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	02/13/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 38140 Based on interview and record review it was determined the facility failed to inform residents of the risks and benefits of psychotropic medication use for 2 of 5 sampled residents (#s 7 and 10) reviewed for medications. This placed residents at risk for being uniformed of psychotropic medication. Findings include: 1. Resident 10 was admitted to the facility in 5/2024 with the diagnoses including anxiety. The 5/25/24 Physician Orders revealed an order for Duloxetine (antianxiety) to be administered daily. Resident 10's medical record revealed no evidence of the risk and benefit information for Duloxetine was reviewed with her/him prior to 10/9/24. On 2/13/25 at 11:52 AM, Staff 3 (RN/Divisional Director of Clinical Operations) confirmed Resident 10 was administered Duloxetine from 5/25/24 to 10/9/24. Staff 3 acknowledged Resident 10 was not provided risk and benefit information related to the use of Duloxetine until 10/9/25. Staff 3 stated she would expect the risk and benefit information provided prior to the administration of Duloxetine. 50928 2. Resident 7 was admitted to the facility in 10/2021 with diagnoses including Alzheimer's disease and bipolar disorder (a mental health disorder affecting a person's mood, emotions, and ability to function). The 2/12/25 Physician Orders revealed an order for lurasidone (anti-psychotic) and escitalopram (antidepressant) daily. Review of Resident 7's medical record revealed no documentation to indicate the resident was informed in advance of the risks and benefits of lurasidone or escitalopram. On 2/12/25 3:06 PM, Staff 2 (DNS) acknowledged Resident 7 was not informed of the risks and benefits of lurasidone and escitalopram.

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 38140 Based on observation, interview and record review it was determined the facility failed to accommodate residents with wheelchair arm rests in safe and proper cleanable order for 1 of 2 sampled residents (#86) reviewed for environment. This placed residents at risk for lack of a clean, safe homelike environment and personal equipment in disrepair. Findings include: On 2/10/25 at 3:28 PM, Resident 86's left wheelchair arm rest was observed with the black surface covering torn and cracked with exposed uncleanable cloth foam. The surface was in disrepair and uncleanable. Record review of the facilities maintenance log dated 12/5/24 to 2/10/25 revealed no reports of Resident 86's or any resident's wheelchair arm rests in poor condition. On 2/11/25 at 12:26 PM Staff 13 (CNA) stated if a resident's wheelchair equipment needed repairs, the staff were to write the concerns in the maintenance log. On 2/11/25 at 1:42 PM, Staff 14 (Maintenance Director) stated staff were to write in the maintenance log when a resident's wheelchair needed repair. Staff 14 confirmed no reports were documented in the maintenance log to repair Resident 86's wheelchair arm rests. Staff 14 confirmed Resident 86's wheelchair arm rests were in poor condition and needed replaced. On 2/11/24 at 1:50 PM Staff 1 (Executive Director) confirmed Resident 86's wheelchair arm rests were in poor condition and not cleanable. Staff 1 stated he expected residents to have safe and cleanable wheelchairs.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 38140 Based on interview and record review it was determined the facility failed to follow bowel care physician orders for 1 of 5 sampled residents (#10) reviewed for medications. This placed residents at risk for constipation care needs. Findings include: The facility's Bowel Protocol Policy, updated 2018, revealed each resident was placed on a daily bowel monitoring program. The licensed nurse reviewed the bowel monitoring daily. If a resident did not have a bowel movement for three days, the nurse was to administer the physician ordered bowel program or the facility specific PRN medication bowel program. Resident 10 was admitted to the facility in 5/2024 with a diagnoses including pain. Resident 10's 12/1/24 Quarterly MDS indicated she/he was cognitively intact. Resident 10's 1/2025 Physician Orders directed staff to administer the following bowel care medications PRN for constipation: - Senna Oral Tablet; every 24 hours as needed. - Miralax Oral Powder; every 24 hours as needed. - Milk of Magnesia (MOM) Oral Suspension; if resident does not have a bowel movement for three days. - Bisacodyl Suppository; if no results from MOM, administer per physician order on next shift. - Fleet Enema; if no results from supplement, give the next shift. - Sodium Phosphates Rectal Enema; as needed daily. Review of Resident 10's 1/10/25 through 1/31/25 bowel records revealed she/he did not have a bowel movement on the following dates: 16, 17, 18, 19, 20 and 24, 25, 26, 27 and 28. Review of Resident 10's 1/2025 MAR revealed no PRN bowel care medications for constipation were administered on the 16, 17, 18, 19, 20 and 24, 25, 26, 27 and 28 dates. On 2/10/25 at 12:41 PM, Resident 10 expressed she/he experienced long periods of time without a bowel movement and staff had not addressed the constipation. On 2/13/25 at 10:52 AM, Staff 3 (RN/ Divisional Director of Clinical Operations) confirmed Resident 10 did not have PRN medications administered per the facility protocol for bowel care. Staff 3 acknowledged she would expect bowel care protocol to be followed.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 39632 Based on observation, interview and record review it was determined the facility failed to ensure a system of accurate reconciliation to account for controlled drugs for 1 of 2 sampled medications carts reviewed for medication storage. This placed residents at risk for misappropriation and misplacement of controlled drugs. Findings include: The facility's 1/2023 Storage of Medication and Controlled Medication Storage Policy & Procedure specified the following: - Medications included in the Drug Enforcement Administration Classifications as controlled substances were subject to special handling, storage, disposal and record keeping. A controlled medication accountability record is prepared when receiving inventory of a schedule 2 medication. At each shift change, a physical inventory of all schedule 2 medication was conducted and was documented on the controlled substances accountability record. Resident 15 was admitted to the facility in 8/2024 with diagnoses including amyotrophic lateral sclerosis (a neurological disorder). Resident 15's 2/2025 Physician Orders did not include Morphine (an opioid medication classified as a controlled drug with high potential for abuse and addiction). On 2/11/25 at 12:54 PM, Staff 5 (CMA) and the state surveyor reviewed the narcotic compartment, located inside the medication cart used to store controlled drugs (drugs regulated by the government due to their potential for abuse and addiction). The narcotic compartment contained four bubble pack cards with Resident 15's name and dated 1/31/25. Each card contained 60 half tablets of Morphine 15 mg. Staff 5 stated the Morphine was not entered into and documented on the facility's accountability record. Staff 5 stated Resident 15 did not have a physician order for Morphine, she reported this information to Staff 2 (DNS) and other agency nurses and was waiting on direction for what to do with the drugs. On 2/11/25 at 1:02 PM, Staff 2 stated the proper process for receipt, tracking and reconciliation of controlled drugs was to enter the drug information into the facility's accountability record immediately upon delivery. Staff 2 stated staff who administered medications and utilized the medication carts were expected to count and reconcile the controlled drugs every shift by comparing the bubble pack drug cards to the documentation in the accountability record. At 1:06 PM Staff 2 observed the four bubble packs of Morphine, stated she was unaware they were in the narcotic compartment and indicated the Morphine should have been entered into and documented on the facility's accountability record to ensure the drugs were tracked.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 39632 StaBased on observation, interview and record review it was determined the facility failed to ensure drugs and biologicals were secure for 1 of 1 treatment cart and stored under proper temperatures for 1 of 1 medication refrigerator reviewed for medication storage. This placed residents at risk for misappropriation and reduced medication efficacy. Findings include: The facility's 1/2023 Storage of Medication and Controlled Medication Storage Policy & Procedure specified the following: - Medications and biologicals were stored properly to support safe effective drug administration. - Medications requiring refrigeration or temperatures between 36 degrees F and 46 degrees F were kept in a refrigerator with a thermometer to allow temperature monitoring. Do not freeze insulin, if insulin has been frozen, do not use. The CDC's 6/18/24 Storage and Handling of Immunobiologics website, https://www.cdc.gov/vaccines/hcp/imz-best-practices/storage-handling-immunobiologics.html#cdc_report_pub_study_section_2-storage-temperature, specified vaccines licensed for refrigerator storage should be stored at 2 C-8 C (36 F-46 F) and an out-of-range temperature reading should prompt immediate action. The CDC's 7/31/24 Provider's Role: Importance of Vaccine Administration and Vaccine Storage & Handling website, https://www.cdc.gov/vaccines/hcp/storage-handling/providers-role.html specified to carefully select and use the proper vaccine storage units to store vaccines and have a properly calibrated thermometer or temperature recording device inside each storage compartment. a. On 2/11/25 at 11:05 AM, the treatment cart adjacent to the nursing station was unlocked and unattended. At 11:09 AM, Staff 6 (Nursing Student) and Staff 7 (Nursing Student) approached the cart, disinfected the glucometer (device used to obtain blood sugar level), obtained supplies from the top drawer, left the treatment cart and walked down the hallway. The treatment cart was left unlocked and unattended and accessible to staff and residents in the area. On 2/11/25 at 11:12 AM, Staff 6 and Staff 7 returned to the cart. Staff 6 acknowledged the cart was left unlocked and stated the treatment cart should have been locked when unattended. The contents of the cart included various types of insulin, needles, scissors and medicated creams, ointments and powders. On 2/12/25 at 1:29 PM, Staff 1 (Administrator) and Staff 3 (Divisional Director of Clinical Operations) were notified the treatment cart was left unlocked and unattended with the contents accessible to unauthorized staff and residents. Staff 3 acknowledged the treatment cart should have been locked when unattended. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. On 2/11/25 at 11:00 AM, Staff 5 (CMA) and the state surveyor reviewed the medication room refrigerator. Upon review, there was no thermometer found inside the refrigerator. When asked how the temperature of the refrigerator was monitored, Staff 5 stated she removed a thermometer from an adjacent empty refrigerator and placed the thermometer into the medication refrigerator for about 20 minutes. Staff 5 retrieved the thermometer from the empty refrigerator and placed it into the medication refrigerator. On 2/11/25 at 11:30 AM, Staff 5 and the state surveyor observed the medication refrigerator thermometer at 26 degrees F. On 2/11/25 at 11:54 AM, Staff 5 and the state surveyor observed the medication refrigerator thermometer at 20 degrees F. On 2/11/25 at 12:00 PM, Staff 2 (DNS) was asked about the process to monitor medication refrigerator temperatures and stated it was the CMA's responsibility. Staff 2 was notified of the out-of-range medication refrigerator temperatures and stated she would recheck it. On 2/11/25 at 12:53 PM, Staff 5 and the state surveyor observed the medication refrigerator thermometer at 26 degrees F. On 2/11/25 at 3:38 PM, Staff 5 and the state surveyor observed the medication refrigerator thermometer at 26 degrees F. Staff 5 stated she would continue to adjust the refrigerator temperature until the end of her shift. The contents of the medication refrigerator included: - insulin - lorazepam liquid (anti-anxiety medication) - Ozempic (used to manage type 2 diabetes) - denosumab (used to treat bone loss) - tuberculin (used to diagnose tuberculosis) - latanoprost eye drops (used to treat eye pressure) - Trulicity (used to treat type 2 diabetes) - estradiol patches (used to treat menopause symptoms) - influenza vaccine - formoterol fumarate inhalation solution (used to treat lung disease) - liquid urine controls box (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Covid 19 vaccines - respiratory synctial virus vaccine On 2/12/25 at 8:02 AM, Staff 5 and the state surveyor observed the medication refrigerator thermometer at 32 degrees F. Staff 5 stated she checked the medication refrigerator temperatures until midnight on 2/11/25 and stated the temperatures were all over the place and was even in the 50's. On 2/12/25 at 9:10 AM, Staff 9 (Pharmacist) stated the recommended temperature range for refrigerated drugs and biologicals was between 35 degrees F and 45 degrees F. Staff 9 was notified of the out-of-range temperatures and provided with the list of drugs and biologicals observed inside the refrigerator. Staff 9 stated it was determined the refrigerated drugs were compromised by the fluctuating and potentially freezing temperatures and would need to be removed from the refrigerator and destroyed. Staff 9 stated it was best practice to maintain a thermometer inside the refrigerator to accurately monitor the temperatures. On 2/12/25 at 1:29 PM, Staff 1 (Administrator) and Staff 3 (Divisional Director of Clinical Operations) were notified of the findings of this investigation. Staff 1 and Staff 3 acknowledged the refrigerator temperatures were out-of-range for an extended period of time and the drugs' and biologicals' efficacy was compromised.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46053 Based on observation, interview and record review it was determined the facility failed to maintain hygienic conditions in the facility's walk-in freezer and failed to store food in a hygienic manner in the freezer and dry storage rooms to maintain freshness and prevent the spread of food-borne illness in 1 of 1 kitchen reviewed for food storage. This placed residents at risk of food-borne illness and cross contamination. Findings include: The facility's October 2017 Food Storage policy indicated: -Food storage areas are to be kept clean at all times; -Dry bulk foods are to be stored in seamless plastic or metal bins with tight-fitting lids; and -Items stored in the freezer are to be kept on shelving above the floor. On 2/10/25 at 12:02 PM, during the initial tour of the facility's kitchen, the following was observed in the walk-in freezer: -A discarded frozen snack cup on the floor under the shelving; -A cardboard case of chocolate health shake cartons stored on the floor; -Discarded plastic wrappers scattered on the floor under and between the shelving units; -A plastic-lined cardboard case of frozen peas and chopped carrots stored with the lid unsealed and open; and -A partial hamburger patty on the floor between the shelving units. In the dry-storage room, the following was observed: -A plastic-lined cardboard box of parboiled rice with the lid unsealed and open. On 2/10/25 at 12:09 PM, Staff 10 (Dietary Manager) acknowledged the food in freezer was not stored properly and the freezer was not cleaned appropiately. Staff 10 stated the dry storage foods were to be stored in closed containers. During a follow-up tour of the facility's kitchen on 2/12/25 at 10:34 AM, a cardboard box of saltine crackers was observed to be stored on the floor of the food storage closet adjacent to the rear kitchen door. Staff 10 acknowledged the storage location of the crackers and stated no food items should be stored on the floor even if they were in boxes. On 2/13/25 at 2:45 PM, Staff 1 (Administrator) stated he expected food to be stored in a sanitary manner with residents' safety in mind.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. 43691 Based on interview and record review it was determined the facility failed to implement an antibiotic stewardship program for 1 of 1 facilities reviewed for infection control. This placed residents at risk for unnecessary and/or prolonged use of antibiotic medications. Findings include: A review of safety with infection control was performed which included a review of the facilities antibiotic stewardship program. There was no indication of the existence of an antibiotic stewardship program. On 2/13/25 at 12:02 PM, 12:51 PM, and 1:11 PM Staff 3 (Divisional Director of Clinical Operations) stated Staff 2 (DNS) was the current Infection Preventionist, but Staff 2 was out of the facility. Staff 3 stated she was unaware of the existance of an antibiotic stewardship program in the facility. Staff 3 stated four current residents received antibiotics but was unable to verify if the residents were being monitored appropriately for the continued use of an antibiotic. Staff 3 stated Staff 2, Staff 9 (Phamacist), the Executive Director, and the Medical Director should be involved in a monthly review of antibiotic use and confirmed these meeting had not occurred.