STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38E174	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Village Manor of Cascadia	2060 NE 238th Drive Wood Village, OR 97060

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, it was determined the facility failed to implement care plan interventions to prevent a fall for 1 of 3 sampled residents (#1) reviewed for accidents. As a result, Resident 1 sustained multiple pelvic fractures. Findings include:Resident 1 was admitted to the facility in 2025, with diagnoses including dementia. Resident 1's 7/25/25 Care Plan revealed Resident 1 was a fall risk because of a prior fall and was a one-person max assist for dressing. Resident 1 was care planned for supervision and touch assistance for bathing, used a shower bench or bathtub, and was to wear non-skid footwear when up. A 7/28/25 FRI indicated Staff 5 (Housekeeping) and Staff 6 (Housekeeping) reported Resident 1 had a fall in the shower room. Staff 5 and 6 found staff to assist Resident 1. The report indicated staff found Resident 1 down in the shower, unattended, and not fully clothed. Resident 1 was transferred to the hospital for evaluation. The FRI indicated Resident 1 sustained multiple complex fractures of the pelvis and was bleeding internally. The FRI indicated the fall occurred due to Resident 1's care plan not being followed.Between 8/11/25 at 11:00 AM to 8/12/25 at 10:00 AM, Staff 2 (CNA), Staff 3 (CNA), Staff 4 (CNA), Staff 5 (Housekeeping) and Staff 6 (Housekeeping) all provided statements, which included Resident 1 was found down in the shower room unattended. Resident 1 was wearing underwear and pants. The resident's pants were not fully up and her/his belt was not buckled. Staff 2, Staff 3, and Staff 4 recalled Resident 1 was not wearing socks or shoes. All staff interviewed did not see a shower bench anywhere near the resident and she/he was found to have been in a shower stall, not a bathtub. On 8/11/25 at 10:48 AM, Staff 1 (CNA) indicated she left the shower room when she thought the resident was done with her/his shower and safe. Staff 1 confirmed a shower bench was not used and Resident 1 was left unattended in the shower room. On 8/12/25 at 10:00 AM, Staff 8 (LPN) was called for a witness statement. Staff 8 did not answer and did not return the phone call. On 8/12/25 at 10:45 AM, Staff 7 (Administrator) confirmed the accident occurred and Resident 1's care plan was not followed.

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