

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Meadow Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 75 Shore Drive Saint Helens, OR 97051	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>41453</p> <p>Based on interview and record review it was determined the facility failed to ensure resident records were accurate for 1 of 3 sampled residents (# 5) reviewed for medical records. This placed residents at risk for inaccurate health records. Findings include:</p> <p>Resident 5 admitted to the facility in 10/2024, with diagnoses including Parkinson's disease.</p> <p>Review of Resident 5's 10/2024 MAR indicated she/he had received one dose of Tramadol (a pain medication) on 10/26/24 and one dose on 10/27/24.</p> <p>The facility's Narcotic logbook indicated Resident 5 had received two doses of Tramadol on 10/26/24 and one dose on 10/27/24.</p> <p>On 3/24/25 at 10:32 AM, Witness 1 (Family Member) indicated she/he was told Resident 5 had received a dose of Tramadol on 10/25/24.</p> <p>On 3/28/25 at 12:07 PM and 1:15 PM, Staff 4 (LPN), Staff 6 (LPN), and Staff 7 (LPN) stated they could not remember any specifics about Resident 5. Staff 4, Staff 6, and Staff 7 agreed accuracy of medication logs were important.</p> <p>On 3/31/25 at 12:00 PM, Staff 2 (DNS) stated he could not recall any specifics about this resident. Staff 2 confirmed the dosage logged in the narcotic logbook for Resident 5 showed three pills were given. Staff 2 confirmed the MAR showed two pills were given. Staff 2 stated the MAR and narcotic logbook should match.</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
---	-------	-----------