

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2024
NAME OF PROVIDER OR SUPPLIER Nehalem Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 280 Rowe Street Wheeler, OR 97147	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41453</p> <p>Based on interview and record review it was determined the facility failed to use the services of a registered nurse for at least eight consecutive hours a day for 41 out of 99 days reviewed for staffing. This placed residents at risk for unmet assessment needs. Findings include:</p> <p>1. A review of the Direct Care Staff Daily Reports dated 8/1/24 through 11/7/24 revealed there were 41 days without eight consecutive hours of registered nurse coverage in a 24-hour period. The identified dates included:</p> <p>- 8/12/24, 8/19/24, 8/20/24, 8/21/24, 8/22/24, 8/23/24, 8/26/24, 8/27/24, 8/28/24.</p> <p>- 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/6/24, 9/8/24, 9/13/24, 9/14/24, 9/16/24, 9/17/24, 9/18/24, 9/25/24, 9/26/24, 9/27/24.</p> <p>- 10/7/24, 10/9/24, 10/10/24, 10/11/24, 10/15/24, 10/17/24, 10/18/24, 10/19/24, 10/20/24, 10/21/24, 10/25/24, 10/26/24, 10/27/24, 10/28/24, 10/31/24.</p> <p>- 11/1/24, 11/3/24, 11/5/24.</p> <p>On 10/29/24 at 10:03 AM Staff 1 (Administrator) confirmed the identified days were missing RN coverage.</p> <p>2. Based on observation and interview it was determined the facility failed to designate a registered nurse to serve as the director of nursing on a full time basis for 1 of 1 facility reviewed for nurse staffing. This placed residents at risk for lack of nursing oversight. Findings include:</p> <p>During the survey conducted from 11/7/24 through 11/12/24, no DNS was observed in the facility.</p> <p>On 11/7/24 at 9:15 AM Staff 2 (CNA) stated it had been 2-3 months since the last DNS was in the building. Staff 2 stated everything felt more chaotic.</p> <p>On 11/7/24 at 9:25 AM Staff 3 (CNA) stated it had been 3-4 months since the last DNS was in the building. Staff 3 stated it was difficult to know who was in charge and staff didn't have a higher up to go to when there was a problem.</p> <p>(continued on next page)</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interviews with Staff 2 (CNA), Staff 3 (CNA), Staff 4 (CNA), Staff 5 (CNA), Staff 7 (LPN), Staff 8 (CNA), and Staff 9 (CNA) from 11/7/24 through 11/12/24 the staff reported the previous DNS left in October of 2024 and there was no full-time DNS in the facility since that time. The staff reported Staff 10 (RN Consultant) was designated as the DNS, but she did not work in the facility. Staff 8 stated it was rough not having a DNS. Staff 4 stated there was no one to go to for clinical questions.</p> <p>On 11/12/24 at 11:00 AM Staff 12 (Therapy Staff Member) stated the facility struggled with higher level recommendations for clinical needs and concerns. Staff 12 stated resident information was provided to the charge nurses, but it was clear they didn't always know what to do with the information.</p> <p>On 11/12/24 at 11:35 AM Staff 1 (Administrator) confirmed Staff 10 was working remotely as the DNS. Staff 1 confirmed there was no full time RN serving as Director of Nursing in the facility.</p>		