

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 11/21/2025
NAME OF PROVIDER OR SUPPLIER Saint Helens Post Acute		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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)		

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review it was determined the facility failed to implement airborne precautions for 1 of 3 sampled residents (#1) reviewed for infection control. This placed residents at risk for exposure to infection. Findings include: Resident 1 was admitted to the facility in 11/2025 with diagnoses including cerebral infarction (blockage of blood flow to the brain). On 11/12/25 at 2:48 PM a physician order indicated to test Resident 1 for the presence of tuberculosis (TB). Review of the 11/2025 TAR revealed Resident 1 received a TB test on 11/13/25 at 3:31 AM. An 11/14/25 cognitive assessment determined Resident 1 had normal cognitive function. An 11/15/25 at 7:24 AM progress note from Staff 10 (LPN) reported a chest x-ray was ordered for Resident 1 to rule out TB. A 11/15/25 physician order indicated Resident 1 was to be placed on airborne precautions. On 11/15/25 at 3:54 PM an orders - administration note from Staff 9 (LPN) stated Resident 1's TB test site showed an abnormality and an x-ray was ordered. The note also stated N95 masks were recommended to be worn when in Resident 1's room. Review of the 11/2025 Physical Therapy Treatment Encounter Notes revealed Resident 1 participated in therapy in communal spaces on 11/17/25, 11/18/25 and 11/19/25. Records included participation in a group therapy session on 11/19/25 with three other residents. On 11/19/25 at 10:59 AM, Resident 1's medical records were reviewed and no results for the chest x-ray were found. On 11/19/25 at 11:05 AM a handwritten sign was observed on Resident 1's door which indicated to use airborne precautions and to wear a N95 mask. Two additional residents were observed residing in Resident 1's room. The door to Resident 1's room was also observed to be open. A progress note from 11/19/25 at 11:19 AM from Staff 3 (RNCM) stated Resident 1's x-ray results were just received and Resident 1 was no longer on airborne precautions. On 11/19/25 at 11:39 AM Staff 8 (CNA) stated he worked with Resident 1 since the start of his shift at 6:00 AM on 11/19/25. Staff 8 stated Resident 1 walked to the scale in a communal area of the facility and participated in therapy in the gym that morning. Staff 8 stated he was not aware of any specialized infection control practices which were to be followed when providing care for Resident 1 or when entering Resident 1's shared room to assist other residents. On 11/19/25 at 11:44 AM Staff 4 (Director of Rehabilitation) reported Resident 1 participated in physical therapy sessions in the therapy gym and other communal spaces on 11/17/25, 11/18/25 and 11/19/25 without wearing a mask. Therapy records were provided at that time which revealed Resident 1 participated in therapy sessions in communal spaces as well as in a group therapy session on 11/19/25 at 9:55 AM. On 11/19/25 at 1:12 PM Staff 7 (CNA) stated she worked on 11/15/25 and 11/16/25 and observed Resident 1 out of her/his room without any PPE, walking with staff to the scale. Staff 7 stated she also observed the door to Resident 1's shared room to be open the majority of the time and staff entered Resident 1's room without any PPE. On 11/19/25 at 1:22 PM Staff 5 (LPN) stated she worked with Resident 1 during the morning on 11/19/25 and entered the room without any PPE. On 11/19/25 at 1:30 PM Staff 6 (CNA) stated she observed the handwritten airborne precaution sign on Resident 1's door on 11/17/25 but observed multiple staff entering Resident 1's room on that date without wearing any PPE. On 11/19/25 at 2:14 PM Staff 2 (DNS) confirmed the handwritten sign placed on Resident 1's door on 11/15/25 included the type of precautions and what PPE was to be worn anytime a staff member entered Resident 1's room, but did not include full airborne precaution instructions. Staff 2 stated airborne precautions included sanitizing hands, wearing an N95 respirator, and keeping the door closed started. Staff 2 stated the precautions were to be in place until Resident 1's chest x-ray results were received on 11/19/25. Staff 2 confirmed staff were to follow the precautions any time they entered Resident 1's room. On 11/20/25 at 12:02 PM Resident 1 stated staff did not consistently wear PPE when assisting her/him since 11/15/25. Resident 1 stated she/he participated in therapy outside of her/his room on 11/17/25, 11/18/25, and 11/19/25. Resident 1 stated she/he did not wear PPE, and was not instructed to wear any PPE or to sanitize her/his hands, when outside of her/his room or during therapy sessions.</p>		