

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Corvallis Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  160 NE Conifer Blvd Corvallis, OR 97330	

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 - Many</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>42271</p> <p>Based on interview and record review it was determined the facility failed to staff a RN for eight consecutive hours per day seven days per week for 22 out of 91 days reviewed for staffing. This placed residents at risk for unmet assessment needs. Findings include:</p> <p>A review of the facility's Direct Care Staff Daily Reports and payroll documents identified the following 23 days without eight consecutive hours of RN coverage:</p> <p>January 2024: 1/3/24; 1/8/24; 1/9/24; 1/16/24; 1/17/24; 1/21/24; 1/22/24 and 1/23/24.</p> <p>February 2024: 2/2/24; 2/13/24; 2/14/24; 2/20/24; 2/21/24; 2/27/24 and 2/28/24.</p> <p>March 2024: 3/5/24; 3/11/24; 3/19/24; 3/20/24; 3/26/24 and 3/27/24.</p> <p>On 6/17/24 at 12:15 PM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged there was no RN coverage on the above identified days. Staff 1 stated she expected RN coverage eight hours per day.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>33179</p> <p>Based on interview and record review it was determined the facility failed to obtain consent and review risks and benefits prior to administering a COVID-19 vaccination to 1 of 3 sampled residents (#9) reviewed for immunizations. This placed residents at risk for adverse side effects from the vaccine. Findings include:</p> <p>Resident 9 admitted to the facility in 10/2023, with diagnoses including COVID-19 and heart failure.</p> <p>Resident 9's Immunization Record revealed the COVID-19 Booster was administered on 11/17/24.</p> <p>Review of Resident 9's medical record revealed no evidence the risk versus benefits were discussed with the resident or the resident's representatives.</p> <p>On 6/18/24 at 9:51 AM, Witness 4 (Complainant) stated Resident 9 was administered the COVID-19 vaccine against both the resident and family wishes. Witness 4 further stated Resident 9's family informed the facility Resident 9 had a history of getting sick with previous COVID-19 vaccine administrations.</p> <p>On 6/20/24 at 9:24 AM, Staff 1 (Administrator) and Staff 2 (DNS) verified Resident 9 received the COVID-19 vaccine without receiving education regarding the risks and benefits and without consent from Resident 9 or her/his responsible party.</p>		