

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38A001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Providence Child Center		STREET ADDRESS, CITY, STATE, ZIP CODE 830 NE 47th Avenue Portland, OR 97213	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>47000</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure residents with limited range of motion received necessary equipment to prevent a further decrease in range of motion for 1 of 1 sampled resident (#3) reviewed for position and mobility. This placed residents at risk for worsening contractures. Findings include:</p> <p>Resident 3 was admitted to the facility in 2017 with diagnoses including contracture of multiple joints.</p> <p>Resident 3's 2/14/24 Quarterly MDS indicated the resident rarely/never made decisions, was dependent for all ADLs and experienced upper extremity impairment on both sides.</p> <p>A 3/6/24 Pediatric Physical Therapy Treatment Note indicated Resident 3 utilized hand splints.</p> <p>Resident 3's current HOB (Head of Bed) Care Plan directed the resident to wear hand splints when up in her/his wheelchair.</p> <p>Random observations of Resident 3 on 4/15/24 and 4/16/24 between 10:14 AM and 3:49 PM revealed the resident was up in her/his wheelchair without hand splints. The resident's fingers curled in towards the palm of her/his hands in the shape of a fist.</p> <p>On 4/17/24 at 11:12 AM Staff 3 (PT) stated Resident 3 was to wear hand splints when she/he was in her/his wheelchair and the splints were to be removed when the resident was in bed.</p> <p>On 4/17/24 at 11:27 AM and 3:49 PM Staff 4 (OT) stated Resident 3 was to wear hand splints when she/he was out of bed and in her/his wheelchair. Staff 4 further stated the hand splints were used for contracture prevention.</p> <p>On 4/17/24 at 12:22 PM Staff 5 (CNA) and at 12:24 PM Staff 6 (RN) indicated they found information about a resident's care needs in the resident's kardex (a tool that makes resident information accessible in a concise manner) or in the HOB care plan. Staff 5 and Staff 6 stated they had never seen Resident 3 wear hand splints and did not think the resident needed them.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/17/24 at 2:12 PM Staff 7 (RNCM) stated a resident's HOB care plan was the primary spot where direct care staff should go to find therapy-related information on residents, including the type of equipment used. Staff 7 reviewed Resident 3's HOB care plan and stated the resident should wear hand splints when she/he was up in her/his wheelchair.</p> <p>On 4/18/24 at 2:32 PM Staff 2 (DNS) and Staff 8 (Nurse Manager) acknowledged the findings of this investigation. Staff 2 confirmed information on resident equipment needs was found in the resident's HOB care plan and the types of equipment used by residents was determined by PT. Staff 8 stated she expected Resident 3 to wear hand splints when in her/his wheelchair.</p>		