

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  38E173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Avalon Care Center - Portland		STREET ADDRESS, CITY, STATE, ZIP CODE  12640 SE Bush Portland, OR 97236	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46054</b></p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure the facility's smoking policy was implemented and followed for 1 of 3 (#2) sampled residents reviewed for accidents and hazards. As a result, Resident 2 sustained a second degree burn to her/his left hand. Findings include:</p> <p>The facility's 1/20/23 Smoking Policy indicated the facility will furnish a supervised designated smoking area where smoking and smoking paraphernalia items will be managed and distributed by staff. The facility indicated residents who smoke must return all smoking and smoking paraphernalia items to the facilities centralized storage box. Residents who smoke were to be informed that a violation of the facility smoking policy could place other residents at risk for endangerment which could lead to a facility initiated discharge.</p> <p>Resident 2 was admitted to the facility in 2/2024, with diagnoses including chronic kidney disease.</p> <p>A 10/4/24 Facility Incident Report stated Resident 2 set her/his hand on fire while refilling Resident 3's butane (gas) lighter. Resident 2 stated she/he was refilling Resident 3's butane lighter when she/he struck Resident 3's lighter and set fire to her/his middle, ring, and left finger of her/his left hand.</p> <p>A 10/8/24 Skin and Wound Evaluation indicated Resident 2 sustained 2nd degree burns to her/his middle, ring, and little finger of her/his left hand.</p> <p>On 10/16/24 at 10:28 AM, Resident 2 stated she/he sustained a 2nd degree burn to her/his left hand as a result of striking the [NAME] of Resident 3's lighter that she/he had overfilled with butane liquid fluid. Resident 2 was observed with significant burns on her/his left hand near the middle, ring and little finger. Resident 2 also stated the facility used to have a designated smoking area, but residents decided to leave the facility to smoke independently. Resident 2 stated the facility was aware of this and did not enforce the smoking policy and did not ask for residents to return smoking materials after use.</p> <p>On 10/16/24 at 11:27 AM, Resident 3 stated the facility did not enforce their smoking policy to return all smoking paraphernalia after use, which led to her/his continued use of her/his butane lighter fluid and butane lighter in the facility.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/16/24 at 1:00 PM, Staff 4 (CNA) confirmed residents were required to grab all smoking materials from the nurse's station and return the materials after use. Staff 4 indicated the facility did not enforce this requirement due to facility's inability to manage the smoking policy with residents.</p> <p>On 10/24/24 at 10:36 AM, Staff 1 (Administrator) acknowledged the facility failed to ensure resident safety related to the possession and management of smoking paraphernalia.</p>		