

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER PRESTIGE CARE AND REHABILITATION - MENLO PARK		STREET ADDRESS, CITY, STATE, ZIP 745 NE 122ND AVENUE PORTLAND, OR 97230	
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 - Immediate jeopardy Residents Affected - Many	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interview and record review, it was determined the facility failed to ensure residents were appropriately supervised while smoking for 6 of 7 sampled residents (#s 3, 4, 5, 6, and 7) reviewed for smoking. This failure, determined to be an Immediate Jeopardy situation, resulted from residents who were supervised smokers observed to be smoking with no supervision by staff. This placed all residents at risk for injury from fire hazards throughout the facility. This facility was found to be providing Substandard Quality of Care in the area of: CFR 483.25 Free of Accident Hazards/Supervision/Devices Findings Include: The facility's 3/2019 Smoking Policy for Independent and Supervised Smokers indicated: Residents who wish to smoke will be assessed for their ability to smoke safely and appropriately manage their smoking materials. Residents who do not meet the established criteria to smoke independently will be provided assistance/supervision during all smoking activities. For residents requiring assistance/supervision with smoking, the facility will establish designated smoking times, and post them near the smoking area. Supervision for smoking is to be provided solely by facility staff. Visitors and other residents may not supervise resident smoking. 1. Resident 3 was admitted to facility on 1/2018 with [DIAGNOSES REDACTED]. Resident 3's BIMS score was obtained from the MDS Annual assessment dated [DATE] and was 12 out of 15, indicating moderate cognitive impairment. On 9/16/20 at 12:02 PM, Resident 3 was observed to be smoking with no supervision in the smoking area. No staff were observed in the smoking area or by the exit doors from inside the facility to the smoking courtyard. On 9/16/20 from 12:51 to 12:57 PM, Resident 3 was observed to be smoking with no supervision in the smoking area. Resident 3 was interviewed at 12:55 PM and stated she/he always kept her/his cigarettes in her/his jacket pocket. Resident 3 denied her/his smoking materials had been removed by facility staff from her/him in the past couple of days. Immediately after the interview, Resident 3 was observed to leave the smoking area with a pack of cigarettes and lighter in her/his jacket pocket. Resident 3 then walked back to her/his room with the smoking materials still in her/his jacket pocket. On 9/16/20, Resident 3's Bedside Kardex Report indicated she/he was placed on alert for change to supervised smoking status due to violation of smoking policy and safety hazard 9/15/20. Interventions were to keep smoking materials stored in a locked box located in the courtyard. On 9/16/20 at 1:21 PM, Staff 5 (CNA) stated Resident 3 was not a supervised smoker. Staff 5 stated facility staff had a list of supervised smokers. If a resident was added to the list, the Activity Director would notify the staff of the change. On 9/16/20 at 2:05 PM, Staff 5 acknowledged she was not aware that Resident 3 had been placed on alert on 9/15/20 and added to the list of supervised smokers. Resident 3's smoking evaluation dated 9/16/20 was not updated to reflect she/he was changed to a supervised smoker. The facility risk management report dated 9/16/20 indicated Resident 3 was seen coming into facility from the courtyard with a lit cigarette. The resident turned around after she/he entered the building and put her/his cigarette out on the door frame on the inside of the door. Resident 3 stated she/he realized she/he was walking in with the cigarette and knew she/he couldn't have the cigarette inside so she/he put it out. 2. a. Resident 2 was admitted to facility on 1/2020 with [DIAGNOSES REDACTED]. Resident 2's BIMS score was obtained from the MDS Quarterly assessment dated [DATE] and was 8 out of 15, indicating moderate cognitive impairment. Resident 2's smoking evaluation dated 8/7/20 indicated Resident 2 did not have the cognitive skills or adequate memory recall for smoking safety. Resident 2 was not able to demonstrate the ability to safely store smoking materials. The Interdisciplinary Team (IDT) noted Resident 2 was safe to smoke with supervision. Resident 2's Bedside Kardex Report dated 9/16/20 and care plan identified the resident as a supervised smoker, requiring supervision by staff. Resident 2 had a history of [REDACTED]. due to history of smoking in facility, ensure resident was not smoking and did not have any smoking materials in her/his room and ensure Resident 2 was brought to the front desk for smoke break time. b. Resident 4 was admitted to facility on 2/2018 with [DIAGNOSES REDACTED]. Resident 4's BIMS score was obtained from the MDS Annual assessment dated [DATE] and was 9 out of 15, indicating moderate cognitive impairment. Resident 4's smoking evaluation dated 6/2/20 indicated the resident did not have the cognitive skills or memory recall for smoking safety. Resident 4 was not able to demonstrate the ability to properly store smoking materials and the resident had a history of [REDACTED]. Resident 4's Bedside Kardex Report dated 9/16/20 and care plan indicated she/he was to be monitored for behaviors that included unsupervised smoking, keeping smoking materials on her/his person, refusals to turn over cigarettes and lighter to staff and going into other resident rooms seeking cigarettes. Interventions were to instruct the resident about the facility smoking locations, times, safety concerns, notify the charge nurse immediately if it was suspected the resident had violated safety policy, to observe clothing and skin for signs of [MEDICAL CONDITION] that resident required supervision while smoking. Staff were to put a disposable cigarette holder in place for Resident 4 prior to giving her/him a cigarette. If smoking supplies were observed within resident's room, staff were to notify the charge nurse immediately, remind resident where smoking supplies are to be stored and placed in a supervised lock box. c. Resident 5 was admitted to facility on 9/2019 with [DIAGNOSES REDACTED]. Resident 5's smoking evaluation dated 7/16/20 indicated she/he did not have the cognitive skills or adequate memory recall for smoking. Resident 5 had a history of [REDACTED]. Resident 5 was found safe to smoke with supervision. Resident 5's Bedside Kardex Report dated 9/16/20 and care plan indicated she/he was to be monitored for supervised smoking. Interventions were to instruct resident about the facility smoking locations, times, safety concerns, notify the charge nurse immediately if it was suspected resident had violated safety policy, to observe clothing and skin for signs of [MEDICAL CONDITION] that resident required supervision while smoking. After supervised smoking was completed, a staff member was to remind/assist resident back into the facility to either continue to read her/his book or engage in other facility activities as desired. All smoking materials were to be stored and locked in the assigned smoking box. Staff were to check Resident 5's room every shift as needed assuring the room was free from any smoking materials (tobacco, cigarettes, lighters, rolling papers). d. Resident 6 was admitted to facility on 6/2015 with [DIAGNOSES REDACTED]. Resident 6's BIMS score was obtained from the MDS Annual assessment dated [DATE] and was 9 out of 15, indicating moderate cognitive impairment. Resident 6's smoking evaluation dated 3/11/20 indicated she/he did not have the cognitive skills or adequate memory recall in assessing her/him for smoking safety. Resident 6 was not able to demonstrate the ability to safely store smoking materials, resident's belongings and clothing were not free from burn holes, and the resident had a history of [REDACTED]. Resident 6 was found safe to smoke with supervision. Resident 6's Bedside Kardex Report as of 9/16/20 and Care Plan indicated she/he was to be monitored for supervised smoking. resident had a history of [REDACTED]. Interventions were to instruct the resident about the facility smoking locations, times, safety concerns, notify the charge nurse immediately if it was suspected the resident had violated safety policy, to observe clothing and skin for signs of [MEDICAL CONDITION] that resident required supervision while smoking. e. Resident 7 was admitted to facility on 9/2014 with [DIAGNOSES REDACTED]. Resident 7's BIMS score was obtained from the MDS Annual assessment dated [DATE] and was 4 out of 15, indicating severe cognitive impairment. Resident</p>		
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.

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F 0689 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>7's smoking evaluation dated 8/25/20 indicated the resident did not have the ability to safely store smoking materials per facility policy and Resident 7 was found safe to smoke with supervision. Resident 7's Bedside Kardex report as of 9/16/20 and care plan indicated she/he was to be monitored for supervised smoking. Interventions were to instruct resident about the facility smoking locations, times, safety concerns, notify the charge nurse immediately if it was suspected resident had violated safety policy, to observe clothing and skin for signs of cigarette burns, resident required supervision while smoking, to set resident up with two cigarettes every odd hour during waking hours and to store the cigarettes in the locked box located in the smoking section of the courtyard with the keys stored in a labeled box in cart one. On 9/16/20 from 12:51 to 12:57 PM, residents 2, 3, 4, 5, 6 and 7 were observed to be in the facility smoking area. All residents were observed to be smoking and no staff were observed in the smoking area or inside the facility at the exit doors leading to the smoking courtyard. On 9/16/20 at 4:42 PM, Resident 6 was observed to be smoking unsupervised in the smoking area with no staff observed in the smoking area or by the exit doors. Staff 1 (Administrator), who had accompanied the surveyor outside to inspect the smoking area, confirmed Resident 6 was a supervised smoker and it was an expectation of facility policy she/he would be supervised by staff while smoking. . On 9/16/20 at 1:21 PM, Staff 4 (CNA) stated she came out to supervise the smokers at 1:00 PM. Staff 4 stated there had been four or five residents in the smoking area previously. Staff 4 acknowledged she was not supervising the smokers during the noon hour. On 9/16/20 at 3:10 PM, Staff 3 (Social Services Assistant) confirmed upon the surveyor's request, she had identified residents 2, 3, 4, 5, 6 and 7 at 12:51 PM. Staff 3 confirmed she had observed the residents smoking unsupervised in the smoking area. On 9/16/20 at 4:35 PM, Staff 8 (RCM) confirmed that it was an expectation staff should be present with residents who required supervision while smoking. On 9/16/20 at 4:42 PM, Staff 1 stated supervised smokers had been assessed as not safe to smoke independently. Smoking materials were located in locked boxes in the courtyard area and staff were responsible for supervising those residents. Staff 1 confirmed it was an expectation staff should be present with supervised smokers at all times while in the smoking area. On 9/16/20 at 6:10 PM, the facility administrative staff, including Staff 1 was notified of the immediate jeopardy (IJ) situation and provided a copy of the IJ template related to the facility's failure to ensure the residents were adequately supervised during smoke breaks, which placed all residents at risk of fire hazards. An immediate plan of correction (POC) was requested. On 9/16/20 at 6:57 PM the facility submitted a plan of correction which was accepted by the survey team. The IJ Removal Plan included: -The facility will put a key pad lock in the internal court yard so supervised smokers will get assisted to the smoking area. -The facility will provide independent smokers with the key code to enter the courtyard. -The facility will distribute letters to current smokers to advise them of the change in operations. -Maintenance director will install the key pad lock 9/16/20. -The facility will re-educate staff on supervised smoking times. On 9/16/20 at 7:30 PM, Staff 1 provided a copy of the in service education related to smoking policy that had been signed by staff on the evening shift. On 9/17/20 at 2:30 PM the courtyard doors were found to have working key pad locks on the doors to the courtyard smoking area and signage displayed notifying residents of the new policy. On 9/17/20 at 2:34 PM, Staff 14 (LPN) verified she had received in service training regarding the new smoking policy per POC. On 9/17/20 at 3:15 PM, Staff 13 (CNA) verified she had received in service training regarding the new smoking policy per POC. On 9/17/20 at 3:25 PM, Staff 7 (Maintenance Director) confirmed he had changed the key pad locks to the smoking area on 9/16/20 per POC. On 9/18/20 at 5:24 AM, Staff 9 (CNA) verified she had received in service training regarding the new smoking policy per POC. On 9/18/20 at 5:29 AM, Staff 10 (CNA) verified she had received in service training regarding the new smoking policy per POC. On 9/18/20 at 6:17 AM, Staff 11 (CNA) verified she had received in service training regarding the new smoking policy per POC. On 9/18/20 at 6:25 AM, Staff 12 (CNA) verified he had received in service training regarding the new smoking policy per POC. On 9/18/20 at 7:13 AM the smoking area was observed to have five residents smoking and one staff member supervising the smokers.</p>		