STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385132	A. BUILDING _____ B. WING _____	**08/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVAMERE REHABILITATION OF KING CITY	**16485 SW PACIFIC HIGHWAY TIGARD, OR 97224**

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 0557 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to ensure residents were treated with dignity and respect for 1 of 4 sampled residents (#1) reviewed for dignity and respect. This placed residents at risk for lessened quality of life. Findings include: Resident 1 readmitted to the facility in 5/2020 with [DIAGNOSES REDACTED]. The form indicated Resident 1 waited 15 minutes outside to be let back into the facility. A 7/27/20 written statement by Staff 4 (LPN Resident Care Manager) and Staff 2 (DNS) indicated Resident 1 reported Staff 3 lectured the resident about going in and out. A 7/27/20 written statement by Witness 1 (Staff Member) indicated the following: Witness 1 witnessed the interaction when Resident 1 asked Staff 3 to be let out of the facility to smoke. Staff 3 told Resident 1, You just went out! I can't keep opening the door for you! After Resident 1 finished smoking, Witness 1 and Resident 1 rang the facility doorbell and called the nurses station multiple times but ended up waiting 30 minutes to be let back in to the facility. Staff 3 opened the door and said to Resident 1, You only need to ring the bell once (Resident 1), we heard it! On 7/27/20 at 2:45 PM Resident 1 stated she/he had concerns about how she/he was treated by Staff 3. Resident 1 stated Staff 1 accused Resident 1 of lying and made statements to Resident 1 such as, What bar did you go to? when Resident 1 returned to the facility from an outing. Resident 1 stated on 7/26/20 she/he asked Staff 3 to let her/him out of the facility and Staff 3 stated, How many times a day are you gonna do this to me? I'm tired of opening the door for you. I'm getting so tired of this. On 7/28/20 at 1:35 PM Witness 1 stated she was present when Resident 1 asked Staff 3 to let her/him out of the facility and Staff 3 spoke out of frustration stating, Again? I just let you in. Witness 1 stated she returned to the facility about 20 minutes later and found the resident waiting to be let back inside the facility. Witness 1 stated she rang the doorbell and called the facility but no one came to open the door. After about 20 minutes Staff 3 arrived and let Witness 1 and Resident 1 into the facility. Resident 1 told Staff 3 that it took a long time to answer the door and Staff 3 snapped at the resident and told the resident to only ring the bell two times. Witness 1 stated Staff 3 spoke out of frustration to Resident 1 and was not respectful. On 7/29/20 at 3:00 PM Staff 3 acknowledged she let Resident 1 out and back into the facility on [DATE]. Staff 3 stated she only said, Oh (Resident 1) when the resident requested to be allowed outside. Staff 3 denied making any statements to Resident 1 when she let the resident back in. When asked about the quotes provided by Witness 1, Staff 3 denied making the comments and stated it would be unprofessional to make such comments. On 8/3/20 at 2:11 PM Staff 2 acknowledged the 7/27/20 Grievance and Staff 3's inappropriate treatment of [REDACTED].
F 0609 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to ensure alleged violations involving abuse were immediately reported to the state agency for 2 of 5 sampled residents (#s 1 and 5) reviewed for abuse. This placed residents at risk for abuse. Findings include: 1. Resident 5 readmitted to the facility in 1/2020 with [DIAGNOSES REDACTED]. The incident report indicated the event was investigated and no abuse or neglect was suspected. The incident report section entitled, Agencies/People Notified, indicated, No notification found. The report did not indicate the allegation was reported to the state agency. On 7/28/20 at 2:58 PM Staff 1 (Administrator) acknowledged the abuse allegation was not reported to the state agency. 2. Resident 1 readmitted to the facility in 5/2020 with [DIAGNOSES REDACTED]. A 7/1/2020 Significant incident report indicated the facility received a report that a staff member was rough with Resident 1 and pulled on the resident's sweater. The incident report indicated the event was investigated and no abuse or neglect was suspected. The report indicated Resident 1's family and physician were notified, but did not indicate the allegation was reported to the state agency. On 7/28/20 at 2:58 PM Staff 1 (Administrator) acknowledged the abuse allegation was not reported to the state agency. b. A 7/22/20 Significant incident report indicated the facility receive a report that a staff member yelled at Resident 1 when the resident requested assistance. The incident report indicated the event was investigated and no abuse or neglect was suspected. The report indicated Resident 1's physician was notified but did not indicate the allegation was reported to the state agency. On 7/28/20 at 2:58 PM Staff 1 (Administrator) acknowledged the abuse allegation was not reported to the state agency.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE