

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 04/10/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review it was determined the facility failed to ensure dignity was maintained for 1 of 1 sampled resident (#1) reviewed for dignity. This placed residents at risk for lack of dignity. Findings include: Resident 1 was admitted to the facility in 4/2024 with diagnoses including stroke and a fractured femur (thigh bone). A 1/12/26 Significant Change MDS and associated CAAS indicated Resident 1 had a BIMS assessment score of 10 (moderately impaired cognition), exhibited poor safety awareness, and required assistance by one staff for toileting transfers. A 4/4/26 Alleged Abuse indicated Staff 9 (LPN) directed Staff 6 (CNA) to assist Resident 1 with her/his urinal in bed. The report indicated Staff instructed Resident 1 to urinate in her/his brief because she/he continued to try and stand. A 4/5/26 statement by Staff 6 indicated she was only able to yell at Resident 1 because she/he was hard of hearing. Staff 6 acknowledged she told Resident 1 to urinate in her/his brief. On 4/9/26 at 7:30 PM, Staff 17 (CNA) stated she worked with Staff 6 on 4/4/26 and heard Resident 1 yell for help to use the bathroom. Staff 17 stated she reported to Staff 9 about Staff 6's anger towards Resident 1 during the shift. On 4/9/26 at 8:00 PM, Staff 6 stated she believed Resident 1 was not medicated properly and required one on one care due to her/his impulsiveness. Staff 6 stated she did not identify any issues between herself and Resident 1. On 4/10/26 at 8:44 PM, Staff 9 stated she told Staff 6 to be patient with Resident 1 due to Staff 6's frustration and confirmed the care for Resident 1 was manageable with one staff. On 4/10/26 at 9:01 AM, Resident 1 was interviewed about the incident on 4/4/26, and did not recall the event. On 4/10/26 at 4:04 PM, Staff 2 (DNS) stated Staff 6 provided her own statement of admission to inappropriate actions. Staff 2 acknowledged it was unacceptable to instruct a resident to use her/his brief than provide assistance with toileting. Staff 2 stated she expected resident concerns to be addressed immediately.</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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