


DEPARTMENT OF HUMAN SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50R014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER <b>CHERRY BLOSSOM COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11177 SE CHERRY BLOSSOM DR PORTLAND, OR 97216</b>
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C 000	<p>Comment</p> <p>The findings of the re-licensure survey, conducted 10/16/23 through 10/18/23, are documented in this report. The survey was conducted to determine compliance with OARs 411 Division 54 for Residential Care and Assisted Living Facilities and Home and Community Based Services Regulations OARs 411 Division 004.</p> <p>Abbreviations possibly used in this document:</p> <p>ADL: activities of daily living bid: twice a day CBG: capillary blood glucose or blood sugar CG: caregiver cm: centimeter ED: Executive Director F: Fahrenheit HH: Home Health LPN: Licensed Practical Nurse MA: Medication Aide MAR: Medication Administration Record MCC: Memory Care Community mg: milligram ml: milliliter MT: Medication Technician</p>	C 000		
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STATE OF OREGON  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 10/23/2023

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C 000	Continued From page 1  OT: Occupational Therapist PT: Physical Therapist PRN: as needed qd: every day or daily qid: four times a day QI: quality improvement RCC: Resident Care Coordinator RN: Registered Nurse TAR: Treatment Administration Record tid: three times a day	C 000		
C 303 SS=D	OAR 411-054-0055 (1)(f-h) Systems: Treatment Orders  (f) Medication and treatment orders must be carried out as prescribed. (g) Written, signed physician or other legally recognized practitioner orders must be documented in the resident's facility record for all medications and treatments that the facility is responsible to administer. (h) Only a physician or other legally recognized prescribing practitioner is authorized to make changes in a medication or treatment order.	C 303		

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C 303	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure medication and treatment orders were carried out as prescribed, and written, signed physician orders were documented in the resident's facility record for all medications and treatments the facility was responsible to administer for 1 of 2 sampled residents (# 1) whose MARs and orders were reviewed. Findings include, but are not limited to:</p> <p>Resident 1's MARs, dated 09/01/23 through 10/16/23 and physician orders were reviewed and revealed the following:</p> <p>Resident 1 had physician's orders as follows:</p> <ul style="list-style-type: none"> <li>* Acetaminophen 325 mg two tablets every four hours as needed for pain; and</li> <li>* Tramadol 50 mg 0.5 tablet every 12 hours as needed for pain not relieved by acetaminophen.</li> </ul> <p>The MAR revealed the tramadol was</p>	C 303		

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C 303	Continued From page 3  administered nine times between 09/29/23 and 10/10/23 without administering acetaminophen first.  The need to ensure physician's orders were carried out as prescribed was discussed with Staff 2 (RN) on 10/17/23 and Staff 1 (Administrator) on 10/18/23. They acknowledged the findings.	C 303		
C 310 SS=E	OAR 411-054-0055 (2) Systems: Medication Administration  (2) MEDICATION ADMINISTRATION. An accurate Medication Administration Record (MAR) must be kept of all medications, including over-the-counter medications that are ordered by a legally recognized prescriber and are administered by the facility. (a) Documentation of the MAR must be completed using one of the following processes. An alternative process may be used only with a written exception from the Department. (A) The MAR may be signed as the medications are set-up or poured. Medications must not be set-up in advance for more than one administration time. If a medicine cup or other individual container is used to	C 310		

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C 310	Continued From page 4  set-up the medications, it must be placed in a closed compartment labeled with the resident's name. Changes to the MAR that occur after the medication is delivered, must be documented by the same staff person who administered the medication. (B) The facility may choose to sign the MAR after the medication is administered to a specific resident and prior to the next resident-specific medication or treatment. (b) MEDICATION RECORD. At minimum, the medication record for each resident that the facility administers medications to, must include: (A) Current month, day and year. (B) Name of medications, reason for use, dosage, route and date and time given. (C) Any medication specific instructions, if applicable (e.g., significant side effects, time sensitive dosage, when to call the prescriber or nurse). (D) Resident allergies and sensitivities, if any. (E) Resident specific parameters and instructions for p.r.n. medications. (F) Initials of the person administering the medication.	C 310		

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C 310	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure resident MARs were accurate and included resident specific parameters and instructions for PRN medications, for 2 of 2 sampled residents (#s 1 and 3) whose MARs were reviewed. Findings included, but are not limited to:</p> <p>1. Resident 3 was admitted to the facility in 06/2021 with diagnoses including rheumatoid arthritis.</p> <p>Resident 3's 09/01/23 through 10/15/23 MARs and current orders were reviewed.</p> <p>Resident 3 had orders for:</p> <ul style="list-style-type: none"> <li>* Miconazole Cream as needed to rectal area for fungal rash two times a day;</li> <li>* Dimethicone Cream as needed to rectum for skin integrity;</li> <li>* Mylanta 30 ml as needed for heartburn, indigestion or upset stomach; and</li> <li>* Tums two tablets as needed for heartburn or indigestion.</li> </ul>	C 310		

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C 310	<p>Continued From page 6</p> <p>The electronic medication record was reviewed with Staff 2 (RN) on 10/17/23. There were no specific parameters to guide non-licensed staff on which medication to use first when the resident experienced skin conditions or heartburn/indigestion.</p> <p>The need to ensure MARs were accurate and included clear parameters to direct non-licensed staff when administering multiple PRN medications for the same condition was discussed with Staff 2 on 10/17/23 and Staff 1 (Administrator) on 10/18/23. They acknowledged the findings.</p> <p>2. Resident 1 was admitted to the facility in 10/2021 with diagnoses including Alzheimer's disease.</p> <p>Resident 1's 09/01/23 through 10/15/23 MARs and current orders were reviewed.</p> <p>a. Resident 1 had orders for:</p> <ul style="list-style-type: none"> <li>* Hydrocortisone cream as needed at bedtime for itching;</li> <li>* Hydroxyzine 25 mg tablet as needed three times a day for itching;</li> <li>* Lidocaine cream as needed every eight</li> </ul>	C 310		

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C 310	Continued From page 7  hours for rash; and * Miconazole antifungal cream as needed for itching and rash.  There were no specific parameters to guide non-licensed staff on which medication to use first when the resident experienced skin conditions or itching.  b. Resident 1 had a physician's order, dated 08/31/23, for hydrocortisone 0.5% topical cream (for itching) three times per day and one additional treatment at bedtime, as needed. The MAR did not include the instructions "at bedtime" for the PRN dose.  The need to ensure MARs were accurate and included clear parameters to direct non-licensed staff when administering multiple PRN medications for the same condition was discussed with Staff 2 on 10/17/23 and Staff 1 (Administrator) on 10/18/23. They acknowledged the findings.	C 310		
C 999	Technical Assistance  Concerns were identified in the following areas and the facility was provided with technical assistance:	C 999		



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C 999	<p>Continued From page 8</p> <p>C0231: Reporting &amp; Investigating Abuse-Other Action OAR 411-054-0028 (1-3) d) INJURY OF UNKNOWN CAUSE. Physical injury of unknown cause must be reported to the local SPD office, or the local AAA, as suspected abuse, unless an immediate facility investigation reasonably concludes and documents that the physical injury is not the result of abuse.</p> <p>C0330 - Systems: Psychotropic Medication OAR 411-054-0055 (6) (f) Medications that are administered p.r.n. that are given to treat a resident's behavior must have written, resident-specific parameters. (A) These p.r.n. medications may be used only after documented; non-pharmacological interventions have been tried with ineffective results. (B) All direct care staff must have knowledge of</p>	C 999		

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C 999	Continued From page 9 non-pharmacological interventions.	C 999		