

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  38A031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/06/2024
NAME OF PROVIDER OR SUPPLIER  Fernwood Supportive Living at Madrona Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 13505 SE River Road Portland, OR 97222	

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>47005</p> <p>Based on observation, interview and record review it was determined the facility failed to protect the resident's right to be free from verbal abuse from a staff member for 1 of 1 sampled resident (#1) reviewed for abuse. This placed residents at risk for abuse. Findings include:</p> <p>Resident 1 admitted to the facility in 1/2024 with diagnoses including alcohol dependence and Parkinsonism.</p> <p>A 5/2/24 Quarterly MDS indicated Resident 1 had a BIMS of 12 which indicated she/he had moderate cognitive impairments.</p> <p>A 5/3/24 FRI indicated Staff 8 (Agency RN) entered Resident 1's room, who was intoxicated and had been pressing the call light excessively throughout the evening. Staff 8 spoke to her/him harshly regarding her/his intoxicated state and behavior. As a result of Staff 8's harsh language, Resident 1 was crying and sought comfort from the CNA staff.</p> <p>The 8/6/24 care plan indicated Resident 1 was known to consume alcohol as a coping mechanism for her/his trauma, and interventions included behavior monitoring, and creating a safe space for the resident when intoxicated to prevent injury and falls.</p> <p>On 8/6/24 at 10:14 AM Resident 1 stated she/he did not recall the incident and felt safe in the facility.</p> <p>On 8/6/24 at 11:31 AM Staff 5 (CNA) stated the night of the incident Resident 1 was pressing her/his call light constantly. When staff answered the light the resident could not recall why the light was pressed or wanted staff for companionship. Staff 5 stated Resident 1 was redirectable and understanding that staff was assisting with dinner and assisting other residents back to bed. Staff 5 stated Resident 1 was in her/his usual behavior when the incident occurred with Staff 8. Staff 5 stated Resident 1 was tearful and upset after the incident with Staff 8.</p> <p>On 8/6/24 at 12:08 PM Staff 7 (CNA) stated she was walking towards Resident 1's room and heard Staff 8 yelling harsh words at Resident 1 about being intoxicated. Staff 7 stated when she entered Resident 1's room the resident was upset and crying, and had to be consoled.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/6/24 at 12:51 PM Staff 8 stated she received report from the outgoing nursing that Resident 1 was intoxicated and consumed more than her/his usual amount. Staff 8 stated Resident 1 was on her/his call light constantly, was not redirectable and was demanding. Staff 8 stated she did not recall speaking harshly to Resident 1, but was sent home early from her shift.</p> <p>On 8/6/24 at 3:02 PM Staff 2 (Interim DNS) stated it was her expectation that all staff, permanent and agency, treated residents with dignity and respect and residents would be free from abuse of any kind in their home.</p> <p>On 5/6/24, the Past Non-Compliance was corrected when the facility completed a root cause analysis of the incident and determined there was abuse. The Plan of Correction included:</p> <ol style="list-style-type: none"> <li>1. Staff 8 was terminated on 5/3/24.</li> <li>2. Resident 1 was placed on alert charting, evaluated and provided with psychosocial support.</li> <li>3. All staff were educated for abuse and neglect including reporting abuse and neglect.</li> </ol>		