

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38A026	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Marquis Autumn Hills Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6630 SW Beaverton-Hillsdale Hwy Portland, OR 97225	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42222</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were free from physical abuse for 1 of 15 sampled residents (#2) reviewed for abuse. This placed residents at risk for abuse. Findings include:</p> <p>Resident 2 was admitted to the facility in 1/2024 with diagnoses including dementia.</p> <p>Resident 2's most recent MDS assessment dated [DATE] revealed no BIMS score, which indicated she/he had severe cognitive impairment. Resident 2 had no behavioral issues documented.</p> <p>Resident 1 was admitted to the facility in 3/2022 with diagnoses including dementia and delusional disorder.</p> <p>Resident 1's most recent MDS assessment dated [DATE] revealed a BIMS score of 9, which indicated she/he had moderate cognitive impairment. Behaviors documented were physical and verbal symptoms directed toward others which placed other residents at significant risk of physical injury. Interventions were to remove her/him from the area and provide low stimulus diversional activities.</p> <p>On 2/23/24 the facility submitted a report which revealed on 2/23/24, Resident 1 was observed by staff standing over Resident 2 holding Resident 2's wrist. Resident 2 was lying on the couch in the living room. The residents were separated and Resident 2 was observed to have scratches on her/his face.</p> <p>On 4/8/24 at 1:20 PM Staff 7 (CNA) confirmed he was working the day of the incident. He stated Resident 1 needed close supervision due to her/his behaviors which included physical aggression toward other residents. Staff 7 stated he was on break when the incident occurred.</p> <p>On 4/10/24 at 11:57 AM Staff 6 (CNA) confirmed she was working the day of the incident. She stated she was in the living room with the residents and walked across the hall to wash her hands, then heard Resident 2 yelling. She ran into the living room and observed Resident 1 standing over Resident 2, who was lying on the couch. She observed Resident 1's hands to be on Resident 2's face. Staff 6 separated the residents and reported the incident to the charge nurse. Staff 6 stated she observed two skin tears on Resident 2's face as a result of Resident 1 grabbing Resident 2's face.</p> <p>On 4/8/24 and 4/9/24 both residents were observed and had no recall of the incident.</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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/10/24 at 1:30 PM, Staff 1 (Administrator) and Staff 2 (DNS) were notified of the investigative findings and provided no further information.		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42222</p> <p>Based on interview and record review it was determined the facility failed to act upon complaints of hip pain and rule out significant injury after multiple falls for 1 of 3 sampled residents (#3) reviewed for falls. As a result, Resident 3 experienced prolonged pain over a period of four weeks, and a delay in diagnosis of hip fracture requiring hospitalization and surgery. The hip fracture was not diagnosed until 8/5/23, 31 days after her/his fall on 7/4/23. Findings include:</p> <p>Resident 3 was admitted to the facility in 3/2023, with diagnoses including stroke and dementia.</p> <p>Resident 3's care plan dated 2/28/23 noted she/he was was a fall risk due to impaired mobility, gait unsteadiness and decreased safety awareness due to her/his cognitive impairment. The care plan indicated Resident 3 had experienced falls in 3/2023 and 6/2023.</p> <p>Resident 3's Progress Notes revealed she/he experienced three falls on 7/4/23, 7/8/23 and 7/9/23.</p> <p>The 7/4/23 Post Fall Assessment revealed Resident 3 attempted to stand, fell and hit her/his head and hip and reported pain in her/his back, left side of her/his head, left hip and right shoulder.</p> <p>The 7/8/23 Post Fall Assessment revealed Resident 3 attempted to stand, fell and complained of pain in her/his left hip. The facility provider was notified and ordered a hip and spine x-ray.</p> <p>The 7/9/23 Post Fall Assessment revealed Resident 3 attempted to self transfer, fell from the chair she/he was seated in and was observed to slide to the floor by staff. Resident 3 complained of pain everywhere.</p> <p>On 7/11/23, a progress noted written by Staff 3 (RCM) stated the x-ray was canceled by the service provider.</p> <p>Resident 3's 7/2023 and 8/2023 Progress Notes documented the following dates she/he experienced pain:</p> <ul style="list-style-type: none"> - 7/4/23 at 6:31 PM: Resident complained of pain - 7/4/23 at 8:59 PM: Resident had a non witnessed fall this evening. Resident stated she/he hit her/his head and hip .Resident also complained of pain to lower lateral left back and right shoulder. - 7/5/23 at 2:34 AM: Resident complained of pain all over. - 7/5/23 at 12:46 PM: Resident this morning complained of discomfort from fall, resident just had scheduled medication. - 7/6/23 at 2:10 PM: Post fall, no injuries noted, complained of leg pain. - 7/7/23 at 1:15 AM: Resident complained of pain in her/his legs. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- 7/7/23 at 10:54 AM: Resident states only pain is related to her/his legs especially during wound care.</p> <p>- 7/8/23 at 10:38 AM: Medication given for leg pain per LN (licensed nurse). 6/10 pain scale.</p> <p>- 7/8/23 at 1:05 PM: Resident took a shower today, complained of legs burning after shower .There is some increased generalized weakness, accompanied by general aches/pains after shower.</p> <p>- 7/8/23 at 3:12 PM: Resident had a fall this afternoon during shift change. Resident was following another resident and lost her/his balance and fell in the common area. She/he did not hit her/his head, but does complain of pain in her/his left hip where she/he fell .</p> <p>- 7/9/23 at 4:42 AM: Resident was sleeping in the living room tonight .she/he tried to stand on her/his own and slid off the chair .Pain pill given for complaints of generalized pain.</p> <p>- 7/10/23 at 7:45 AM: Resident complained of 6/10 pain.</p> <p>- 7/11/23 at 7:46 AM: Resident complained of pain.</p> <p>- 7/12/23 at 12:23 PM: Post multiple falls, resident per baseline, noted pain in legs.</p> <p>- 7/14/23 at 4:18 PM: Resident complained of back pain.</p> <p>- 7/15/23 at 9:41 AM: Resident complained of pain per LN 7/10.</p> <p>- 7/16/23 at 8:24 AM: Resident complained of leg pain 6/10 per LN.</p> <p>- 7/16/23 at 12:51 PM: Resident was pulling at Unna boots, complained of burning on the right leg.</p> <p>- 7/17/23 at 8:30 AM: Resident complained of leg pain.</p> <p>- 7/18/23 at 1:51 AM: Resident complained of pain in her/his legs.</p> <p>- 7/19/23 at 1:51 AM: Resident complained of pain in her/his legs.</p> <p>- 7/19/23 at 4:57 AM: Resident appeared to be restless, she/he complained of pain in her/his legs.</p> <p>- 7/20/23 at 1:34 AM: Resident complained of pain in her/his legs.</p> <p>- 7/20/23 at 5:20 AM: Resident refused to sleep in her/his bed. She/he stated that she/he was uncomfortable in bed she/he complained of pain in her/his legs.</p> <p>- 7/21/23 at 2:15 AM: Resident complained of pain in her/his legs.</p> <p>- 7/21/23 at 4:44 AM: Resident appeared to be restless/anxious all NOC. She/he was given a snack, complained of pain in her/his legs.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 7/22/23 at 5:40 AM: Please rule out pain as contributing factor; complaint of pain when Unna boots had to be reapplied. - 7/22/24 at 10:28 AM: Resident complained of burning leg pain once during shift. - 7/22/23 at 11:11 AM: Resident complained of pain in both legs. - 7/24/23 at 1:03 AM: Resident complained of pain in her/his legs. - 7/24/23 at 9:31 AM: Resident complained of pain in both legs. - 7/24/23 at 12:42 PM: Resident up this morning, calling out for help constant, pain medications have been offered for legs pain. - 7/25/23 at 9:07 AM: Complained of leg pain. - 7/26/23 at 7:40 AM: Resident complained of pain 6/10 per LN. - 7/27/23 at 1:30 AM: Resident complained of pain in her/his legs. - 7/27/23 at 9:55 AM: PRN Administration was ineffective. Continue complaints of back pain. - 7/27/23 at 10:02 AM: Resident complained of leg pain per LN. - 7/28/23 at 1:30 AM: Resident complained of pain in her/his legs. - 7/28/23 at 4:21 PM: Resident complained of lower back pain. - 7/28/23 at 8:11 PM: Resident was observed restless this evening, frequently standing, grimacing, complained of leg pain. - 7/29/23 at 11:24 AM: Complained of leg pain. - 7/29/23 at 4:50 PM: Resident had complaint of back pain. - 7/29/23 at 7:35 PM: Resident expressed pain when staff raised legs to install new dressings. - 7/30/23 at 3:14 AM: Resident is complaining of her/his legs are burning and her/his back hurts. Medicated with PRN Norco at 11:30 PM, appears to have no effect .at this time she/he appears anxious, continuously asking us to not hurt her/him or why we hate her/him. - 7/30/23 at 12:57 PM: Resident awake all morning, constant asking for assist, crying out, trying to walk without assist in dining. - 7/31/23 at 1:43 AM: Resident complained of pain in her/his legs. - 7/31/23 at 12:19 PM: Complained of back pain. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- 7/31/23 at 11:58 PM: Resident complained of pain in her/his legs.</p> <p>- 8/1/23 at 7:39 AM: Resident complained of pain 8/10 per LN.</p> <p>- 8/2/23 at 5:51 AM: Increase complained of pain noted, resident slept on and off throughout the NOC complaining of pain in her/his legs.</p> <p>- 8/2/23 at 8:24 AM: Report stated that patient didn't sleep well last night due to pain. Made multiple changes to RX for pain on 8/1/23, but she/he no longer has any PRN pain RX. Messaged nurse practitioner to request possible PRN.</p> <p>- 8/2/23 at 8:29 PM: Resident has been uncomfortable, grimacing, calling out in pain in her/his left hip and leg off and on for several hours. Occasionally re-directable but she/he returns to complaints of pain after a few minutes. She/he does not want to lay down, she/he will not keep her/his legs elevated. Family is very worried that the current dose/frequency of medication is not effective, they note she/he is rarely vocal about pain.</p> <p>- 8/2/23 at 10:14 PM: PRN did not control pain, resident continues to call out, wince in pain, is tense, restless.</p> <p>- 8/3/23 at 5:40 AM: Resident has been up all shift in her/his wheelchair .continues to call out, try to get up unassisted and call out in pain. She/he told this LN her/his pain is in the lower back, left hip or left leg at different times She/he had her/his PRN dose at 2030 but continues to complain of pain.</p> <p>- 8/3/23 at 2:23 PM: Resident was re-evaluated and it was determined current pain regimen was ineffective Resident was sitting in her/his wheelchair, again identifying that her/his bilateral lower extremities were in pain.</p> <p>- 8/3/23 at 3:39 PM: New orders to start oxycodone [a pain medication] 5 mg every 6 hours scheduled and Norco 5/325 BID for breakthrough pain. There is to be 3 hours between the oxycodone and Norco doses.</p> <p>- 8/4/23 at 2:58 AM: Resident appeared to be restless when assisted to bed at the beginning of this shift complaining of back pain and leg pain.</p> <p>- 8/4/23 at 1:53 PM: Resident anxious at times, asking staff to sit with her/him. Complaint of back pain.</p> <p>- 8/4/23 at 10:37 PM: Resident started fidgeting, complained of left hip pain, restless, calling out for help . Received order for left hip x-ray STAT.</p> <p>- 8/5/23 at 2:06 AM: X-ray results: Acute Superiorly Displaced Subcapital Fracture of the Left Femoral Neck - Orders to send to ED for evaluation and treatment.</p> <p>Resident 3's 7/2023 MAR documented she/he was administered PRN Norco (a pain medication) 5/325 mg a total of 42 doses on the following dates:</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	-On 7/1/23 - 1 time; -On 7/3/23 - 1 time; -On 7/4/23 - 2 times; -On 7/5/23 - 1 time; -On 7/6/23 - 1 time; -On 7/7/23 - 1 time; -On 7/8/23 - 1 time; -On 7/9/23 - 1 time; -On 7/10/23 - 2 times; -On 7/11/23 - 1 time; -On 7/14/23 - 1 time; -On 7/15/23 - 1 time; -On 7/16/23 - 2 times; -On 7/17/23 - 1 time; -On 7/18/23 - 1 time; -On 7/19/23 - 1 time; -On 7/20/23 - 1 time; -On 7/21/23 - 2 times -On 7/22/23 - 2 times; -On 7/23/23 - 2 times; -On 7/24/23 - 2 times -On 7/25/23 - 1 time; -On 7/26/23 - 1 time; -On 7/27/23 - 2 times; (continued on next page)

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 7/28/23 - 2 times;</p> <p>-On 7/29/23 - 3 times;</p> <p>-On 7/30/23 - 2 times;</p> <p>-On 7/31/23 - 3 times.</p> <p>Staff 3 was not available for interview during the survey period.</p> <p>On 4/8/24 at 9:23 AM, Witness 2 (Complainant) stated Resident 3 complained of pain while in the facility after she/he experienced several falls. Witness 2 stated she had to yell to facility staff over the phone to get x-rays and this was when the hip fracture was discovered.</p> <p>On 4/9/24 at 1:10 PM, Staff 1 (Administrator) and Staff 2 (DNS) stated the x-rays should have been rescheduled immediately after the service provider initially canceled on 7/11/23.</p>		