

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 10/24/2024
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.

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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>50928</p> <p>Based on interview and record review it was determined the facility failed to inform residents of the risks and benefits of psychotropic medication use for 1 of 5 sampled residents (#9) reviewed for medications. This placed residents at risk for being uninformed of psychotropic medication. Findings include:</p> <p>Resident 9 was admitted to the facility in 8/2024 with the diagnoses including vascular dementia.</p> <p>The 10/22/24 Physician Orders revealed an order for Duloxetine (antidepressant) to be administered daily.</p> <p>The medical record revealed no evidence risk and benefit information for Duloxetine was reviewed with Resident 9.</p> <p>On 10/24/24 at 11:05 AM Staff 6 (LPN Resident Care Manager Support) acknowledged risk and benefit information related to the use of Duloxetine was not provided to Resident 9.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to assess significant weight loss for 1 of 2 sampled residents (#11) reviewed for nutrition. This placed residents at risk for additional weight loss. Findings include:</p> <p>Resident 11 admitted to the facility in 5/2023 with diagnoses of vascular dementia and malnutrition.</p> <p>A 5/2/23 Nutrition Care Plan revealed Resident 11 was at risk for impaired nutrition due to severe malnutrition and vascular dementia with a goal of Resident 11 maintaining or increasing her/his weight to above 167 pounds. The interventions for Resident 11 included a referral to a dietitian for evaluation and recommendations as needed.</p> <p>A 5/12/24 Dietitian Assessment revealed Resident 11 weighed 157.4 pounds and weight gain was beneficial.</p> <p>A 7/23/24 Provider Progress Note revealed Resident 11 weighed 164.9 pounds, her/his weight was stable for the last six months, no additional interventions were put in place.</p> <p>An 8/21/24 Provider Progress Note revealed Resident 11 weighed 164.8 pounds, her/his weight was stable for the last six months, no additional interventions were put in place.</p> <p>A 9/24/24 Provider Progress Note revealed Resident 11 weighed 156.4 pounds, her/his weight was down 10 pounds over the last month and seven pounds over the last six months. No additional interventions were put in place.</p> <p>A review of the 7/2024 through 10/2024 Progress Notes revealed no additional assessments of Resident 11's weight loss.</p> <p>An 10/11/24 Quarterly MDS indicated Resident 11 did not have weight loss and weighed 159 lbs.</p> <p>An 10/11/24 Summary Dietary revealed Resident 11 currently weighed 158.6 pounds, and over the last 180 days Resident 11 had significant weight loss.</p> <p>An 10/17/24 Summary Nursing assessment did not address Resident 11's weight loss.</p> <p>Resident 11's Weights and Vitals Summary revealed the following weights:</p> <ul style="list-style-type: none"> - 4/12/24: 178.3 pounds - 7/12/24: 164.4 pounds - 9/13/24: 157 pounds - 10/11/24: 158 pounds <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 10/14/24: 157.4 pounds</p> <p>- 10/18/24: 152.4 pounds</p> <p>- 10/23/24: 150 pounds</p> <p>On 10/22/24 at 2:48 PM Staff 6 (Resident Care Manager Support) reviewed Resident 11 and stated she did not identify weight loss on the 10/11/24 MDS but confirmed Resident 11 did have over a 10 percent weight loss in the last six months. Staff 6 stated when weight loss was identified she was to notify the provider, the family, make a registered dietitian referral, and add the resident to the Nutrition at Risk list.</p> <p>On 10/23/24 at 9:52 AM Staff 10 (Registered Dietitian) stated she was last at the facility on 10/18/24 and did not see Resident 11. Staff 10 stated she expected to be notified of any significant weight loss. Staff 10 confirmed she did not assess Resident 11 since 5/2024, but her/his goal was to maintain or increase her/his weight. Staff 10 stated the facility should have notified her of Resident 11's weight loss. Staff 10 stated when notified of a resident with significant weight loss she assessed her/him to see what else was going on. Staff 10 stated Resident 11 had a diagnosis of congestive heart failure so the facility needed to ensure the weight loss was not fluid related.</p> <p>On 10/24/24 at 11:23 AM Staff 3 (Regional RN) stated when weight loss was identified the staff were to make a referral to the registered dietitian, add the resident to nutrition at risk, and do a nutrition and weight assessment; Staff 3 confirmed these interventions were not in place for Resident 11.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50926</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure medication storage areas were secured and free of expired medication for 1 of 1 medication cart and 1 of 1 medication storage room reviewed for safe medication storage. This placed residents at risk for misappropriation of medications, adverse medication consequences and diminished treatment efficacy. Findings include:</p> <p>The facility's Storage of Medication Policy, revised ,d+[DATE], stated, The Facility shall store all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>1. On [DATE] at 1:49 PM the Intermediate Care medication cart outside of room [ROOM NUMBER] was unlocked and unattended.</p> <p>On [DATE] at 1:53 PM Staff 4 (CMA) confirmed the cart was unlocked and unattended.</p> <p>On [DATE] at 1:00 PM Staff 1 (Administrator) was informed of these findings. No Additional information was provided.</p> <p>2. On [DATE] at 7:44 AM a multidose bottle of Lorazepam (a controlled antianxiety medication) was found in the locked medication refrigerator with an expiration date of [DATE].</p> <p>On [DATE] at 7:44 AM Staff 5 (LPN) confirmed the Lorazepam was expired.</p> <p>On [DATE] at 1:00 PM Staff 1 (Administrator) was informed of these findings. No Additional information was provided.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42270</p> <p>Based on observation, interview, and record review it was determined the facility failed to implement Enhanced Barrier Precautions for 1 of 1 facility reviewed for infection control. This placed residents at risk for exposure to infections. Findings include:</p> <p>The facility's undated Isolation - Categories of Transmission-Based Precautions policy indicated Enhanced Barrier Precautions were to be used for residents with catheters and complex wounds.</p> <p>On 10/21/24 Staff 1 (Administrator) provided a list of residents with catheters which included Residents 2, 8, and 14.</p> <p>On 10/22/24 at 12:38 PM Resident 2 and Resident 14's rooms were observed with no signage to indicate they were on Enhanced Barrier Precautions. At this time Staff 8 (CNA) stated there were no residents with precautions on the hall.</p> <p>On 10/22/24 at 2:10 PM Resident 8's room was observed with no signage to indicate she/he was on Enhanced Barrier Precautions.</p> <p>On 10/22/24 at 2:16 PM Staff 2 (DNS) stated the facility implemented Enhanced Barrier Precautions for Resident 2, Resident 8, and Resident 14 due to catheter use. Staff 2 stated there were no signs or indicators about Enhanced Barrier Precautions on the resident rooms at this time because the facility was waiting for blue sticker dots be delivered. Staff 2 further stated the facility did not store PPE in the hallways, but it was available to staff in the spa. Staff 2 went to the spa on the ICF hall to show the PPE storage and discovered the hospital gowns were not stored there. Staff 7 (CNA) offered assistance to Staff 2 and stated none of the residents on the ICF hall had precautions of any kind. Staff 2 told Staff 7 the facility were to follow Enhanced Barrier Precautions for all residents with an indwelling catheter. Staff 7 stated she was not aware and the facility staff were not doing that. Staff 2 then confirmed the facility did not implement Enhanced Barrier Precautions.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>42270</p> <p>Based on interview and record review it was determined the facility failed to offer pneumococcal immunizations for 1 of 5 sampled residents (#27) reviewed for immunizations. This placed residents at risk for lack of vaccination. Findings Include:</p> <p>Resident 27 admitted to the facility in 2/2024 with diagnoses including chronic pain.</p> <p>Resident 27's immunization records did not indicate if she/he was assessed for, offered, or declined a pneumococcal vaccination following admission to the facility.</p> <p>On 10/24/24 at 12:06 PM Staff 3 (Regional RN) stated the medical record showed no documentation the facility offered a pneumococcal vaccination to Resident 27.</p>