

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER PARK FOREST CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 8643 NE BEECH STREET PORTLAND, OR 97220	
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 0553 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were involved in their plan of care for 1 of 3 sampled residents (#1) reviewed for care planning. This placed residents at risk for unmet needs. Findings include: Resident 1 admitted to the facility in 2020 with [DIAGNOSES REDACTED]. In an interview on 8/27/20 at 1:06 PM Resident 1 stated the facility did not include her/him in discussions regarding her/his care plan. In an interview on 8/28/20 at 10:36 AM Staff 5 (SSD) stated there had not been a care plan meeting with Resident 1, but that it would have been a good idea. A review of the medical record revealed the only documentation of Resident 1 being involved in a care meeting was a 7/31/20 SNF Initial Care Management Meeting. In an interview on 9/4/20 at 11:04 AM Staff 5 stated the meeting referred to in the 7/31/20 SNF Initial Care Management Meeting form was a meet and greet, neither Resident 1's care plan nor the discharge plans were discussed in this meeting. On 9/8/20 at 1:15 PM Staff 1 (Administrator) acknowledged there was no documentation Resident 1 was involved in her/his plan of care.</p>		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview it was determined the facility failed to ensure residents could independently exit the facility for 2 of 3 doors with keypads reviewed for safe environment. This placed residents at risk for loss of independence and lack of homelike environment. Findings include: In an interview on 8/27/20 at 1:06 PM Resident 1 stated the doors to exit the facility required a key code and this was only posted at the front door that was currently out of order. Resident 1 stated to exit the facility residents must ask staff to open the door for them. On 8/31/20 at 11:38 AM three exit doors were observed to require a key code. The door at the front of the building had a key code posted above the key pad, however this door was out of order. The two doors on the back side of the building required a key code to exit did not have a key code posted. In an interview on 8/31/20 at 12:45 PM Staff 1 (Administrator) and Staff 16 (Maintenance Director) confirmed there were no key pad codes by two of the exit doors and to exit through those doors the residents needed to either have staff enter the code or in an emergency pull the fire alarm.</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.