

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 04/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33179</p> <p>Based on interview and record review it was determined the facility failed to assess a skin wound for 1 of 3 sampled residents (#2) reviewed for skin conditions. This placed residents at risk for worsening wounds. Findings include:</p> <p>Resident 2 admitted to the facility in 11/2024, with diagnoses including malnutrition and colostomy.</p> <p>The 11/19/24 Hospital History and Physical indicated Resident 2's abdominal ostomy site had surrounding erythema (redness) and one spot of skin breakdown.</p> <p>The 11/20/24 Admission Skin Assessment indicated no abdominal wounds.</p> <p>Resident 2's Progress Notes dated 11/22/24 through 11/24/24 and 11/26/24 through 12/2/24 described an abdominal ostomy with constant drainage, and the surrounding skin as red and inflamed.</p> <p>A 12/6/24 Progress Note indicated Resident 2's colostomy bag would not stay in place, her/his abdominal skin was excoriated, blistered, tender to touch and caused irretractable pain due to the constant colostomy drainage. Resident 2's skin was inflamed mid abdomen to the perineum and thighs. Resident 2 was transferred to the hospital for evaluation and treatment.</p> <p>Resident 2's Progress Notes revealed she/he readmitted to the facility on [DATE] and passed away on 12/15/24.</p> <p>Review of Resident 2's clinical record revealed no weekly wound assessments for the worsening abdominal wound from 11/20/24 through 12/15/24.</p> <p>On 4/16/25 at 12:36 PM, Staff 2 (DNS) and Staff 3 (LPN/RCM) verified no wound assessments were completed on Resident 2's worsening abdominal wound.</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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>33179</p> <p>Based on interview and record review it was determined the facility failed to ensure a physician supervised the resident's medical care and evaluated the effectiveness of wound care treatments for 1 of 3 sampled residents (#2) reviewed for skin conditions. This placed residents at risk for increased pain, worsening wounds and hospitalization . Findings include:</p> <p>Resident 2 admitted to the facility in 11/2024, with diagnoses including atrial fibrillation (irregular heartbeat), malnutrition and colostomy.</p> <p>The 11/19/24 Hospital History and Physical indicated Resident 2's abdominal ostomy site had surrounding erythema (redness) and one spot of skin breakdown.</p> <p>Resident 2's 11/20/24 and 11/27/24 Ostomy and Skin Care Plans revealed she/he had a colostomy and was at risk for a decline in skin integrity. Staff were to keep the skin clean, dry and protected from the ostomy drainage, and to clean and apply moisture barrier to the skin after each leaking episode.</p> <p>The 11/21/24 Physician Note revealed Resident 2 had a colostomy and indicated all chronic conditions were relatively stable. The note did not include information related to Resident 2's leaking ostomy or the condition of her/his surrounding skin.</p> <p>Resident 2's Progress Notes dated 11/22/24 through 11/24/24 and 11/26/24 through 12/2/24 described an abdominal ostomy with constant drainage, and the surrounding skin as red and inflamed.</p> <p>A 12/6/24 Progress Note indicated Resident 2's colostomy bag did not stay in place, her/his abdominal skin was excoriated, blistered, tender to touch and caused irretractable pain due to the constant colostomy drainage. Resident 2's skin was inflamed mid abdomen to the perineum and in-between her/his thighs. Resident 2 was transferred to the hospital for evaluation and treatment on 12/5/24.</p> <p>A 12/5/24 Emergency Department Note indicated Resident 2 had extensive skin breakdown and maceration which extended from the right-sided ostomy and the entire abdomen was tender due to the skin maceration. Differential diagnoses included ostomy bag malfunction skin maceration and atrial fibrillation. The physician noted Resident 2 had extensive skin maceration and erythema to her/his entire abdominal wall skin related to the leakage from the ostomy bag which resulted in significant pain. The physician indicated IV (intravenous) medications were needed for pain control and the resident would require extensive wound care for the abdominal wall maceration.</p> <p>A 12/6/24 Hospital Note revealed Resident 2 had right sided abdominal red and raw skin which extended to the perineal and inner thighs.</p> <p>Resident 2's 12/10/24 Progress Notes revealed she/he readmitted to the facility.</p> <p>Resident 2's 12/12/24 Physician Note indicated the resident continued with a colostomy which functioned normally. The note did not include any assessment of the resident's skin surrounding the leaking colostomy site.</p> <p>(continued on next page)</p>		

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<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/16/25 at 9:47 AM, Staff 5 (CNA) stated Resident 2's ostomy constantly leaked, the colostomy bag would fall off, and the resident's skin was raw, red and sore. Staff 5 stated she would constantly report the issue to the nurse who would clean the site and replace the colostomy bag.</p> <p>On 4/16/25 at 9:55 AM, Staff 4 (LPN) stated Resident 2's ostomy leaked a lot, wound care was completed frequently, and the resident's skin got very irritated. Staff 4 stated one time as soon as she completed all the wound care and the new colostomy bag was on, it immediately fell back off and the care had to be done again, which was a common occurrence. Staff 4 stated all staff were aware of Resident 2's skin issues and the leaking colostomy. Additionally, Staff 4 stated the resident went to an appointment related to her/his colostomy on 12/12/25 and returned with no new orders which frustrated staff since it did not address the colostomy leakage concern.</p> <p>On 4/16/25 at 12:36 PM, Staff 2 (DNS) and Staff 3 (LPN/RCM) acknowledged Resident 2's colostomy constantly leaked and her/his abdominal skin condition declined although skin treatments were in place.</p> <p>On 4/18/25 at 10:28 AM, Witness 8 (Physician) stated he focused on Resident 2's cardiac concerns and osteomyelitis which were the main reasons she/he admitted to the facility. Witness 8 further stated he was unable to recall if the facility staff ever reached out to him related to colostomy concerns or skin problems and when Resident 2 returned from the hospital he believed her/his colostomy functioned normally. Witness 8 verified he did not observe Resident 2's abdominal wound when he examined her/him on 12/12/24.</p>