STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385125	A. Building B. Wing	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation of Oregon City	1400 Division Street Oregon City, OR 97045

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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33179 Based on interview and record review it was determined the facility failed properly orientate and sufficiently prepare a resident for a facility-initiated discharged for 1 of 3 sampled residents (#11) reviewed for safe discharge. This placed residents at risk for unsafe, facility-initiated discharges. Findings include: Resident 11 admitted to the facility in 9/2024 with diagnoses including depression, anxiety, alcohol abuse and cannabis dependence. A 11/5/24 Social Service Note stated a list of assisted living facilities was provided to Resident 11 via email and indicated the resident should follow up to inquire if a facility had a vacancy. A 11/7/24 Progress Note stated Resident 11 left the faciity on [DATE] and did not return until dinner time on 11/6/24; over 24 hours out of the facility. Resident 11 was discharged AMA (against medical advice). There was no documented evidence the facility provided Resident 11 sufficient preparation and orientation for her/his discharge. On 1/13/25 at 10:17 AM, Staff 3 (RNCM) stated since Resident 11 was out past midnight the facility discharged her/him AMA. On 1/13/25 at 11:01 AM, Staff 1 (Administrator) verified the discharge was facility initiated. Staff 1 stated he was unaware an AMA needed to be initiated by the resident. Staff 1 stated Resident 11 was discharged without her/his medications and her/his discharge was based on the resident's voluntary absence from the facility.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 42271 Based on interview and record review it was determined the facility failed to follow physician's orders for 1 of 3 sampled residents (#2) reviewed for diabetic medication management. This placed residents at risk for complications from diabetes. Findings include: Resident 2 was admitted to the facility in 1/2024 with diagnoses including diabetes, unspecified fracture of the right femur (largest leg bone) and dementia. No observations were made of Resident 2. Resident 2 was discharged . Resident 2's 1/17/24 Care Plan revealed the resident had impaired swallowing with risk for aspiration and was on a one to one assist with all meals. Resident 2's 1/19/24 MDS revealed the resident was moderately cognitively impaired. Resident 2's 1/29/24 physician orders revealed the resident was on two different insulin for her/his diabetes. The insulin order for Humalog (lispro) read: -Humalog 100unit/ml (lispro). Give 6 units SQ (subcutaneous, under the skin) with meals. -Humalog 100 unit/ml (lispro). Inject as per sliding scale (before meals and at bedtime): If capillary blood glucose (CBG) test indicated: CBG 0-150 =0 (no insulin needed) CBG 151-200=1 units CBG 201-250=2 units CBG 251-300=3 units CBG 301-350=4 units CBG 351-400= 5 units and call MD. Resident 2's February 2024 DAR indicated the following times the physician was not notified: On 2/6/24 at 6:30 AM CBG = 355 On 2/8/24 at 6:30 AM CBG = 355 On 2/11/24 at 4:30 PM CBG = 399 On 2/13/24 at 9:00 PM CBG = 390 (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/14/24 at 4:30 PM CBG = 389 On 2/22/24 at 6:30 AM CBG = 379 On 2/22/24 at 4:30 PM CBG = 382 On 2/23/24 at 4:30 PM CBG = 550 On 2/29/24 at 6:30 AM CBG =361 On 1/16/24 at 10:31 AM, Staff 10 (LPN) reviewed Resident 2's February 2024 DAR and acknowledged she did not notify the resident's physician when the resident's blood sugar levels exceeded 351, as per the physician's orders. On 1/16/24 at 1:38 PM, Staff 3 (RNCM) reviewed Resident 2's February 2024 DAR, which revealed the resident's physician was not notified on nine occasions when the resident's blood sugar exceeded 351. Staff 3 acknowledged Resident 2's physician should have been notified and was unable to find records the physician was notified.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 42271 Based on observation, interview and record review it was determined the facility failed to provide palatable food for 4 of 5 sampled residents (#s 3, 9, 12 and 13) reviewed for dietary services. This placed residents at risk for unmet nutritional needs. Findings include: Resident 3 was admitted to the facility in 6/2023 with diagnoses including unspecified severe protein-calorie malnutrition and Vitamin D deficiency. Resident 9 was admitted to the facility in 11/2024 with diagnoses including malnutrition and hepatic encephalopathy (a loss of brain function when a damaged liver doesn't remove toxins from the blood). Resident 12 was admitted to the facility 5/2024 with diagnoses including hypertension and chronic kidney disease. Resident 13 was admitted to the facility 1/2025 with diagnoses including diabetes and Vitamin D deficiency. On 1/9/24 at 12:20 PM, a test tray was delivered to two members of the survey team. The lunch tray consisted of chicken fried steak, mashed potatoes with gravy and cooked spinach. The lunch meal was not palatable. The chicken fried steak was tough and dry. On 1/13/25 at 12:42 PM, an additional test tray was delivered to two members of the survey team. The lunch tray consisted of ham, cooked carrots and macaroni noodles. The lunch meal was not palatable. The food temperature was warm. The ham was salty and the noodles were bland. On 1/13/25 at 9:57 AM, Resident 3 stated the food was shitty.' On 1/13/25 at 10:03 AM, Resident 12 stated the meat was tough and not easy to chew, the food was spicy and she/he eats very little because of the taste. Resident 12 stated she/he did not fill out a grievance form but a family member was calling the corporate office today to complain about the food. On 1/13/25 at 10:05 AM, Resident 13 stated she/he didn't eat the carrots because they were overcooked and the pasta had no flavor and the ham was too salty. On 1/13/25 at 1:03 PM, Resident 9 stated she/he did not eat the lunch today and stated she/he never eats the food here because it was nasty. The 4/2/24, 5/14/24 and the 6/11/24 Food Committee Meeting Notes revealed the following residents complaints: -The seasoned potatoes sometimes too peppery; -Pork is typically tough; (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Fries are cold, hard or soggy/rubbery; and -All the meat, all the time and every meat item is all overcooked. On 1/9/25 at 12:30 PM, Staff 1 (Administrator) sampled the test tray. Staff 1 stated the potatoes looked like instant potatoes, had a weird texture and thought the chicken could have been better. On 1/13/25 at 12:50 PM, Staff 2 (DNS) sampled the test tray. Staff 2 stated the noodles were bland and the food was not warm.