STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385211	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Grande Post Acute Rehabilitation	91 Aries Lane LA Grande, OR 97850

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on interview and record review, it was determined the facility failed to ensure appropriate catheter care and treatment was provided in accordance with professional standards of care for 1 of 3 sampled residents (#3) reviewed for catheters. This placed residents at risk for improper catheter care. Findings include:Resident 3 admitted to the facility in 11/2025 with diagnosis including indwelling urethral catheter.Resident 3's 11/2/25 Physician Order indicated to change foley catheter every 4 weeks using an 18 French catheter one time a day.Resident 3's 11/11/25 progress notes revealed the following:-At 6:36 PM Staff 13 (RN) charted she changed Resident 3's foley catheter.-At 8:30 PM Resident 3 requested Staff 12 (RN) to flush her/his catheter. -At 10:40 PM Staff 12 rechecked Resident 3 and observed no urine drainage over the past two hours. Resident 3 had consumed over 400 cc of water since 8:30 PM. The current foley catheter was a size 20 French. On 2/3/26 at 2:59 PM, Staff 12 stated when she attempted to adjust Resident 3's catheter at his/her request due to discomfort, she noticed it was larger than what was ordered by the physician.On 2/3/26 at 3:49 PM, Staff 13 stated she changed Resident 13's catheter using a 20 French because she could not find a size 18 French catheter in the facility. She stated she did not notify anyone at the facility or the provider.On 2/4/26 at 7:58 AM, Staff 3 (DNS) stated physician orders should be followed and acknowledged Staff 13 used the wrong size catheter on Resident 3.The deficient practice was identified as Past Noncompliance based on the following:On 11/12/25, the deficient practice was identified by the facility and was corrected when the facility identified the risk for urethral injury post foley catheter change. The Plan of Correction included: 1. Resident 3 was sent to the ED for evaluation, foley replaced and IV ABX given, and was transported back after ED visit, 2. Other residents who require an indwelling catheter were identified to have the potential risk of a negative outcome if the insertion procedure is not followed per protocol, 3. DNS trained licensed nurses on female catheter insertion and will require two nurses for each catheter insertion for at least 90 days, 4. For shifts with just one nurse, the on-call nurse will be called, 5. Audits by the DNS or Designee will be conducted for each catheter change to ensure that proper procedure was followed, urine return was noted prior to balloon inflation and that urine is draining post insertion, 6. One to one remediation will be done for any negative outcomes, and 7. Any negative findings will be brought to QAPI and reviewed monthly for three months or until resolved.

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