

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2024
NAME OF PROVIDER OR SUPPLIER  Oregon Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  501 Monroe, Oregon, MO 64473	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44939</p> <p>Based on interview and record review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours per day, seven days a week. The facility census was 47.</p> <p>The facility did not provide a policy regarding RN staffing.</p> <p>Review of facility staffing for May 2024 showed :</p> <p>-No RN scheduled for 5/18/2024 for eight consecutive hours.</p> <p>Review of facility staffing for June 2024 showed:</p> <p>-No RN scheduled for 6/1/24, 6/8/24, 6/24/24 for eight consecutive hours.</p> <p>Review of the facility staffing for July 2024 showed:</p> <p>-No RN scheduled for 7/4/24, 7/20/24, 7/26/24 for eight consecutive hours.</p> <p>During an interview on 8/2/24 at 2:22 P.M., the Administrator said:</p> <p>-He/She was aware there are days that the facility does not have RN coverage.</p> <p>-It is her expectation that the facility does have required and appropriate RN coverage.</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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