

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 12/11/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interview and record review it was determined the facility failed to complete a thorough discharge summary for 3 of 3 sampled residents (#s 3, 6, and 7) reviewed for discharge. This placed residents at risk for lack of information related to discharge. Findings include: 1. Resident 3 admitted to the facility in 6/2025 with a diagnosis of femur fracture. A 7/14/25 Discharge Summary Information assessment revealed Resident 3 was to discharge to her/his home with home health services. The Discharge Summary Information did not include information related to what company was to provide home health services to Resident 3, post discharge instructions, or include a recapitulation of Resident 3's stay. On 12/10/25 at 12:33 PM Staff 2 (DNS) confirmed Resident 3's Discharge Summary Information assessment was not completed thoroughly. 2. Resident 6 admitted to the facility in 11/2025 with a diagnosis of respiratory failure. A 12/2/25 Discharge Summary Information assessment revealed Resident 6 was to discharge to her/his home. The Discharge Summary Information assessment did not include home instructions or a recapitulation of Resident 6's stay. On 12/10/25 at 1:07 PM Staff 2 (DNS) confirmed the Discharge Summary Information assessment was not completed thoroughly. 3. Resident 7 admitted to the facility in 11/2025 with a diagnosis of anemia. A Discharge Summary Information assessment revealed Resident 7 was to discharge to her/his home. The Discharge Summary Information assessment did not include home instructions or a recapitulation of Resident 7's stay. On 12/10/25 at 1:07 PM Staff 2 (DNS) confirmed the Discharge Summary Information assessment was not completed thoroughly.</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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