

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385018	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2025
NAME OF PROVIDER OR SUPPLIER  MT Angel Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  540 South Main Street Mount Angel, OR 97362	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review it was determined the facility failed to protect residents' right to be free from misappropriation of property by staff for 1 of 1 sampled resident (#4) reviewed for misappropriation of property. This placed residents at risk for financial loss. Findings include:</p> <p>Resident 4 admitted to the facility in 3/2024 with diagnoses including diabetes.</p> <p>A 5/22/25 Facility Reported Incident revealed Resident 4 was admitted to the hospital on [DATE] and passed away at the hospital on 5/21/25. On 5/21/25 Staff 7 (RN) locked up Resident 4's personal belongings including credit cards and debit cards in the narcotic box in the medication cart. On 5/22/25 Staff 7 discovered Resident 4's credit and debit cards were no longer in the medication cart.</p> <p>A 5/29/25 Investigation Report revealed:</p> <ul style="list-style-type: none"> <li>-Staff 7 wrapped Resident 4's six bank, credit, and debit cards in a piece of notepad paper and placed them in the very back of the narcotic lock box on 5/21/25.</li> <li>-Staff 6 (Former LPN) replaced Staff 7 at 4:00 PM on 5/21/25. Staff 7 stated she notified Staff 6 of the cards in the medication cart.</li> <li>-Staff 6 reportedly behaved odd throughout the shift.</li> <li>-On 5/22/25 Staff 7 returned to work and discovered Resident 4's six cards were no longer in the medication cart.</li> <li>-Staff 6 did not report to work after 5/21/25 and did not respond to contact attempts from the facility.</li> <li>-Local law enforcement were notified on 5/22/25 of Resident 4's missing credit and debit cards.</li> </ul> <p>On 6/16/25 at 1:57 PM Staff 7 stated when she was notified Resident 4 passed away, she had another staff join her to pick up some items from Resident 4's room including credit cards, bank cards, and electronics. Staff 7 reported she wrapped the cards in an envelope and placed them in the narcotic box in the medication cart. The next nurse, Staff 6, arrived at 4pm and Staff 7 notified Staff 6 the cards were in the medication cart. Staff 7 stated the next time she was in the facility she noticed the credit and bank cards were no longer in the medication cart and notified the DNS.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/25 at 3:05 PM Staff 8 (LPN) stated she worked on 5/21/25 on a different hall and noticed Staff 6 was struggling during the shift to give medications, so she administered the evening medications and was unaware of the cards locked in the medication cart. Staff 8 stated Staff 6 was very scattered and had a difficult time accomplishing tasks during the shift.</p> <p>On 6/18/25 at 9:57 AM Witness 3 (Power of Attorney) stated the facility notified her Resident 4's credit and debit cards were stolen by a facility staff member. Witness 3 confirmed none of Resident 4's friends or family picked up the cards.</p> <p>On 6/18/25 at 11:19 AM Staff 9 (CNA) indicated she worked with Staff 6 on 5/21/25. Staff 9 stated she helped Staff 7 take things out of Resident 4's room but did not see the credit and debit cards. Staff 9 stated on 5/21/25 Staff 6 did not do her job, was found sitting in front of the medication cart going through the medications instead of administering them, and went in and out of the unit. Staff 9 stated she did not see Staff 6 take Resident 4's credit and debit cards.</p> <p>On 6/20/25 at 2:34 PM Staff 6 confirmed she worked on 5/21/25 but denied taking anything from the facility and stated she was unaware of Resident 4's locked up credit and debit cards.</p> <p>On 6/20/25 at 9:54 AM Staff 1 (Administrator) confirmed Resident 4's credit and debit cards were missing from the facility and were not found.</p> <p>The deficient practice was identified as Past Noncompliance based on the following:</p> <p>On 5/22/25 the deficient practice was identified by the facility and corrected when the facility audited the hall, and provided education to licensed nurses. No further instances of misappropriation were identified by the facility.</p>		