

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Oregon Living and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 811 South 10th Street Oregon, IL 61061	

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)
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on interview and record review the facility failed to ensure a resident's peripheral intravenous access site was flushed for 1 of 1 residents (R1) reviewed for intravenous catheters in the sample of 5.</p> <p>The findings include:</p> <p>R1's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include hypertension, systemic sclerosis, chronic heart failure, hepatic failure, atrial fibrillation, and reduced mobility.</p> <p>R1's February 2025 eMAR (electronic Medication Administration Record) showed an order for Sodium Chloride Solution 0.9%, use 10 ml intravenously every 8 hours for flush from 2/1/25 through 2/10/25. This eMAR shows R1's IV flush was not completed on the overnight shift on 2/2/25, 2/3/25, 2/6/25, and 2/7/25. R1's eMAR notes showed these were not completed due to not having an RN (Registered Nurse) available to administer them when they were scheduled.</p> <p>On 2/26/25 at 10:08 AM, V5 LPN (Licensed Practical Nurse) said R1 was on an intravenous push antibiotic that the facility's RN's were taking care of. V5 said, This facility does not allow LPNs to do the flushes. If necessary, they (RN's) would come in .</p> <p>On 2/26/25 at 11:22 AM, V7 LPN said she can not do peripheral line intravenous flushes because the facility does not allow LPN's to administer them.</p> <p>On 2/26/25 at 11:55 AM, V2 DON (Director of Nursing) said, LPNs can not flush here. Typically if we have someone here on an IV antibiotic we try to make sure that it is every 24 hours to make sure we can meet their needs. As far as RN coverage, if there is no RN available, myself or the other RN managers comes in to pick it up and do the IVs. We try to get the flushes at the same time as RN coverage but it doesn't always work out . Some of [R1's] flushes were missed. The ones that were missed were mostly night shift because my night shift RN called off. They should have called the on-call to let them know the RN called off. The on-call would have let us know so that myself or one of our other administrative RNs could come in .</p> <p>(continued on next page)</p>

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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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy and procedure regarding peripheral IV access maintenance and flushing was requested. On 2/26/25 at 1:00 PM, V3 DON said the facility does not have such a policy that covers the maintenance of peripheral IVs. The facility's policy and procedure titled Catheter Insertion and Care with revision date of July 2016 showed, Insertion of Peripheral IV Catheter . Policy: Peripheral IV catheters will be inserted by nurses with demonstrated competency in IV therapy</p>		