

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 03/16/2026
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident's indwelling urinary catheter had a clinical indication for use for 1 of 3 sampled residents (#8) reviewed for indwelling catheter use. This placed residents at risk for infection. Findings include: Resident 8 admitted to the facility in 8/2025 with diagnoses including schizophrenia. Resident 8's 8/8/25 admission Evaluation indicated Resident 8 had an indwelling urinary catheter. Resident 8's admission Orders did not include an order for a urinary catheter. Review of Resident 8's clinical record found no documented evidence for a clinical indication for the use of an indwelling urinary catheter. On 3/16/26 at 9:16 AM, Staff 5 (LPN/RCM) verified Resident 8 was admitted with an indwelling urinary catheter with no indication for its use.</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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