STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385143	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Umpqua Valley Nursing & Rehabilitation Center	525 W. Umpqua Street Roseburg, OR 97471

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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview it was determined the facility failed to ensure air conditioning units were free from leaks and bathroom doors were operational in resident rooms for 2 of 5 facility hallways reviewed for physical environment. This placed residents at risk for an unsafe, lack of privacy and unsanitary environment that was not homelike. Findings include: 1. On 8/18/25 at 12:07 PM room [ROOM NUMBER]'s air conditioning was observed dripping water along the entire bottom panel onto the bedside table and down the wall causing the wall panel to [NAME]. On 8/19/2025 at 3:04 PM Staff 21 (CNA) stated the air conditioning unit had been leaking for the entire summer and the maintenance department was in the room to look at the unit several times, but the problem was ongoing. On 8/19/25 at 3:13 PM Staff 22 (CNA) stated she noticed the air conditioning leaking about six weeks ago and notified the nurse and maintenance staff of the concern.On 8/20/25 at 11:20 AM Staff 23 (Maintenance Assistant) acknowledged the air conditioning unit in room [ROOM NUMBER] was dripping water along the bottom panel to the dresser and along the wall. Staff 23 stated he unaware the unit was leaking. Staff 23 stated the maintenance department did not complete monthly audits and relied on housekeeping and nursing staff to report concerns regarding room repairs.On 8/21/25 at 10:44 AM Staff 11 (Maintenance Director) stated he was aware the air conditioning unit in room [ROOM NUMBER] was leaking. Staff 11 stated the leak was caused from the coils in the unit forming ice when the temperature was turned down too low and then would melt when the unit was turned off.On 8/21/25 at 2:24 PM Staff 1 (Administrator) stated the facility was in the process of replacing air conditioning units and expected all the units to be functioning properly.a. On 8/20/25 at 2:26 PM during a Resident Council meeting residents reported room [ROOM NUMBER]'s air conditioning was leaking and ruining posters and shelving below the unit.On 8/21/25 at 10:15 AM Staff 27 (CNA) stated she reported the air conditioning leaking in room [ROOM NUMBER] to nursing and maintenance.On 8/21/25 at 10:44 AM Staff 11 (Maintenance Director) stated he was aware the air conditioning unit in room [ROOM NUMBER] was leaking. Staff 11 stated the leak was caused from the coils in the unit forming ice when the temperature was turned down too low and then would melt when the unit was turned off.On 8/21/25 at 2:24 PM Staff 1 (Administrator) stated the facility was in the process of replacing air conditioning units and expected all the units to be functioning properly.2. On 8/20/25 at 2:26 PM during the Resident Council meeting it was revealed the pocket doors for the bathroom in room [ROOM NUMBER] and room [ROOM NUMBER] were broken and were replaced with shower curtains. Residents stated they did not feel they had privacy, odor control and was a potential fire safety concern without an appropriate door.On 8/21/25 at 10:44 AM Staff 11 (Maintenance Director) acknowledged room [ROOM NUMBER] and room [ROOM NUMBER] pocket doors were broken and shower curtains were used as a replacement. Staff 11 stated parts for the pocket doors were no longer available.On 8/21/25 at 2:24 PM Staff 1 (Administrator) acknowledged the pocket doors were broken, and the facility was in the process of repairing the doors.

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