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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385277 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Belmont Care and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 812 SE 48th Avenue Portland, OR 97215 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 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>43690</p> <p>Based on interview and record review it was determined the facility failed to protect the resident's right to be free from verbal abuse by a resident for 1 of 5 sampled residents (#5) reviewed for abuse. This placed residents at risk for abuse. Findings include:</p> <p>Resident 4 admitted to the facility in 5/2024 with diagnoses including alcohol abuse with alcohol-induced psychotic disorder.</p> <p>Resident 5 admitted to the facility in 5/2024 with diagnoses including chronic respiratory failure.</p> <p>A 10/20/23 facility investigation indicated on either 10/29 or 10/30 an interaction occurred between Resident 4 and Resident 5. Staff indicated Resident 5 was in the hallway near the nurses station when Resident 4 was yelling and swearing at staff calling them bitches. Resident 5 stated Resident 4 was going to leave and Resident 5 was slightly in the way but tried to move out of her/his way. Before Resident 5 could completely move, Resident 4 yelled at her/him stating you're in the fucking way, move! Resident 5 stated she/he felt verbally abused by this statement.</p> <p>On 7/24/24 at 11:40 AM Resident 5 stated she/he felt like the incident was verbal abuse and that she/he did not feel safe in the facility unless Resident 4 was in her/his room.</p> <p>On 7/24/24 at 12:38 PM Staff 6 (CNA) stated he witnessed Resident 4 be verbally aggressive with residents and staff. Staff 6 stated Resident 4 used the F word a lot and did a lot a petty name calling towards the residents.</p> <p>On 7/24/24 at 1:06 PM Staff 2 (DNS) stated she was unable to rule out verbal abuse with the facility investigation. Staff 2 acknowledged that upon review of the facility's video footage, the incident occurred. Staff 2 also stated Resident 4 continues to be abusive with residents and that she/he was not appropriate for the facility.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>43691</p> <p>Based on interview and record review it was determined the facility failed to provide bathing assistance for 1 of 3 residents (#2) reviewed for bathing care. This placed residents at risk for unmet care needs. Findings include:</p> <p>Resident 2 was admitted to the facility in 12/2020 with diagnoses including congestive heart failure.</p> <p>A 4/25/23 Care Plan reported Resident 2 required partial assistance with showers.</p> <p>Review of bathing records from 7/2023 revealed Resident 2 was not provided assistance with showers as scheduled on 7/1/23 and 7/3/23.</p> <p>On 7/23/24 at 1:45 PM Resident 2 stated she/he was not offered showers on 7/1/23 and 7/3/23 which resulted in a period of a week without assistance with showers.</p> <p>On 7/24/24 at 12:13 PM Staff 7 (LPN/Resident Care Manager) confirmed Resident 2's records indicated showers were not provided on 7/1/23 and 7/3/23 and appeared to not have been attempted on these dates.</p> |

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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Dispose of garbage and refuse properly.</p> <p>43691</p> <p>Based on observation and interview it was determined the facility failed to ensure the garbage area dumpsters were covered and free from debris for 1 of 2 facility dumpsters reviewed for sanitation. This placed residents at risk for exposure to used medical supplies. Findings include:</p> <p>On 7/23/24 at 11:00 AM and on 7/24/24 at 8:47 AM the following observations were made:</p> <ul style="list-style-type: none"> - One bin had one of two lids open throughout both observations - Nine medical gloves were observed under and outside of the bin - One trash bag was observed untied which emitted an odor and contained chucks (bed pads), used briefs, N95 masks, surgical masks, and gloves <p>On 7/24/24 at 10:13 AM Staff 2 (DNS) confirmed the garbage had not been properly maintained.</p> |