

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>385270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRESTIGE POST-ACUTE &amp; REHAB CENTER - MILWAUKIE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12045 SE STANLEY AVENUE MILWAUKIE, OR 97222</b>	
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 0684  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review it was determined the facility failed to follow physician orders [REDACTED].#5) reviewed for medication. This placed residents at risk for adverse side effects. Findings include: Resident 5 admitted to the facility in 7/2020 with [DIAGNOSES REDACTED]. Resident 5 received the following medications in error: -Vitamin B complex (supplement) -occuvite (supplement) -[MEDICATION NAME] ([MEDICATION NAME]) -[MEDICATION NAME] (urinary tract [MEDICATION NAME]) The 7/2020 signed physician orders [REDACTED]. A review of the 7/25/20 progress notes and Medication Error Report indicated Resident 5 was informed of the error, the physician was notified, and the resident was monitored for adverse side effects. There was no indication the resident had adverse side effects from the medication. On 10/1/20 at 10:44 AM Staff 1 (Administrator) and Staff 2 (DNS) confirmed Resident 5 received the medications in error and Witness 3 no longer worked at the facility.		
F 0689  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review it was determined the facility failed to assess resident falls for 2 of 2 sampled residents (#s 1 and 4) reviewed for accidents. This placed residents at risk for fall related injuries. Findings include: The facility 2/2019 Accident and Incident Policy indicated the following: incident reports were to be completed by the charge nurse at the time of the incident and all persons with knowledge of events surrounding the incident will complete a witness statement. A plan to prevent the re-occurrence must be initiated at the time of the incident. Once the investigation is complete, update the care plan. The RCM will enter the Incident Investigation and ensure the care plan revisions are completed in accordance with the outcome of the investigation. A copy of the care plan will be attached to the investigation. The DNS and Administrator will review incident and investigation and sign off on completion. 1. Resident 1 admitted to the facility in 2018 with [DIAGNOSES REDACTED]. The 4/8/20 care plan indicated Resident 1 was a fall risk due to weakness, impulsiveness and was to have frequent safety checks. A 7/16/20 facility fall investigation indicated Resident 1 was found on the floor by a CNA. The resident stated she/he used the call light for assistance using the bathroom. There was no response by any CNA and the resident went to the bathroom without assistance and again used the call light to get assistance and had no response again by the CNA. The resident tried to get back to bed without assistance and lost her/his balance and fell. The report indicated the resident had superficial skin tears to the fists and the physician was notified. The report did not indicate when the resident was last seen or toileted by staff. The report did not include the name of the CNA who found the resident or an interview from the CNA. A 7/25/20 facility fall investigation indicated Resident 1 had a non-injury fall and was found on the floor by the CNA and was on her/his knee by the bedside. The report was initiated by Staff 4 (LPN). The report did not indicate when the resident was last seen or toileted by staff. The report did not include a witness interview by Staff 4 and did not include the name of the CNA who found the resident or an interview from the CNA. There was no documented interview with Resident 1. On 10/1/20 at 10:42 AM Staff 2 (DNS) confirmed the lack of resident and witness interviews and no indication of specific staff involved in the incident. Staff 2 further confirmed Resident 1's fall investigations were incomplete and there was no follow up by the RCM. 2. Resident 4 was admitted to the facility in 4/20 with [DIAGNOSES REDACTED]. The 5/6/20 MDS indicated Resident 4 was cognitively intact. The 4/30/20 care plan indicated Resident 4 was a high fall risk and was to wear non-skid footwear during transfers. The care plan further indicated the resident needed assistance with a slide board with toileting. The 7/22/20 facility fall investigation indicated the licensed nurse heard a scream and went into Resident 4's room where Resident 4 was on the floor at the side of the bed sitting on her/his bottom. The resident denied hitting her/his head and no skin impairments were noted. The resident was assessed and the provider was notified. The report did not include when the resident was last seen or toileted. The 7/27/20 facility fall investigation indicated the CNA found the resident on the floor at the side of the bed. The resident was assessed and the physician was notified. The resident description indicated she/he slid to the bed while attempting to get into the wheelchair. The report did not include when the resident was last seen or toileted. On 10/1/20 at 10:42 AM Staff 2 (DNS) confirmed the lack of resident and witness interviews and no indication of specific staff involved in the incident. Staff 2 further confirmed Resident 4's fall investigations were incomplete and there was no follow up by the RCM.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.