STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385199	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chehalem Post Acute	1900 E. Fulton Street Newberg, OR 97132

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on interview and record review it was determined the facility failed to ensure resident records were kept private for 1 of 1 sampled facility record system reviewed for privacy. This placed residents at risk for lack of privacy. Findings include:On 6/23/25 a public complaint was received that alleged the facility did not keep resident records private and sent confidential resident information to Staff 3 (Former Staff/LPN) via a phone application (app) after she quit working at the facility on 6/19/25. On 8/11/25 at 11:50 AM documentation was received that indicated Staff 3's last day at the facility was on 6/19/25. On 8/11/25 at 10:26 AM Staff 3 stated she continued to receive resident private data through a phone app which included resident names, room numbers, information about new admissions and resident behaviors. Staff 3 stated she continued to receive resident information on the app for approximately one month after she stopped working at the facility. On 8/13/25 at 10:53 AM Staff 1 (Administrator) acknowledged Staff 3's last day at the facility was on 6/19/25 and she continued to receive private resident data through the phone app until 7/8/25. Staff 1 stated the phone app was used for communication which included resident names and room numbers and information regarding admissions, discharges and hospitalizations.

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