseled and provided training to follow the care planned interventions and ensure the call light was in reach. -On 12/30/24 staff were trained on fall prevention, following care planned interventions including to keep the call light in resident's reach. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 1/3/25 staff were provided an in service/education training which included procedures with direct care interventions.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 42270 Based on observation, interview and record review it was determined the facility failed to ensure kitchen staff wore appropriate beard restraints during meal preparation and failed to ensure food was stored appropriately and discarded in a timely manner for 1 of 1 facility kitchen reviewed for sanitation and food storage. This placed residents at risk for unsanitary foods and food-borne illness. Findings include: 1. Review of the US FDA Food Code 2022 revealed: -Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food. On 3/25/25 at 12:20 PM a concurrent interview with Staff 5 (Dietary Manager) and observation of the meal preparation occurred. Staff 7 (Cook) had facial hair and was observed preparing food without a beard restraint in place. Staff 5 stated the dietary staff only were required to wear a beard restraint if the beard was long and unkempt. On 3/26/25 at 1:00 PM Staff 5 stated she reviewed the food code and confirmed the food code did not specify only long facial hair was to be restrained and Staff 7's facial hair was at risk of contaminating food. 2. The facility's General Food Storage Standards, revised 1/2023, revealed the following: - All stock should be rotated to utilize the first items into stock. Dating of stock aids in adherence to this principle. Any food items that reach their expiration date will be discarded. - Storage containers need to be appropriate for product needs, labeled and dated. On 3/24/25 at 10:17 AM a brief kitchen tour was completed and revealed the following: - In the dry storage, a container of pancake mix was labeled to be used by 3/6/25 and a container of breadcrumbs was labeled to be used by 1/5/25. - In the refrigerators; two individual slices of cake were in unlabeled storage containers, a jar of soy sauce was labeled to be used by 3/6/25, a jar of lemon juice was labeled to be used by 3/22/25, a container of blackberries was labeled to be used by 3/21/25, and a container of blueberries was labeled to be used by 3/23/25. On 3/24/25 at 10:27 AM Staff 6 (Dining Room Supervisor) reviewed the items and confirmed the slices of cake were not labeled and the other items were kept past the use by date.