

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of McMinnville		STREET ADDRESS, CITY, STATE, ZIP CODE 1309 NE 27th Street McMinnville, OR 97128	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>42271</p> <p>Based on interview and record review it was determined the facility failed to promptly respond for 2 of 3 months of Resident Council minutes reviewed. This placed residents at risk for unresolved quality of life and care issues. Findings include:</p> <p>The facility's revised 9/27/23 Resident Council policy stated, the facility must act promptly upon the recommendations of such groups concerning issues of resident care and life in the facility. The Activities Director will facilitate follow-up on all suggestions and ideas presented at the council meeting and will report results at the next meeting. Each Department Director will be responsible for filling out a comment form prior to the next meeting.</p> <p>Resident Council Minutes were reviewed from 7/2024 through 9/2024 and indicated the following residents' concerns:</p> <p>*7/10/24: Do not close doors without permission, make sure call lights are within reach, beds have been squeaking, can people be informed? There was no follow up after the 7/10/24 Resident Council meeting regarding the residents' concerns and recommendations.</p> <p>*8/7/24: Cooler for food items, diet reports not being followed, room not getting cleaned daily, call lights and medications take forever, make a form for residents to address concerns between Resident Council meetings. There was no follow up after the 8/7/24 Resident Council meeting regarding the residents' concerns and recommendations.</p> <p>*9/11/24: Make sure allergy/dislikes being followed, more diabetic options, clothes not being put in correct closets, med times and call lights taking awhile at times, trash cans not being taken out daily. There was no follow up from dietary and maintenance after the 9/11/24 Resident Council meeting regarding the residents' concerns and recommendations.</p> <p>On 10/2/24 at 3:52 PM, Staff 3 (Activities Director) stated Resident Council meetings are held monthly. Following the meetings Staff 3 stated she copied the meeting notes and gave copies to each Department Head Manager. Staff 3 stated she did not get responses back from the department head managers.</p> <p>On 10/14/24 at 12:16 PM, Staff 1 (Administrator) stated she would expect department managers to respond to Resident Council concerns within seven to 10 days.</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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