

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Evan Terrace Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 421 SE Evans Street McMinnville, OR 97128	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48830</p> <p>Based on interview and record review it was determined the facility failed to ensure physician orders related to diabetic management were followed for 1 of 3 sampled residents (#9) reviewed for physician orders. This placed residents at risk for diabetic complications. Findings include:</p> <p>Resident 9 was admitted to the facility on ,d+[DATE] with diagnoses including diabetes and UTI.</p> <p>The 2/19/25 physician progress note indicated a new order to check Resident 9's CBG every morning, at bedtime and as needed for signs of hypoglycemia (low blood sugar) or hyperglycemia (abnormally high blood sugar).</p> <p>The 2/26/25 physician progress note indicated the 2/19/25 physician orders were not implemented.</p> <p>A review of the 2/2025 diabetic administration record revealed on 2/26/25 the physician order to check Resident 9's CBG every morning, at bedtime and as needed was implemented, seven days after the initial physician order.</p> <p>On 3/4/25 at 10:55 AM Staff 2 (DNS) acknowledged the 2/19/25 physician order to check Resident 9's CBG was not implemented timely.</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
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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34324</p> <p>Based on interview and record review it was determined the facility failed to provide rehabilitation services for 1 of 3 sampled residents (#3) reviewed for rehabilitation services. This placed residents at risk for declined mobility and lack of quality of life. Findings include:</p> <p>Resident 3 admitted to the facility on [DATE] and discharged on [DATE] with diagnoses including multiple fractures.</p> <p>Review of Resident 12/24/24 Physical Therapy Evaluation indicated Resident 3 was to receive physical therapy five times a week for 8 weeks.</p> <p>Review of Resident 3's 12/2024 and 1/2025 therapy Service Log Matrix indicated the following:</p> <ul style="list-style-type: none"> - physical therapy was provided on 12/24/24, 12/28/24, 12/30/24, 12/31/24, 1/3/25 and 1/6/25 (seven sessions). - physical therapy was not provided on 12/25/24, 12/26/25, 12/27/24 and 1/1/25 (four sessions). <p>On 12/31/24 a concern was reported that Resident 3 did not receive physical therapy as ordered.</p> <p>On 3/4/25 at 8:51 AM Staff 9 (Physical Therapist) stated there were therapy staffing issues in 12/2024 and 1/2025. Staff 9 stated was the only PT for a period of time and was not able to provide therapy to residents, including Resident 3. Staff 9 acknowledged Resident 3 missed therapy sessions for the dates identified and the resident did not receive physical therapy five times a week as ordered.</p> <p>On 3/4/25 at 10:40 AM Staff 2 (DNS) acknowledged Resident 3 did not receive therapy as ordered.</p>		