

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER East Cascade Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 175 NE 16th Street Madras, OR 97741	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50926</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure medications and biologicals were secured and accessible only to authorized personnel for 1 of 2s medication cart observed for secure medication carts. This placed residents at risk for misappropriation of medications and adverse medication consequences. Findings include:</p> <p>The facility's Storage of Medication Policy revised 4/2007 stated, The Facility shall store all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>1. On 10/7/24 at 7:16 PM the medication cart near the nurses' station was unlocked and unattended by staff.</p> <p>On 10/7/24 at 7:18 PM Staff 9 (RN) confirmed the cart was left unlocked and unattended.</p> <p>On 10/9/24 at 10:07 AM Staff 2 (DNS) stated the medication cart was to be secured when unattended.</p> <p>2. On 10/8/24 at 6:57 AM a bottle of Omeprazole (a stomach acid medication) was on the top of the medication cart near the nurses' station. The medication cart was unattended by staff.</p> <p>On 10/8/24 at 7:09 AM bubble-pack cards containing medications for Resident 6 were left on top of the facility medication cart located near the nurses' station. The medications were unattended by staff.</p> <p>On 10/8/24 at 7:18 AM Staff 3 (RN) confirmed the medications were not secured and were unattended by staff.</p> <p>On 10/9/24 at 10:07 AM Staff 2 (DNS) stated the medication cart was to be secured when unattended.</p> <p>3. On 10/9/24 at 7:33 AM the medication cart near the nurses' station was unlocked and unattended by staff.</p> <p>On 10/9/24 at 7:35 AM Staff 8 (RN) confirmed the cart was unlocked and unattended by staff.</p> <p>On 10/9/24 at 10:07 AM Staff 2 (DNS) stated the medication cart was to be secured when unattended.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34324</p> <p>Based on interview and record review it was determined the facility failed to monitor and maintain refrigerator and dishwasher temperatures for 1 of 1 kitchen reviewed for sanitary conditions. This placed residents at risk for food borne illnesses. Findings include:</p> <p>Review of the facility's kitchen Equipment Temp Log on 10/8/24 for the refrigerator, freezer, dishwasher and dish rinse revealed the following:</p> <ul style="list-style-type: none"> - The log included entries from 9/17/24 through 9/30/24. There was no record of temperatures taken prior to 9/17/24. - The log included entries from 10/1/24 through 10/4/24. On 10/5/24 the refrigerator and freezer temperature was documented but the dishwasher temperature was not documented. There were no documented temperatures after 10/5/24. <p>On 10/8/24 at 8:18 AM Staff 7 (Dietary Manager) acknowledged the temperature logs were incomplete and not up to date.</p>