

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Myrtle Point Rehabilitation & Care		STREET ADDRESS, CITY, STATE, ZIP CODE 637 Ash Street Myrtle Point, OR 97458	

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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>34703</p> <p>Based on interview and record review it was determined the facility failed to timely obtain radiology services for 1 of 3 sampled residents (#300) reviewed for specialized medical appointments. This placed residents at risk for lack of radiology services. Findings include:</p> <p>A public complaint was received on 9/17/24 which alleged Resident 300 did not receive a timely radiology appointment.</p> <p>Resident 300 admitted to the facility in 9/2023 with diagnoses including spinal stenosis (narrowing of the spinal canal).</p> <p>On 9/19/24 at 11:28 AM Witness 1 (Complainant) stated Resident 300 had an order for a MRI (medical imaging used to take pictures of the body) for her/his left knee on 6/19/24, but the resident was not seen until 9/11/24 due to inaccurate facility documentation including no physician signature on the order, and what imaging the resident was to receive. Witness 1 stated the facility was called numerous times to update the order and add the physician signature, but there was lack of communication by the facility and the radiology appointment was delayed until 9/11/24.</p> <p>A 6/19/24 physician order indicated the resident was to receive an appointment for a MRI.</p> <p>On 9/19/24 at 2:04 PM Staff 9 (Social Service Director) acknowledged Resident 300's physician order for radiology services was not addressed timely, and was delayed by approximately three months.</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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