PRINTED: 05/29/2024 FORM APPROVED OMB NO. 0938-0391

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---|------|---|-------------------------------|----------------------------|
| | | 384008 | B. WING | | | | C / 06/2024 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STRE | EET ADDRESS, CITY, STATE, ZIP CODE | 1 03/ | 00/2024 |
| | | | | | CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | | EM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 000 | INITIAL COMMENTS | 3 | А | 000 | | | |
| | campus for complain The survey was initial concluded with an ex The survey also includescribed in this repo Medicare certified sa City, Oregon. The Os approximately 65 miliminutes drive time, fr campus. The hospital was eva the applicable require hospital Conditions of CFR 482.12 - CoP: CFR 482.13 - CoP: CFR 482.23 - CoP: CFR 482.60 - CoP: Psychiatric Hospitals On 04/19/2024 the hoand OHA an incident that involved Patient upon entry to the hos condition was not as After transport by w/o inpatient unit Patient were found to be with efforts, initiated by ho EMS staff who were not successful and the | Federal complaint at the OSH-Salem main ts OR49910 and OR49922. ated on 04/24/2024 and att conference on 05/06/2024. Ided virtual observations, as ort, of OSH's off-campus, tellite located in Junction SH-Junction City campus is es, and one hour and 15 rom the OSH-Salem main Iduated for compliance with ements of the following of Participation (CoPs): Governing Body Patient's Rights Nursing Services Special Provisions for Ospital self-reported to CMS that occurred on 04/18/2024 1. The hospital reported that epital's AD, Patient 1's sessed, including vital signs. The though the hospital to the 1 had been assigned to they rout a pulse. Resuscitation ospital staff and continued by called to the hospital, were the patient was pronounced | | | | | |
| | | t unit ~ 69 minutes after . Prior to the start of this SA | | | | | |
| LABORATORY | DIRECTOR'S OR PROVIDER/ | SUPPLIER REPRESENTATIVE'S SIGNATUR | <u> </u> RE | | TITLE | | (X6) DATE |

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

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.

Facility ID: 384008

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| | | 384008 | B. WING _ | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | NCT PART | | STREET ADDRESS, CITY, STATE, ZIP CO 2600 CENTER STREET NE SALEM, OR 97301 | | 33/03/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | ON SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| A 000 | investigation and take patients would have signs by an AD RN upossibility that a simi internal investigation corrective actions we the survey the SA su actions alone were repotential serious advipatients. The medical equipment in the AD that they were scatte locations, some in other inpatient units. The fathose supplies and elimely and efficient mishould patients who at the action of video and to have a medical emisurvey actions were survey team findings. * On Friday, 04/26/20 SA survey team met to review survey finding of video action in the supprocesses and staff remergencies that creincident to recur and under Tag A-144 of the through 21.c. A draft was initiated. * On 04/26/2024 at be survey team and Surfinalized the draft IJ to the control of the control | spital had initiated an internal en action to ensure that all a brief assessment and vital pon arrival to mitigate the lar event could recur while its continued and further re planned. However, during recy team found that those of sufficient to prevent erse outcomes to other I emergency supplies and were disorganized, including red in at least four different her departments and ailure to properly manage quipment did not ensure a hedical emergency response earrive to the AD be identified theregency. The following taken as result of the SA: 124 beginning at ~ 1130, the with the SA Survey Manager rings for potential IJ. Review interviews, and record review rivey reflected gaps in | AO | | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | 05/ | 06/2024 |
| NAME OF PR | ROVIDER OR SUPPLIER | | • | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | | 2600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTII | NCI PARI | | | SALEM, OR 97301 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PREFIX TAG | • | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFI TAG | | (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | COMPLETION DATE |
| A 000 | Continued From page | 2 | Α | 000 | | | |
| | . • | regarding removal of the IJ. | ' | 000 | | | |
| | | 1040 the hospital submitted | | | | | |
| | its IJ Removal Plan. | 1040 the hospital submitted | | | | | |
| | - | 1115 the survey team | | | | | |
| | | oval Plan and determined it | | | | | |
| | could not be approved | d as written. | | | | | |
| | | 1515 the survey team | | | | | |
| | provided the hospital | feedback regarding the IJ | | | | | |
| | Removal Plan. | | | | | | |
| | | 0910 the hospital submitted | | | | | |
| | | Plan which outlined actions | | | | | |
| | that included, but was | | | | | | |
| | * On the OSH-Salem | | | | | | |
| | | tions of the emergency | | | | | |
| | | ent, including code blue | | | | | |
| | emergency equipment machine, Narcan, and | | | | | | |
| | | cy Cart. The cart will be | | | | | |
| | | ne AD. The hospital updated | | | | | |
| | | e of the door to the room to | | | | | |
| | _ | ecation of the Admissions | | | | | |
| | Emergency Cart. | | | | | | |
| | * On the OSH-JC can | npus, the hospital | | | | | |
| | | tions of the emergency | | | | | |
| | supplies and equipme | ent, including AED, suction | | | | | |
| | machine, Narcan, and | | | | | | |
| | | cy Cart. The cart will be | | | | | |
| | | ne Admissions area. The | | | | | |
| | | ign outside the door to the | | | | | |
| | | he location of the cart. | | | | | |
| | • | d an inventory list of the | | | | | |
| | | equipment at each campus e Admissions Emergency | | | | | |
| | Carts. | e Admissions Emergency | | | | | |
| | | e OSH-Salem campus were | | | | | |
| | | ne updated location and | | | | | |
| | | ssion Emergency Cart and | | | | | |
| | confirmed in writing th | | | | | | |
| | understood this inform | - | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED |
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| | | 384008 | B. WING _ | | | C 05/06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | NCT PART | | STREET ADDRESS, CITY, STATE, ZIE 2600 CENTER STREET NE SALEM, OR 97301 | PCODE | 03/00/2024 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | CTION SHOULD BE O THE APPROPRIA | DATE |
| A 000 | OSH-JC campus will updated location and Emergency Cart. No new patients until the attestation. * Admissions Emerge be reviewed at both or required medical equivalence are in good their expiration date, the location of emergence and accurate. * The IJ removal plant date/time of 05/02/20 to be acceptable by the Manager. * On 05/01/2024 at ~ Removal Plan with an of 05/02/2024 at 12:0 approved by the surve Manager. * On 05/01/2024 at ~ informed that the IJ Feron of the the the surve of the them is the surve of the them is the survey of the su | admit new patients on the be notified in writing of inventory of the Admissions nurse will be able to admit by have completed an ency Cart Inventory Lists will campuses to ensure all sipment are on the carts, all working order and within and that the signs indicating lency equipment are intact in with a full implementation at 1200 was determined the survey team and Survey 1000 the revised IJ implementation date/time and survey 1000 the revised IJ implementation date/time and survey 1035 the hospital was Removal Plan was approved. 1230 the survey team need, onsite IJ removal verified that the actions roved IJ Removal Plan had the survey team conferred ager regarding the | A | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED |
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| A 000 | CoPs were identified * CFR 482.12 - CoP: * CFR 482.13 - CoP: * CFR 482.23 - CoP: * CFR 482.60 - CoP: Psychiatric Hospitals This report was revis request. Revised tex * Hospital department units referenced throunds: AD - Admissions Department and the company of | stantiated and siencies under the following Patient's Rights Nursing Services Special Provisions for ed on 05/28/2024 per CMS tis in bold font. state & hospital level-of-care ughout this report may bartment chors 1, 2, 3 units @ 1, 3 units @ OSH-Salem ountain 1, 2, 3 units @ enced throughout this report sistant Attorney General epartment Manager perations Manager perations Manager perations Manager perations Manager operations Manager operations coine on interpolations coine of the following and Development in the following size of th | AO | | | |
| | CNO - Chief Nursing | Officer arning and Development | | | | |

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| OREGON | STATE HOSPITAL DISTII | NCT PART | | 2 | 2600 CENTER STREET NE | | |
| OKLOON | STATE HOSPITAL DISTR | NOTFART | | , | SALEM, OR 97301 | | |
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| 7 000 | | | A | 000 |) | | |
| | DOS - Director of Security | | | | | | |
| | DS - Deputy Superint | | | | | | |
| | | ndards and Compliance | | | | | |
| | DQM - Director of Qu | | | | | | |
| | | nse Systems Investigator | | | | | |
| | | City Campus Administrator | | | | | |
| | LPN - Licensed Pract | | | | | | |
| | MD - medical doctor, | | | | | | |
| | MHST - Mental Health | | | | | | |
| | MHT - Mental Health | | | | | | |
| | MHT2 - Mental Health MHTT - Mental Health | | | | | | |
| | NM - Nurse Manager | | | | | | |
| | NP - Nurse Practition | | | | | | |
| | OBC - Onboarding Co | | | | | | |
| | OS2 - Office Specialis | | | | | | |
| | | ntendent, Administrator OSH | | | | | |
| | PD - Program Directo | | | | | | |
| | PMHNP - Psychiatric | | | | | | |
| | Practitioner | | | | | | |
| | PNM - Program Nurs | e Manager | | | | | |
| | POD - Psychiatrist Or | | | | | | |
| | RN - Registered Nurs | • | | | | | |
| | SOS - Security Opera | | | | | | |
| | SS - Security Staff | · | | | | | |
| | TMHA - Transporting | Mental Health Aid | | | | | |
| | | ******* | | | | | |
| | | cronyms used throughout | | | | | |
| | this report may includ | e: | | | | | |
| | & - and | | | | | | |
| | ~ - approximately | | | | | | |
| | @ - at | | | | | | |
| | = - greater than or eq | ual to | | | | | |
| | # - number | | | | | | |
| | + - plus | | | | | | |
| | x - times | | | | | | |
| | x1 - one time | | | | | | |
| | ADC - Automated Dis | spensing Cabinet | | | | | |

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| | | 204000 | B. WING | | | | |
| | | 384008 | D. WING | | | 05/ | 06/2024 |
| | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTI | NCI PARI | | , | SALEM, OR 97301 | | |
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| ,,,,,, | | | | 000 | | | |
| | AED - Automated Ext | | | | | | |
| | approx - approximate | - | | | | | |
| | AR - Admitting Room | | | | | | |
| | CEO - Chief Executiv | | | | | | |
| | CFR - Code of Feder | _ | | | | | |
| | CIR - Critical Incident | | | | | | |
| | CMS - Federal Cente | ers for Medicare and | | | | | |
| | Medicaid Services | (-) | | | | | |
| | comm - communication | ` ' | | | | | |
| | CoP - Condition of Participation CPR - Cardiopulmonary Resuscitation | | | | | | |
| | | | | | | | |
| | DC - Douglas County | ment of Human Services | | | | | |
| | DOJ - Oregon Depart | | | | | | |
| | e.g for example | inent of Justice | | | | | |
| | ED - Emergency Dep | vartmant | | | | | |
| | E-Kit - Emergency Ki | | | | | | |
| | | | | | | | |
| | | specific medications that are in emergency situations. | | | | | |
| | | cy Medical Technician | | | | | |
| | EOC - Environment of | - | | | | | |
| | Epi - Epinephrine | or Care | | | | | |
| | Eval - Evaluation | | | | | | |
| | ExLg - Extra Large | | | | | | |
| | H&P - History and Ph | nveical | | | | | |
| | HCP - Health Care P | | | | | | |
| | | Regulation and Quality | | | | ĺ | |
| | Improvement | Regulation and Quality | | | | | |
| | HFA - Hydrofluoroalk | rane | | | | ĺ | |
| | HR - Human Resource | | | | | | |
| | IDT - Interdisciplinary | | | | | ĺ | |
| | IJ - Immediate Jeopa | | | | | | |
| | IP - in-patient | .ay | | | | ĺ | |
| | JC - Junction City | | | | | ĺ | |
| | Lf Left | | | | | ĺ | |
| | Lg - Large | | | | | ĺ | |
| | LIP - Licensed Indepe | endent Practitioner | | | | ĺ | |
| | M-F - Monday throug | | | | | ĺ | |
| | mcg - microgram | птпа | | | | | |
| | mog - miorogram | | | | | | |

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| | | 384008 | B. WING | | | 05/ | 06/2024 |
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| OPECON | STATE HOSPITAL DISTII | NCT DART | | 2 | 2600 CENTER STREET NE | | |
| OKEGON | STATE HOSPITAL DISTIL | NCI FARI | | 5 | SALEM, OR 97301 | | |
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| A 000 | OSH - Oregon State I OSH-JC - Oregon State In Junction City, Oregon State In Junction City, Oregon State In Junction City, Oregon State In Junction Salem, Oregon State In Junction Salem, Oregon State In OTIS - DHS/OHA Offi and Safety P&P, PP - policy(ies) PET - Program Execut PHD - OHA Public Help PRN - as needed p.s.i pounds per squipt, pt - patient r/t - related to RCA - Root Cause Art RCM - Rounds, Censim - room Rt - Right S&C - Standards and SA - The CMS design responsible for enforce hospital regulations. It Health Division office and Quality Improvem Health Authority. Sally Port - Secure consister in Junctic In Sally Port | istrative Rule Authority Quality Management Hospital ate Hospital satellite campus ion State Hospital main egon Police ice of Training, Investigation and procedure(s) ative Team ealth Division uare inch calth Division compliance stated State Agency cement of the Federal in Oregon that is the Public of Health Care Regulation ment within the Oregon controlled building entry cts the language, spelling or | A | 000 | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IPLE CONSTRUCTION NG | ľ | (X3) DATE SURVEY COMPLETED | | |
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| A 000 | Continued From page document. SOM - CMS State Op SSM - w/c - wheelchair Y - Yes | | AC | 000 | | | | |
| A 043 | legally responsible fo If a hospital does not governing body, the p for the conduct of the | ective governing body that is r the conduct of the hospital. have an organized persons legally responsible hospital must carry out the this part that pertain to the | AC | 043 | | | | |
| | This CONDITION is *********************************** | s, review of incident and nentation for 1 of 1 patient 4 of 4 AD staff training and 4), review of OSH documentation, review of upplies and equipment w of medical emergency tion, review of training eview of P&Ps and it was determined that the to ensure the provision of care to patients in the that the that the that the that complied with all | | | | | | |
| | | of these systemic failures tion-level deficiency that | | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| A 043 | represents a limited of hospital to provide sat Findings include: 1. Refer to the finding at Tag A-093, CFR 44 Emergency Services hospitals that do not emergency services must develop and may evaluation of emergereferral when appropreflect that the hospit implement P&Ps and and appropriate asset individuals anywhere signs of a potential may A-093.) 2. Refer to the finding 482.13 - CoP: Patienthospital failed to fully P&Ps that ensured ecare in a safe setting ensure appropriate provisions for respondered an unsafe E0 harm and death of or likelihood of harm to 3. Refer to the finding 482.23 - CoP: Nursin hospital failed to fully P&Ps that ensured the by ongoing RN asset nursing and emerger | capacity on the part of the afe and adequate care. gs cited under this Condition 32.12(f)(2) - Standard: This Standard applies to have a dedicated, organized department and therefore aintain written P&Ps for incies, initial treatment, and riate. The findings cited al failed to fully develop and systems to ensure timely essment and response to on campus who exhibited inedical emergency (Tag gs cited at Tag A-115, CFR it's Rights, that reflects the develop and implement ach patient's right to receive. The hospital's failures to atient assessment and se to medical emergencies DC that likely contributed to be patient and created the other patients (Tag A-144). In gs cited at Tag A-385, CFR is g Services, that reflects the develop and implement in the patient needs were met is sment and response to the acy care needs of the patient epartment (Tag A-392). | A 04: | | | |

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| | ROVIDER OR SUPPLIER | NCT PART | | 2 | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | <u> </u> | 00/2024 |
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| A 043 | 482.60 - CoP: Special Hospitals, that reflect comply with all CoPs through 482.23 and Cas the following CoPs of compliance (Tag A-* CFR 482.12 - CoP: * CFR 482.13 - CoP: * CFR 482.23 - CoP: | Is cited at Tag A-1600, CFR I Provisions for Psychiatric s the hospital failed to specified in CFRs 482.1 CFRs 482.25 through 482.57 s were determined to be out -1605): Governing Body Patient's Rights | A | 043 | | | |
| A 093 | hospital, the governin medical staff has writt for appraisal of emergand referral when appraisal of emergand referral when appraisal of emergand referral when appraisal statements. Based on observation recordings, interviews medical record docum (Patient 1), review of records (RNs 1, 2, 3, internal investigation medical emergency s documentation, review response documentation, and response | s are not provided at the g body must assure that the ten policies and procedures gencies, initial treatment, propriate. | A | 093 | | | |
| | | y provisions for response to anywhere on campus, at | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE |
| A 093 | were determined to be appropriate and time condition and identification and identificatio | ent, included: D and inpatient RN staff De qualified to conduct ely assessment of patient cation of the need for | AO | 93 | | |
| | 1. The findings that if failed to ensure that Patient 1's condition emergency response unresponsive conditi evident upon arrival first observed the patransport vehicle the patient's eyes open it detectable movement the time they were true transport vehicle accompanied the para AD to the inpatient upon the transport and entinpatient room. RNs to respond timely to | collow reflect that the hospital RN staff promptly assessed and initiated medical abased on the patient's on that was immediately to the hospital. When AD RN tient in the law enforcement y stated they saw the oriefly. That was the only at the patient made between ansferred from the back of until another RN who had tient for transport from the nit checked for a pulse after try into the patient's assigned and other hospital staff failed the patient's unresponsive lition in the manner in which | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| | 384008 | B. WING | | | | 06/ 2024 |
| NAME OF PROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | 05/ | 06/2024 |
| | | | | 600 CENTER STREET NE | | |
| OREGON STATE HOSPITAL DISTIN | ICT PART | | S | ALEM, OR 97301 | | |
| PREFIX (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| with BLS CPR training individual who exhibite condition be observed or in the community. T patient in the AD and e failed to request the predetermine whether the condition was behavior transporters claimed, we medical emergency region in the inpatient unit, the conducted in an organ manner. Further, survey medical emergency surpatient 1 was initially corganized or managed Refer to Tag A-144 for regarding Patient 1's eathat resulted in identified. 2.a. A document titled Management" was reversely following information: * "Incident Nature: Ser Patient Death" * "Date/Time of Incidents "At approx. 1047 hrs admissions Douglas Community with [Patient 1] Staff arrived and the covehicle entered a Sally 1054 hrs. Deputies tole would need a wheelch 'catatonic' and at times. This was reported to how nursing staff as normal [Patient 1] was transfer. | Int layperson, or a person I, would do should an Id the same signs and I elsewhere in the hospital I he RNs responsible for the I en route to the inpatient unit I resence of a physician to I patient's unresponsive I all all all all all all all I ersponse had been initiated I er response was not I ized and coordinated I ersponse was not I ized and coordinated I included that I included the I included informed I included i | A | 093 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | |
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| | | 384008 | B. WING | | | C 5/06/2024 |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CO 2600 CENTER STREET NE | • | 5/06/2024 |
| OREGON | STATE HOSPITAL DI | STINCT PART | | SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICI | Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE |
| A 093 | [Patient 1's] eyes response to light has response to light has made and in approximately 110 called to the admirphotographing [Patients of the color | reported [they] observed open and close, possibly in nitting [Patient 1's] eyes. [Patient to OSH admissions at 12 hrs. Additional staff were ssions area and assisted in atient 1] for identification. cansport restraints were tient 1] and [they were] taken, Lighthouse 1 by OSH Staff. is [Patient 1] was noted as not own accord and staff held the up with a blanket so [their] feet the floor. Staff and the patient at approx. 1107hrs. where the directly to a patient room. As ing transferred to the bed an eck the patient for a pulse and al rubs were done with no ditional checks found no pulse. A tiated and additional staff wing procedures were ing the use of CPR and an AED. In phrine were administered and Paramedics arrived at approx. Over life saving efforts. [Patient indicated and epinephrine tient 1's medical record attry General Note written by 0 and dated and timed in the Iterature of the Narcan indicated in | AC | 93 | | |

PRINTED: 05/29/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING _ | _ | | 05/ | 06/2024 |
| NAME OF PR | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| OBECON | CTATE LICEDITAL DISTIL | NCT DART | | | 2600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTII | NCI PARI | | | SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 093 | Continued From page epinephrine. Patient of spontaneous circulating start of the code, and pronounced dead by 3.a. During interview RN 4, they stated they August 2023. RN 4 prinformation regarding A "Douglas County" Sally Port 8 drive-in gother patient would nee they had not been about themselves and had be fish." The deputies state baseline. * RN 4 stated they go patient and went to the security staff. The patient wan, "opened their RN 4 introduced them deputies told the patient van]" and the patient stated "I thought [the cooperative" and asker RN 4 stated 5-6 secu gave the patient a few van and when they dipatient to the wheelch deputies held the patient wheeled the patient be the AR. * RN 4 stated in the Apatient for [their] ID" a would be OK to remove because they had new | did not achieve return of on at any point following the patient was eventually EMS at 1156 on 4/18/24." on 04/24/2024 at 1105 with y had worked in AD since rovided the following Patient 1: transport van pulled into arage. The deputies said d a wheelchair because let to get into the van been "flopping around like a lated that was the patient's of a wheelchair for the let back of the van with a litent, who was in the back of reyes and moved a little". Inselves to the patient. The lent, "We'll get you out [of the closed their eyes. RN 4 patient was] not being led for more security staff. If rity staff came. The deputies of minutes to get out of the donot, the deputies lifted the lent. RN 4 stated the lent's legs up while they lackwards from the van into lack. "We got a photo of the lend the deputies said it." | A | | DEFICIENCY) | TE | DATE |
| | | d up and "kept [their] eyes the patient was slouched | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | A. BUILDING B. WING PROVIDER OR SUPPLIER N STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | | , | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | CY MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO | JLD BE COMPLETION | |
| A 093 | with their head to one like a normal person * RN 4 stated "typica and ask about a counthey did not check the any other vital signs they had a cough. We patient was breathing observe any chest rist the surveyor's follow indications of oxyger skin color and appears tated that the patient dry skin, and I didn't * RN 4, a unit nurse, patient in the wheeled of the security staff liblanket so their legs got to the patient's roand 2 security staff liblanket so their legs got to the patient's roand 2 security staff liblanket, so I checked checked a sternal rulhad no pulse and was called a code blue. 3.b. Incident docume 4, dated 04/18/2024 "Access control called phone at around 10:2 County was waiting the admission. Douglas and gratient 26] who was and [Patient 1] was sand [Patient 1] was sand sale and sale and sale and sale and sale and gratient 1] was sale and | e side, and "not holding it up holds their head." Illy we take a temperature gh" in the AR. RN 4 stated e patient's temperature or and did not ask the patient if then RN 4 was asked if the g, they stated, "I didn't se and fall." In response to eup question in regard to nation such as the patient's trance, RN 4 additionally at "was African American, had notice anything abnormal." and security staff pushed the hair from the AR to LH1. One | A 093 | 3 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | | |
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| | | 384008 | B. WING _ | | | I | 06/ 2024 |
| NAME OF PI | ROVIDER OR SUPPLIER | l | | STREET ADDRESS, CITY, STATE, ZIP CO | ODE | 1 00/ | 00/2024 |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | 2600 CENTER STREET NE SALEM, OR 97301 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BI HE APPROPRIA | | (X5) COMPLETION DATE |
| A 093 | outside Sally Port 9 to officers to find out how [RN 3] came back that reported to me ([RN 4] officers said [Patient] because [the patient] is 'catatonic'. After season Douglas county pure unit staff showed up to assigned to admit [Pa 26] and introduced the pt was taken to FW3. LH1 ([RN 13] along wheat. I was assigned done [their] pre-admit nurse to nurse with the standing in the admiss Port 8 then reported the stand up, [they're] can wheelchair'. RN asked stand at all?', and del wheelchair and a bla RN. [MHST 18] was the with admissions for 4 were opened by accession with admissions for 4 were opened up to the back of the van wheelchair and the back of the van wheelchair | RN 3] admissions RN, went o talk to the Douglas county when the pts were doing. When ough Sally Port 9, [they] 14] Admissions RN) that the 17] will need a 'wheelchair' 'flops around like a fish' and cure transport left Sally Port lled into Sally Port 8. FW3 first, and [RN 3] who was attent 26] brought in [Patient em to the FW3 staff and that [Patient 1's] unit staff from with unit MHT) showed up to admit [Patient 1] as I had a note in avatar as well as a nee jail RN. The deputy sions area adjacent to Sally to me, '[Patient 1] won't tatonic. [They'll] need a d the deputy '[They] won't | AC | 093 | | | |
| | make any movement | ew seconds but pt did not s or indication that [they . Deputies then assisted pt | | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| | | 384008 | B. WING | | | 1 | 06/2024 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 00/ | 00/2024 |
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| OREGON | STATE HOSPITAL DIST | INCT PART | | | SALEM, OR 97301 | | |
| (X4) ID | SUMMARY S | TATEMENT OF DEFICIENCIES | ID | | PROVIDER'S PLAN OF CORRECTION | | (X5) |
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| A 093 | Continued From pag | ne 17 | A | 093 | 3 | | |
| | | ted the pt into the wheelchair. | | | | | |
| | | selves] to [Patient 1] and | | | | | |
| | | at the hospital but pt did not | | | | | |
| | | for pt to lift [their] legs, so | | | | | |
| | | eled, but [Patient 1] did not lift | | | | | |
| | | outies each lifted one of the | | | | | |
| | | leg so [the patient's] heels | | | | | |
| | | ng, and this RN wheeled | | | | | |
| | | s into the adjacent admitting | | | | | |
| | room connected to S | Sally Port 8. [MHST 18] had | | | | | |
| | called for additional | | | | | | |
| | | present in the admitting area. | | | | | |
| | | d of [the patient] for [their] ID | | | | | |
| | | ut [they] did not open [their] | | | | | |
| | _ | assessing whether or not the | | | | | |
| | | oved in the admitting area, or | | | | | |
| | _ | , when officers reported that | | | | | |
| | | patient] as a threat, and | | | | | |
| | | en physically violent'. This RN | | | | | |
| | _ | r officers to remove the cuffs | | | | | |
| | | ing any signs of aggressive | | | | | |
| | | re removed by officers. Pt | | | | | |
| | | urity to LH1, with one security | | | | | |
| | '' 0 | underneath pt's legs and | | | | | |
| | l T <u>-</u> | ey did not drag on the floor. | | | | | |
| | | unit staff followed as well. Pt | | | | | |
| | | unit, and down one of the right hand side as you enter | | | | | |
| | | t's assigned bedroom was. Pt | | | | | |
| | | eir] room, and staff informed | | | | | |
| | | as [their] bedroom and [they] | | | | | |
| | | aff member said '[Patient] | | | | | |
| | | e] catatonic'. Security and unit | | | | | |
| | | f lifted the pt onto the bed. Pt | | | | | |
| | | position on the bed. Unit RN, | | | | | |
| | · · · · · · · · · · · · · · · · · · · | doing [their] assessment. | | | | | |
| | | stimuli, yelling pt's name, | | | | | |
| | | pedal pulse, checked for | | | | | |
| | | checked for radial pulse on | | | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION IG | | TE SURVEY MPLETED |
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| | | 384008 | B. WING | | | C |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | 05/06/2024 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCE | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| A 093 | RN confirmed with [I Compressions were called on the radio be obtained with AED. If supine position for owns used for breath, medical doctors arrived and too. 4. Incident document 13, dated 04/18/202. "I was the RN assignations with [MHT2 8] admission Sally Portline as the county has was going to a differ remained outside the waiting for report from reported that the ptrunot walk, and [AD RI Security arrived at the been paged by admifrom the transport wand brought into the observe the pt from Sally Port. It was reponding. Two secont of the Sally Port, one other holding the pt's draped under [the paswitched with [MHS]. | ere was no pulse felt. This RN 13] there was no pulse. started, and a code blue was y security. Crash cart was Pt was moved to the floor in compressions and ambu bag 911 was called. Two OSH red. AED advised no shock. It was care." Itation recorded by LH1 RN 44 and untimed, reflected that hed to [Patient 1's] admission. We were called to the around 1100 and waited in high did two patients and the first ent unit. [MHT2 8] and I be Sally Port per protocol, me the [AD RN 4]. It was was not cooperating, would N 4] retrieved a wheelchair. He Sally Port, evidently having sions. The pt was retrieved whicle utilizing the wheelchair Sally Port; I was not able to my vantage point outside the ported to us that the pt was | A 0 | 93 | | |
| | the wheelchair, atter explain the plan. We at 1111. We had dec directly to [their] room | npting to engage the pt, passed the bubble on LH1 ided to take [Patient 1] n and transfer [them] to I to [patient's] room, security | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION G | . , | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | C 5/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | | | STREET ADDRESS, CITY, STATE, ZIP CO 2600 CENTER STREET NE SALEM, OR 97301 | | 3/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETION DATE | |
| A 093 | the wheelchair and of transfer, I noted the have been expected pt. I immediately beg [their] R wrist and be loudly. I performed selicit a response verito be no response I respo | nediately lifted the pt out of anto the bed. During that of was more limp than would from a simply unresponsive lan checking for a pulse on gan calling [their] name ternal rubs when I could not be been continued lequested staff call a code degree | A 09 | 93 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING | | (X3) DATE SURVEY COMPLETED | | | | |
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| | | 384008 | B. WING | | | C 5/06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIS | TINCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | <u> </u> | 3/00/2024 |
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| A 093 | in Sally Port 8 that sof the transport van that the entirety of the visualized. The carry the back of the van of the Sally Port so rear of the van could van doors opened of inside of the back of addition, the quality video footage was primages were not cless occurring. Common minutes when there to be selected as the sally Port of the Sally Port of the Sally Port. A DC de van, opened one of bundles of items, ar door to the admitting 26 exited the van walked. | ge 20 was no camera view provided showed directly into the back used to transport Patient 1 so the inside of the van could be the inside of the van could be the inside of the van could be the inside of the view at was mounted off to the side that a side view of the right do be visualized. With both rear only a small portion of the compartment could be seen. In and clarity of some of the coor and details of some the coor and details of some the coor and details of some the coor and when there was activity ally video may skip seconds or is no activity occurring. If and 1056:23 two camera fort 8 showed: A DC Jail into Sally Port 8 with two DC the front seats. The garage the van had fully entered the puty walked to the back of the the back doors, removed two and walked away towards the groom. At ~ 1056:07 Patient through the passenger right the did not the admitting room. | A 09 | 93 | | |
| | view inside Sally Powalked back to the of the back doors at then started to close and looked inside a | 8 and 1100:20 one camera ort 8 showed: A DC deputy back of the van, opened one and looked inside momentarily, the the door, then reopened it and left it open. They stood at and periodically looked inside por. | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED |
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| NAME OF P | ROVIDER OR SUPPLIER | 384008 | B. WING _ | STREET ADDRESS, CITY, STATE, ZIP C | CODE | 05/06/2024 |
| | | | | 2600 CENTER STREET NE | .022 | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE | TION SHOULD BE THE APPROPRIA | DATE |
| A 093 | Continued From page | e 21 | A 0 | 93 | | |
| | views inside Sally Podeputy approached the joined the first deputy RN 4 who pushed a van. The deputies op both back van doors only a portion of Patie visualized up against. They were positioned body was facing the iside panel of the van seen on the van floor was at the very end closure was, their left bent at the knee and the van. The two dep the van floor and in a movements took the rotated them to place no indication that Pat resisting. The parts ovisualized were limp. was positioned in the the level of the top of head slumped fully for and their eyes closed and place it around P shoulders and wrapphandles. At 1101:38 a w/c backward toward 1's upper body was olower in the w/c and stheir head was slumptheir face, including no covered by the blue by | ed the ends around the w/c as the RN began to pull the s the admitting room Patient bserved to be positioned slumped toward the left. As ed forward, the lower part of nouth and nose, was blanket. At ~ 1102:01 as RN wards along the side of the | | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | TIPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED |
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| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZI 2600 CENTER STREET NE SALEM, OR 97301 | P CODE | 05/06/2024 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE | CTION SHOULD BI O THE APPROPRIA | DATE |
| A 093 | wp one of the patient patient's feet off the general state of the genera | the patient and made on the with each having picked is pants legs to lift the ground. It with each having picked is pants legs to lift the ground. It with Patient 1 backward into one deputy had hold of the great the hem with their is deputy had hold of the near the middle of the pant id. Both of the patient's bare lightly above the floor. The cuffed in their lap. Their orward, their eyes were in was covered by the blue in place by RN 4 around in place in the w/c handles. If and 1105:50 one camera atting room showed: RN 4 in ew/c near the middle of the positions around the patient's cok the camera view. At this inot including RN 4 and the into the room. The RN can towards the patient on the individual arms are extended toward the patient cannot be seen puties. At ~ 1103:02 the ay and the patient was beed further down in the w/c, | AC | 093 | | |
| | covered by the blue l their chest and shoul 4 had their right hand below the patient's fa | s face was no longer clanket that remained around ders. It looked as though RN d on or near the blanket ace as if they moved the le patient's face. The patient | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING | | , , | (X3) DATE SURVEY COMPLETED | | | |
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| | | 384008 | B. WING | | , | C 05/06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP COD 2600 CENTER STREET NE SALEM, OR 97301 | | 0.00.2024 |
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| A 093 | that time there were room. RN 4 stepped and was observed to staff that had gathere and faced the patient. Two of those leaned towards the position of the patient with ceight other staff in the room (excluding the talk amongst themse Patient 1 remained in their wrists in law en restraints, their chin eyes closed. Patient movement. At ~ 110 toward the patient, ehave touched the bluc clothing near their ship clear. At ~ 1104:24 capproached the patient was no visible responsation. At ~ 1104:1 aw enforcement train patient's wrists. At ~ hand was free from the forearm, wrist, and he their right thigh. At the observed to have slibule blanket was resulting to the ground. At the other than their eyes were extended straight in feet on the ground. At took the blue blanket another staff person | their eyes were closed. At at least six other staff in the away and back from the w/c address the deputies and ed in the room who all stood t within a few feet of the e staff stepped towards and patient and took photographs ell phones. Then there were e room. The 11 people in the patient) were observed to elves and to the group while notionless in the w/c with | A 09 | 93 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING _ | | | C 05/06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | 03/00/2024 |
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| A 093 | up off the ground. A buttocks were near their arms had faller seat on either side of staff person pushed staff person held the patient's legs to kee group moved toward admitting room into inpatient unit. At no room did the patient open their eyes or d movement. At no tim touch or other activitic construed as a patient with the patient of the staff of the | ge 24 sorts to lift the patient's legs t that time the patient's to sliding off of the w/c and off their thighs onto the w/c off their body. At ~ 1105:44 one the w/c forward and another blanket that was around the p them off the ground and the dis the door out of the a hallway towards the time while in the admitting assist or resist, nor did they emonstrate any observable he was there any meaningful by by any staff that could be ent assessment component. O and 1108:30 four camera two staff who pushed the w/c is legs up were joined by RN iff as they transported Patient | AO | 93 | | |
| | Patient 1 remained of closed and slumped limply on the w/c sea and their chin laid or camera views during the blanket around thold the patient's leg been tied and knotte staff pushed the patiens assigned patient root that was last video of the video recording be staff activities in the after Patient 1 enter Code Blue response | allways to the inpatient unit. motionless with their eyes to the left with their arms laid at on either side of their body in their chest. Overhead g the transport showed that the patient's knees used to gs up during transport had ad or twisted. At ~ 1108:30 tent in the w/c into the am on the inpatient unit and observation of Patient 1. reginning at 1108:30 captured hallway outside the room ted the room, and after the had been initiated. Those are described below under | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIP | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| A 093 | Continued From pag Finding 8 in this Tag. | | A 09 | 3 | |
| | | ollow reflect the hospital's organized and coordinated response. | | | |
| | dated 04/18/2024 an "Staff came to my off to advise me that a cemergency) was need code blue was being responded, running of patient's room at 111 | eded for this patient as the called over the radio. I down the south hall to the 5 as the code blue was head page. When I entered | | | |
| | without pulse (as ass present). I advised the compressions and the cart/code blue cart. V bedroom I opened the blue sheet and clipbo | s closed, without respirations, sessed by another RN nat staff begin chest en I ran to obtain the crash When I returned to the patient e code cart, gave the code pard to unit [OS2 24] and the recorder role. I then | | | |
| | entered the patient b staff move the patient the floor after the cur compressions were of patient's blanket to lot bed onto the floor an | edroom and advised that It from the patient bed onto It from the patient bed onto It from the patient bed onto It from the patient from [their] It did resumed chest | | | |
| | the automatic extern the scene. A nurse to head and administer the ambu-bag betwe compressions. I took asked staff to switch | the role of code lead and | | | |

| The state of the s | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | PLE CONSTRUCTION G | , , | CX3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIS | TINCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | <u> </u> | 00/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | IOULD BE | (X5) COMPLETION DATE | |
| A 093 | compressions out loadminister chest cobreaths and the AEI The AED analyzed compressions and response and rescue at patient was pronour physicians at 1156 apresent. It was later nurse assigned to the code blue as this patient was slumper unable to maintain a were] being transpose as follows: **Nideo recordings emergency response revealed a disorgan response as follows: **1108:29 - Patient inpatient room in a ventered the room and the room with no de Another patient exit the hall from Patien and without urgency toward the patient resigns machine on wor and the room and the room and the room and the room with no de Another patient exit the hall from Patient exit the hall from Patien and without urgency toward the patient resigns machine on wor 14 seconds 1111:56 - LH1 NM down the hallway from the signs machine on wor and the patient resigns machine on wor and the hallway from the hallway from the patient resigns machine on wor and the hallway from the hallway from the hallway from the patient resigns machine on wor and the hallway from the hallway from the hallway from the patient resigns machine on wor and the hallway from the patient resigns machine on wor and the hallway from the hall way | while counting chest bud. Staff continued to impressions and rescue D was attached to the patient. and advised no shock, chest rescue breaths continued. If other staff continued to itempts continued. This inced deceased by our and at that time EMTs were reported to me that the unit ine admission called for the attent was being moved from the patient bed by security and laff. Per staff report, the indicate the unit." Tof the Code Blue medical refer for Patient 1 on 04/18/2024 dized and uncoordinated in the work. The staff entered and if others milled around outside remonstration of urgency, and the patient room across to 1's room. It was transported into the work and of the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. It was the patient room across to 1's room. | A 09 | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ' | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
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| A 093 | observation is contra documentation under described the responsers ponded, running or patient's room") ~ 1112:14 - LH1 NM the patient room toward a quicker pace, be the hallway outside or some entered the room at 1112:33 - Staff were Emergency Cart down toward the patient room at 1112:45 and doorway of that room was pushed further door room at 1112:45 until the arrivideo recording show continued to enter the in the hall. The number hallway between the particularly in the vicil created increased coobstacle for navigation for other patients who Patient 1's room and 20 or more staff, and in the space outside way to determine how staff continued to enter the had gathered did not EMS who arrived at and Fire responders, equipment. | al urgency. (The video ry to the incident Finding 7 above that use of LH1 NM as "I down the south hall to the ran down the hall away from and the NS. More staff, some gan to arrive and gather in if the patient room while om. The observed to push a Red on the hall from the NS om. It arrived at the patient was positioned outside the where it remained until it down the hall away from the led. The observed to push a Red on the hall away from the lown the patient's room and gather lower of staff gathered in the patient's room and the NS, nity of the patient's room, ingestion that presented an on through the hall, including lose rooms were between the NS. At times there were may have included patients, the room and there was now many were in the room as ler and exit. The crowd that leave a clear pathway for 1124:01 with ~ eight EMT | A 09 | 93 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ´ | IPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| A 093 | nothing, staff lined up some staff stood on the doorway of the room others engaged in variativities. Agency RN were observed to operate of the the code of the the Code of the the Code of the patient room doorwhich a form was attained of the the Code of the t | allway were observed to do against the hallway walls, heir tiptoes or crowded the to try to see in the room, rious discussions and 26 and Agency LPN 25 en and look in, or retrieve in the Red Emergency Cart, eave the drawers partially incident or medical record her Agency RN 26 or Agency ir activities and tasks during vas observed to stand he Red Emergency Cart at havy with a clipboard to hached, looked at their left comething on the form. Form was discerned to be the est. During the duration of this d on the video recordings 24 never entered Patient 1's hot positioned during much he to observe the code heing carried out in the room, here observed to wander in he room, they stood to the thout a view into the room, way approaching the hometimes leaned forward to d sometimes that was other staff that crowded the hed down on their knees in of the door, they sat down hees and lower legs in the with other staff. Up until ~ | AC | 993 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | PLE CONSTRUCTION 3 | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | <u> </u> | /06/2024 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY) | _D BE | (X5) COMPLETION DATE |
| A 093 | and OS2 24 was obsaway from the patien NS without the clipbe 05/09/2024 at ~ 1500 LH1 NM, CBC, PD, I that the form OS2 24 the video was a Cod was the same Code during the survey for ~ 1124:33 - Staff presituational awarenes of the Red Emergency patient's room, further where staff were gat the NS. At ~ 1124:57 walked away from it cart's direction until Cart had a suction mat least two of the cart had a s | me recorded was ~ 1124:51 served to walk down the hall nt's room and further from the pard in their possession. (On 0 staff that included the DNS, DQM, and DSC confirmed 1 could be seen writing on in 1 e Blue Flow Sheet, and that it Blue Flow Sheet provided | A 08 | 93 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ′ | PLE CONSTRUCTION G | COMPLETED | | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 05/06/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLETION | |
| A 093 | Continued From pag | e 30 | A 09 | 93 | | |
| | dated 04/18/2024 an gave the code blue s [OS2 24] and assign I took the role of creview of the Code B following spaces on the "Team Captain:" and "Team Captain:" and "Team Captain:" and "Team Captain:" and "Time:" 9.c. The "Medication "Code Blue Flow She "Medication," "Dose, Those spaces were on documentation or administration of the as given in incident a documentation. Nor any of that documentation or any of that documentation and medical record of Narcan order and ad inconsistent as follow A Nursing Progress and dated and timed reflected in regard to "Narcan was request [PMHNP 23]." * A Psychiatry Gener psychiatrist MD 30 and 04/18/2024 at 1451 readministration that the [Agency LPN 21] RN administered to the padministered to the padministered the intra arrival (at approx. 11) | d Team Captain "Title:" ame:" and "Signature:" and s administered" table on the set" had columns for "Time," '"Route," and "Effect." completely blank. There was the flow sheet related to the Narcan that was identified and medical record was the dose given found in sation. Further, the incident locumentation related to the ministration was unclear and vs: Note written by LH1 RN 13 04/18/2024 at 1304 Narcan administration that ed and administered by al Note written by al Note written by find dated and timed effected in regard to Narcan ey "gave telephone order to [sic] for Narcan to be satient. [PMHNP 23] anasal Narcan prior to EMS 25-1126). Intranasal Narcan tion we had on hand on the | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE COMP | SURVEY LETED |
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| NAME OF P | ROVIDER OR SUPPLIER | | | ; | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| ODECON | CTATE LICODITAL DICTI | NOT DART | | : | 2600 CENTER STREET NE | | |
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| A 093 | * A Psychiatry General psychiatrist MD 27 and 04/18/2024 at 1838 readministration that "W [Patient 1] had not rect the Narcan be given, be safe in the absence intoxication/overdose potentially extremely were intoxicated/obtustaff went to obtain the intranasal route several the Incident documentar dated 04/18/2024 and "[MD 30] and [PMHNI ran to grab the narcan was by patient side." * Incident documentar 04/18/2024 and untim Narcan administered effectiveness result." * An "Oregon State H Telephone Orders" for medication order date order was written as "intranasal x1 now for handwritten entry in the was barely legible [Aghandwritten entry on the was illegible and was been written as "LPN" discern. The "Date" a signature was 04/18/2 an initial in the "Nurse The print and signatur followed the nurse's in and timed 04/24/2024. | al Note written by ad dated and timed eflected in regard to Narcan /hen I was informed that ceived Narcan yet, I ordered presuming that both it would be of potential and also that it would be beneficial if [the patient] inded from opioids. Nursing is and it was given via ral minutes later." tion by Agency LPN 21, d untimed, reflected that P 22] gave TO for narcan, I in and handed it to nurse that tion by Agency RN 12, dated inded, reflected that "Nasal as ordered without ospital Non-Medication rm that contained a ad 04/18/2023 at 1120. The 'Give Narcan 4 mg unresponsiveness." The ine "Nurse Printed Name" | A | 093 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ` ′ | PLE CONSTRUCTION B | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | TINCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 03/00/2024 | |
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| A 093 | Continued From pa | ge 32 | A 09 | 93 | | |
| | related to Patient 1 identified in docume Narcan and who sig it. * There were no me related to Patient 1 identified in docume Narcan and as have * Each of the medic written by the two N reflected that Narca LIPs. * In the incident documentation by A "nurse" to reflect with that "nurse" did with * In the incident documentation to their note was written urse who administ document and as if Narcan. * There was no documentation by the state of | cumentation by Agency RN 12 en consistent with the way a tered the medication would RN 12 had administered the cumentation of Narcan ne person that administered ne medical record or on the | | | | |
| | dated 04/18/2024 a compressions conting the gathering staff's nature of the list of staff memory administrator [UA 3 names and roles of | nentation recorded by [TM 34], and untimed, reflected that "As inued, I was tasked with mes that were involved or dical emergency I provided abers involved to LH1 Unit [55]." It was unclear whether the fall staff who presented and red in the video recording had | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| NAME OF P | ROVIDER OR SUPPLIER | 304000 | 3 | _ | STREET ADDRESS, CITY, STATE, ZIP CODE | 05/ | 06/2024 | |
| | STATE HOSPITAL DISTI | NCT PART | | 2 | 2600 CENTER STREET NE SALEM, OR 97301 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | |
| A 093 | included on or with the that identified all staff participated. 9.e. Further, the follow Blue Flow Sheet were "Time of onset:" * "Location:" * "Chief Complaint:" * A table with seven of pressure, pulse, responsimetry on room air glucose]" * "Pertinent physical of the "Defibrillation:Notimes:" and "Successed "Physician/nurse pragnation of patient transportedEMS Time:" *"Physician/nurse pragnation of patient transportedEMS Time:" *"Disposition of patient ""Emergency contact Relationship: Phone to the "Provide copies of the Team: MedicationVital signs flow shedEmergency medication and the provide copies of the Team: MedicationVital signs flow shedEmergency medication and the provide copies of the Team: MedicationVital signs flow shedEmergency medication and the provide copies of the Team: MedicationVital signs flow shedEmergency medication Vital signs flow shedEmergency medication Vital signs flow shedEmergency dated 0.0 stated that "[OSH] will response to any med presents anywhere of coordinated team efforts of the participation of the provided provi | e was no documentation the Code Blue Flow Sheet who presented or wing spaces on the Code the blank: columns for "[time, blood irations, temperature, pulse or supplemental O2, blood findings:" oYes" and "How many ful:NoYes" d "EMS arrived at:" totitioner called hospital at:" by:N/AOSH transport ont:" called:NoYes Name: number:" the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration record the tall transfer report the following to the EMS administration r | A | 093 | | | | |
| | | , "Procedures A," consisted lumns for "Responsible | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER | | e) MULTIPLE CONSTRUCTION BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| NAME OF P | ROVIDER OR SUPPLIER | 304000 | B. WING | S | TREET ADDRESS, CITY, STATE, ZIP CODE | 05/ | 06/2024 | |
| | | | | | 600 CENTER STREET NE | | | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | S | SALEM, OR 97301 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | X | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | |
| A 093 | were listed as: - "First responder" - "Second responder" - "Security" - "Team Captain" - "Physician/NP/RN" - "Equipment Monitor - "Airway Rescuer" - "Communicator" - "Crowd Control Monitor - "Photocopy" 10.b. Duties delineated vague and unclear. First The "Team Captain" roles and responsibility completing the Code to The "Equipment Monall of the emergency of the "Equipment Monitor emergency of the "Recorder" duticed by Monitor emergency of incident." * The "Recorder" duticed Blue Flowsheet to The "Crowd Control "Maintain safety of the necessary Verify of access to the scene, equipment Request responders when suffarrived at the scene 10.c. The procedures ensure staff were train be able to competent." | procedures." Those persons ditor" ditor" difor each role/title were or example: duties included: "Assign ties Assist with Blue Flowsheet" nitor" duties included: "Verify equipment arrives to the hand out equipment as the Team Captain quipment throughout the es included: "Complete the ." Monitor" duties included: e scene and milieu as ssential personnel have person, and emergency t the Communicator cancel ficient responders have | A | 093 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| A 093 | Continued From pag | | A 0 | 93 | | |
| | and how and where * It was not clear wh the Flowsheet mean * It was not clear wh was to arrive to the s by "monitor emerger equipment was not s reference to other ap * There was no direct needed to locate the obtain the necessary could clearly and con Blue Flowsheet." * It was not clear how and milieu" was dete personnel" were, or were considered "su * It was not clear wh and manage the pre near the scene to en and others. * There were no men medications or refer P&Ps. It was not cle and prepare Code B those were to be obta administer them. 11. The review of th and the Code Blue of failed to demonstrate responsibilities for al been assigned and t carried out. Further, used during Patient | w roles were to be assigned those were to be recorded. at "assist with" completing t. at "emergency equipment" scene and what was meant acy equipment" The specified, nor was there oplicable P&Ps. Stion r/t where the Recorder emselves, and otherwise winformation, to ensure they empletely "Complete the Code of the "safety of the scene ermined, who "essential who and how many persons efficient responders." o was responsible to monitor sence of other patients at or assure safety of those patients at or assure safety of those patients at or assure safety of those patients at or assure to other applicable ar which role was to obtain lue medications, from where sained, and who was to the Code Blue video recording locumentation for Patient 1 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION IG | , , | (X3) DATE SURVEY COMPLETED | |
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| | 384008 B. WING | | | C 05/06/2024 | | | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | | | STREET ADDRESS, CITY, STATE, ZIP CO 2600 CENTER STREET NE SALEM, OR 97301 | | 5/06/2024 | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE IE APPROPRIATE | (X5) COMPLETION DATE | |
| A 093 | DSC, DLD, and OBC 1235 they confirmed for the AD RNs 1 thro no drills or hands-on demonstrations, or coassociated with those annual "refreshers." hospital-wide Code Econducted since the stated those were reco4/23/2024 and that OSH-Salem campus Blue drills, and on 04 campus 13 staff parti They further confirme RNs had been prese Blue drills conducted 04/26/2024. 12.b. Review of AD Frecords reflected the * For RN 1 the docum 2020 they had a 20-r training on 03/26/202 training on 04/24/202 Blue "refresher" on 0 Annual Training. * For RN 2 the docum 2020 they had a 30 non 04/02/2024 during * For RN 3 the docum 2020 they had a 20-r training on 05/07/202 training on 03/12/2024 * For RN 4 the docum 2020 they had a 20-r | w with staff that included the con 05/06/2024 beginning at the Code Blue training dates ough 4 and stated there were practice, return empetency evaluations trainings, including during They further stated that Blue drills had not been Covid-19 pandemic. They cently resumed on on that date on the 54 staff participated in Code 8/26/2024 on the OSH-JC cipated in Code Blue drills. They cently resumed on on that date on the 054 staff participated in Code 8 lue drills. They cently resumed on on that date on the 054 staff participated in Code 8 lue drills. They cently resumed on 00 that date on the 054 staff participated in Code 8 lue drills. They cently resumed on 00 that date on the 054 staff participated in the Code on 04/23/2024 and 10 they compared to the code 8 lue 10, an online Code 8 lue 11, and a 30-minute Code 8 lue 12, and none since. The code 8 lue 13, and none since. The code 8 lue 14, and none since. The code 8 lue 15, and none since 16, an online Code 8 lue 16, an online Code 8 lue 17, and none code 8 lue 18, and none code 8 lue 19, an online Code | AO | 93 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | | |
|---|---|--|-----------------------------|---|------------------------------|--|--|
| | | 384008 | B. WING | | 05/06/2024 | | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | TINCT PART | : | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | , | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETION | | |
| A 093 | 13. The findings that failure to ensure that and equipment were ensure availability of medical emergency. 14. During tour of Al 04/24/2024 at 1020. * Upon entering AD of the hall led into the secure door led into area. Another secure directly into Sally Pota A floor to ceiling gare between the drive-inthe building so that the garage and have secured behind the * From the AD hall, door, a secure door sliding window was office and drive-ing open the window ar individuals in the gare * From the AD hall, and across the hall door led into room 0. * A secure door lead observed near the AD hall of the AD hall, and across the hall door led into room 0. | the follow reflect the hospital's at medical emergency supplies a organized and managed to a response. Divith DSC, PD and ADM on a observations included: hall, a secure door at the end are AR. From inside the AR, a othe Forensics Evaluation are door from the AR led fort 8's vehicle drive-in garage. The garage and the outside of a vehicle could drive fully into the the doors closed and vehicle. The the right of the AR entry lead into the AD office. A observed between the AD arage so that AD staff could and communicate with arage. To the left of the entry AR door from the AD office, a secure 604-117A. Sing to Sally Port 9 was admissions office. Sally Port 9 that led directly to the outside | A 093 | , | | | |
| | at 1610 with Interim observations include * In AD office, a port | nd tour of AD on 04/24/2024 DS, DSC, and RN 3, ed: table oxygen tank and a blue ue Bag. The bag had multiple | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--------------------|-----|--|-------------------------------|----------------------------|
| | | | | | | (| 2 |
| | | 384008 | B. WING | | | 05/ | 06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTII | NCT PART | | 2 | TREET ADDRESS, CITY, STATE, ZIP CODE 600 CENTER STREET NE SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 093 | contained an Ambu b oximeter, oxygen tubic emergency supplies. observed that identified Blue Bag. A clipboard partially completed "E Checklist" Attachment Code Blue Bag. * In Room G04-117A, Emergency Kit was obreakaway lock. The red professional type * An AED was observed the Forensics Evaluation around a corner from * Observation of the purse station involved through 3 secure door 15.b. "Emergency Eq Attachment A observed the Code Blue Bag we date that reflected where the Code Blue Bag we date that reflected where its proposed. The top portice spaces for recording "Consult with Nursing equipment problems. completed." The check with rows numbered following items each of "Y N" for "AED Present Proceed Blue Intact." "Y N" for "Emergen Toxygen Toxyg | e pockets with red e bag was opened and ag, dressings, pulse ng, pen lights, and other There was no inventory list ed the contents of the Code I with multiple copies of Emergency Equipment It A was observed near the a tackle box style bserved with a green lid read "Emergency Box" in print. ed mounted on the wall in tion area down a hall and the AR. both from AR to outside AN1 I leaving AD and going rs. uipment Checklist" ed in Admitting office near vas reviewed. There was no ien it had been created or on of the checklist had month and year and stated I Supervisor if any Every section must be cklist had a "Date" column 1-31 for checking the day in a month: sent" e Bag or Red Cart Lock cy Med Box Lock Intact" | A | 093 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | L IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--------------------|--|--|-----|-------------------------------|--|
| | | 384008 | B. WING | P. WING | | С | | |
| NAME OF D | ROVIDER OR SUPPLIER | 304000 | B. WING | STREET ADDRESS, CITY, STATE, ZIP CODE | | 05/ | 06/2024 | |
| | STATE HOSPITAL DISTI | NCT PART | | 2 | 2600 CENTER STREET NE SALEM, OR 97301 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE | |
| A 093 | comments, and signal 15.c. The "Emergency Attachment A for Janu" Month/Year: 1/2024" incomplete and did not emergency supplies a checked and available included: - The spaces for docuevery day of the month of the spaces for docuevery day of the month of the spaces for document of the spaces | d spaces for recording time, sture each day. y Equipment Checklist, uary 2024 dated was reviewed and was of provide assurance and equipment were ewhen needed. Examples umenting the time was blank th. 15/2024, 01/16/2024, 24 and 01/31/2024, "Y" and or otherwise marked for ed Cart Lock Intact" and 0 p.s.i." checks. In addition, ing signature were blank for cumenting "AED Present", a Lock Intact", and "Suction ean & Operational" had a prough each and there was at reflected those had been umenting comments were emonth. y Equipment Checklist, ruary 2024 dated 24" was reviewed and was is included: umenting the time was blank | A | 093 | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | NCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 1 03/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | OULD BE COMPLETION | |
| A 093 | "Emergency Med Bo Machine Charged, C squiggly line drawn t - The spaces for doc blank. 15.e. The "Emergence | :. cumenting "AED Present", x Lock Intact", and "Suction lean & Operational" had a | A 09 | 93 | | |
| | March 2024" was reverthe spaces for docevery day of the moreof processes for docevery day of the moreof processes for docevery day of the moreof processes for docevery day of the more for 03/01/2024, 03/03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2024, 03/21/2024, 03/20/2 | viewed: umenting "Time" was blank oth. I and "N" were not circled or "Code Blue Bag or Red ck and the signature space V18/2024, 03/19/2024, 024 and 03/22/2024, "Y" and or otherwise marked for 0 p.s.i." checks. cumenting "AED Present", x Lock Intact", and "Suction lean & Operational" had a hrough each and there was at reflected those had been umenting comments were | | | | |
| | Attachment A for Apr April" was reviewed: - The spaces for doc every day through th - For 04/10/2024, 04/ 04/15/2024, 04/16/20 and 04/24/2024, "Y" | y Equipment Checklist, il 2024 dated "Month/Year: umenting the time was blank e date of this survey. /11/2024, 04/12/2024, 024, 04/22/2024, 04/23/2024 and "N" were not circled or "Code Blue Bag or Red | | | | |

| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | |
|--|---|--|---------------------|---|------------------------|--|--|
| | | 384008 | B. WING | | C 05/06/2024 | | |
| | ROVIDER OR SUPPLIER | TINCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 03/00/2024 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIE) | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETION | | |
| A 093 | checks. Spaces for blank for those data - The columns for di "Emergency Med B Machine Charged, squiggly line drawn no documentation to checked The spaces for do blank every day of 15.g. The checklist was not the same will "Emergency/Medical Attachment A with rough P&P titled "Emerge Medical Equipment example, the check "AED Present". The "AED shows green used in AD included "Emergency Med B in the P&P did not in the P&P included "In addition, observation of the checklist did not system for tracking bag had not been consupplies removed with a patient was until the | d "Oxygen Tank = 1000 p.s.i." documenting signature were es. locumenting "AED Present", ox Lock Intact", and "Suction Clean & Operational" had a through each and there was hat reflected those had been locumenting comments were the month. being used in OSH-Salem AD lersion as the al Equipment Checklist" levision date "10/2023" in the locy and Multi-Patient-Use " in Finding 18.c. below. For clist being used in AD reflected e checklist in the P&P reflected check". The checklist being d "Code Blue Bag" and ox Lock Intact." The checklist in clude those. The checklist in | A 09 | 3 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | B. WING | | | 06/ 2024 |
| NAME OF P | ROVIDER OR SUPPLIER | 00.000 | | 5 | STREET ADDRESS, CITY, STATE, ZIP CODE | 05/ | 06/2024 |
| OREGON | STATE HOSPITAL DISTII | NCT PART | | | 2600 CENTER STREET NE SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 093 | or a "code cart might unit." * The Emergency Kit contained Narcan. * There was no suction patient needed suction brought from [AN1]." inside the nurse's state to the late observed in Finding 1 list attached to the base emergency supplies if for the supplies list are to | be brought from an inpatient in Room G04-117A on equipment in AD and if a in "a code cart would be The closest code cart was tion in AN1. with emergency supplies 5.a. should have a supplies g that identified the inside the bag. RN 3 looked and could not find it. Juipment Checklist" in ode Blue Bag should be hrough Friday". D with DSC and PD on observations included: so AD office had an ~ 8.5 x type sign on the door that in mergency Equipment." in ded to the sign included ere AED by rm G04-121 it marks] East Security N 1 of a Code Blue Bag in the dit was the same style our on 04/24/2024 at 1610. The incokes were observed on the expockets. No inventory list is bag. The bag was opened its were observed and entory list that had been as Blue Bag from hospital same day. The inventory list and had sections for | A | 093 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPI A. BUILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | 05/06/2024 | | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 1 00/00/2021 | | |
| (X4) ID PREFIX TAG | (| | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICENCY) | D BE COMPLETION | | |
| A 093 | items in the Code Bl inconsistent and und - The inventory list re Pen Light (on lid with [quantity] 2 [and] crossed through "2 [note pad were obserwas not clear how mbe in the bag as the sheet were lined out -The inventory list re Blood Pressure of [and] 1" with a diago [and] 1". Blood press the bag. Similarly, it should be in the bag inventory sheet were also included "Stetho 1 [and] 1" with a diago included "Stetho 1 [and] 1". Similarly in the bag The inventory list re [inch] roll gauze & 4 and 1" with a diagon and 1". Similarly, the bag No protective eyewer of the list included 3 cannulas. Two oxygowere observed in the The list included 2 masks. One oxygen was observed in the | ory list and observation of the ue Bag reflected they were clear. Examples included: eflected "Center [pocket] in pens) & Steno Note Pad 1" with a diagonal line and] 1". Pen lights and steno eved in the bag. However, it inany or whether they should quantities on the inventory flected the "Rt. Side [pocket] uffs Lg/ExLg [quantity] 1 nal line crossed though "1 sure cuffs were observed in was not clear whether they as the quantities on the elined out. "Rt. Side [pocket]" obscope/oximeter [quantity] liagonal line crossed through , those items were observed effected "Lf. Side [pocket] 3 [inch] Coban [quantity] 2 al line crossed through "2 ose items were observed in ear was on the inventory list. was observed in the bag. oxygen tubing nasal en tubing nasal cannulas e bag. | A 09 | 3 | | | |
| | in the bag. No suction items or equipment v | tip with tubing was observed on machine or other suction were observed in the bag. medications were observed in | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | PLE CONSTRUCTION IG | (X3 | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | | C | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | I | 05/06/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| A 093 | time of the observation 16.b. During interview 1 stated: * They started workin ago and AD was whee * Most new admit pat from medical appoint through Sally Port 8. too large to enter Sal behavior problems so Port 9. * There is frequently a waiting to bring patien and 9. The vehicles w outside Sally Ports 8 find a spot." * Sometimes deputien know if a patient is "o patent was having be while transport vehicl patients into the hosp bases" with the deput talking to the deputien doing. They do not st patients are getting o had a medical proble transport vehicle, the assessment" of the p a "serious issue" they * If they needed Nard get it from the Code I Omnicell in AN1. "We AD]." * If they needed sucti that would be in the O | confirmed with RN 1 at the on. If on 04/25/2024 at 1230, RN Ig in the AD about 6 months are they normally worked, ients and patients returning ments enter the hospital Patients arriving in vehicles by Port 8 and patients without ometimes enter through Sally at line of transport vehicles and in through Sally Ports 8 wait in parking spaces and 9 "or wherever they can as call ahead and let AD staff oming in hot", meaning the chavioral issues. RN 1 stated es are waiting to bring ital, they usually try to "touch ties by going outside and as about how the patients are art evaluating patients until ut of the vehicle. If a patient m while waiting in a y would do a "formal atient and if the patient had a would call a code blue. If a patient is an of a patient, they would allue Bag or from an a don't have an Omnicell [in on equipment for a patient, | AO | 93 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | | 06/ 2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | NCT PART | • | 2 | STREET ADDRESS, CITY, STATE, ZIP CODE 1600 CENTER STREET NE SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 093 | Code Blue Bag was owas notified. The Code Blue Bag invented the breakaw * They confirmed the sheet with the Code I * They were not sure Forensics Evaluation present and functioni 17. A second intervie on 04/25/2024 at 125 Code Blue Bag in Firequipment necessary Narcan. Regarding of during a patient emerto go to [an inpatient] person would get it." during a patient emerthe Omnicell at [AN1] my patient, I'd stay wanother nurse go get 18.a. During interview DSC stated the P&P Multi-Patient-Use Me 18.b. was applicable AD. 18.b. The P&P titled Multi-Patient-Use Me approved 03/01/2024 * "The purpose of this expectations and promonitoring, and disin multi-patient-use med | g, RN 1 stated that after the opened, the Code Blue Team de Blue Team checked the atory, restocked the bag, and way locks on the bag. The was no supplies inventory Blue Bag. Who checked the AED in area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who was conducted with RN 1 area to ensure it would be ng if needed. Who area to ensure it would be ng if needed. Who checked the bag, and would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure it would be ng inventory in area to ensure | A | 093 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | C 05/06/2024 | | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIS | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | US/00/2024 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETION | | |
| A 093 | a red emergency cabreak-away lock, a automated external portable oxygen tan controlled, secured, Daily checks of the yanurse and are Emergency/Medical The Lead Nurse is reflected in the actions describe performed The actions describe performed The actions describe performed The actions describe performed in the action in t | Hospital living units must have at that is secured with a suction machine, an defibrillator (AED), and a k, all of which are consistently monitored, and ready to use the above items are performed documented on the Checklist (Attachment A) the esponsible for ensuring that the din this protocol are estions described in this ally performed on the Night idual units may designate purpose" the AED, and the green check verified each day The ment Coordinator must be and defective equipment and the starts must be stocked and when not in use If the lock is for missing, the contents must the Inventory Sheet The apped to the top of the cart and the interest and a new Contact information for the available on the Inventory he red emergency cart and the top of the red emergency cart and the oxygen tank must be the oxygen tank must be and of oxygen is less than | A 093 | 3 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | B. WING | | | 06/ 2024 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 03/ | 00/2024 |
| | 07477 1007174 D1071 | | | ; | 2600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTI | NCI PARI | | ; | SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 093 | for use with a package package containing of in the wide black plass machine" * "Emergency medica areas other than patie malls is maintained b 18.c. Attachment A, tiequipment Checklist" was reviewed. The to had spaces for record and stated "Every see Notify unit nursing mate equipment problems. column with rows nurthe following items eated "Ty/N" for "AED show "Ty/N" for "Red Emeet" "Y/N" for "Suction Musting/Wand Presenter "Y/N" for "Medical EComplete WEEKLY" The checklist also hat comments and RN/Letter The P&P was not cleated to and availability of emequipment. For exame were to be numbered color considering nurther tolored locks emergency carts and P&P did not include for management of emergency materials." | ion machine must be ready the of suction tubing and a tral suctioning want secured stic band on the front of the all equipment located in the third in the living units and treatment by the Code Blue Team." Ittled "Emergency/Medical I dated revised "10/2023" to portion of the checklist ding unit, month and year ction MUST be completed. The checklist had a "Date" mbered 1-31 for checking ach day of the month: The sygnen check" Trank = 1000 p.s.i." Thachine Plugged In, to the checklist and the plugged In, to the checklist and the plugged In, to the checklist the checklist had a "Date" machine Plugged In, to the checklist the checklist had a "Date" machine Plugged In, to the checklist the checklist had a "Date" machine Plugged In, to the checklist the checklist had a "Date" machine plugged In, to the checklist the checklist had a "Date" machine plugged In, to the checklist the checklist had a "Date" machine plugged In, to the checklist the ch | A | 093 | | | |
| | Notify unit nursing ma equipment problems. column with rows nur the following items ea * "Y/N" for "AED show * "Y/N" for "Red Eme * "Y/N" for "Oxygen T * "Y/N" for "Suction M Tubing/Wand Presen * "Y/N" for "Medical E Complete WEEKLY" The checklist also ha comments and RN/LF The P&P was not cle- locks were tracked to and availability of em equipment. For exam were to be numbered color considering nun different colored locks emergency carts and P&P did not include fi management of emer equipments in areas | anagement (or designee) of "The checklist had a "Date" mbered 1-31 for checking ach day of the month: ws green check" rgency Cart Lock Present" ank = 1000 p.s.i." Machine Plugged In, t" Equipment Disinfected d spaces for recording PN signature each day. ar regarding how breakaway ensure security, integrity ergency supplies and aple, it was not clear if those I, unnumbered or a specific mbered, unnumbered and s were observed on kits during the survey. The urther process for rgency supplies and | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | ' ' | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | C 5/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | 1 | | STREET ADDRESS, CITY, STATE, ZIP COD 2600 CENTER STREET NE SALEM, OR 97301 | | 5/06/2024 | |
| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| A 093 | Medications in Emer 05/05/2023 reflected * "Purpose and Appli medications are alwa available for use at 0 this policy This poorder, dispense, or a * "Staff must follow Femergency medicating E-Kits when authoriz Emergency medication. Emergency medication. Emergency medication. Emergency medication. Emergency medication attachment A and At 19.b. Procedures A in * "Nurse Assess to a verbal order from the emergency medication (s) from the Cabinet (ADC) or (E-Kit) Administer from an E-Kit was us requisition form attact the pharmacy." * "Pharmacy Upor requisition, deliver a retrieve the opened In E-Kit for redeployme standard contents of the expiration of all conewly replenished E-19.c. Attachment Are Medications Stocked Cabinets (ADC)" and | "Override Process for gency Situations" dated: cability To ensure ays readily and safely Oregon State Hospital (OSH), plicy applies to all staff who administer medications." Procedures A to retrieve ons from ADCs and from attentions are as listed in tachment B." Included: The patient Upon receipt of the practitioner to administer on Retrieve the ne Automated Dispensing from the Emergency Kit to the patient If medication and the complete the E-Lot ched to each kit and scan it to the patient E-Kit and E-Kit Prepare the opened on Reconcile and replenish E-Kits Review and record larug contents, and Stage the -Kit for deployment." The street of the pension of the process of the pension of the content of the pension of the | AO | 93 | | | |
| | * "Nurse Assess to a verbal order from to emergency medication medication (s) from the Cabinet (ADC) or (E-Kit) Administer from an E-Kit was us requisition form attact the pharmacy." * "Pharmacy Upor requisition, deliver a retrieve the opened be E-Kit for redeployme standard contents of the expiration of all conewly replenished E-19.c. Attachment Are Medications Stocked Cabinets (ADC)" and support standard contents of the expiration of all conewly replenished E-19.c. Attachment Are Medications Stocked Cabinets (ADC)" and support standard contents of the expiration of all conewly replenished E-19.c. Attachment Are Medications Stocked Cabinets (ADC)" and support standard contents are supported to the support of the | the patient Upon receipt of the practitioner to administer on Retrieve the me Automated Dispensing from the Emergency Kit to the patient If medication sed, complete the E-Lot ched to each kit and scan it to the receipt of an E-Kit replacement E-Kit and E-Kit Prepare the opened ont Reconcile and replenish E-Kits Review and record larug contents, and Stage the -Kit for deployment." | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | X | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 093 | grams - 1 tube/bottle "Dextrose/Glucose" "Diphenhydramine (B vials b. 25 mg - 10 ca capsules" "Epinephrine (Epi-Per auto-injector syringe "Glucagon 1 mg - 2 ki "Haloperidol (Haldol) - 10 tablets c. 10 mg - "Lorazepam (Ativan) mg - 10 tablets c. 2 m "Naloxone (Narcan) 4 "Nitroglycerin (Nitrost "Olanzapine (Zyprexa b. 5 mg - 10 tablets c. * "Additionally stocked Medical Clinic ADCs of noted minimum quant (Proair/Proventil) a. 9 mL nebulizer solution 19.d. Attachment B re Medications Stocked Admissions Emerg (Narcan) 4 mg/spray did not include Epi Pe Kit. Refer to Findings reflected Epi Pen was Kits in OSH-Salem Al area. The P&P did no | collowed by a list of 25 mg - 2 tablets" Suspension (Acti-Dose) 50" 40% (15 grams) - 2 tubes enadryl) a. 50 mg/mL - 2 psules c. 50 mg - 10 n) 0.3 mg/0.3 mL - 1" its" a. 5 mg/mL - 2 vials b. 5 mg - 10 tablets" a. 2 mg/mL - 2 vials b. 1 ng - 10 tablets" mg/spray - 2 devices" at) 0.4 mg - 1 bottle" a) a. 10 mg/2 mL - 2 vials 10 mg - 10 tablets." d in all treatment mall and on both campuses with the tities Albuterol 0 mcg (HFA) - 1 inhaler b. 3 - 5 vials." effected "Emergency in Emergency Kits (E-Kits) ency Kit Naloxone - 2 devices". Attachment B en in Admissions Emergency 20.a. and 21.a. that s observed in Emergency of and OSH-JC Admissions to include further information of locks on E-Kits were | A | 093 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY) | IOULD BE | (X5) COMPLETION DATE | |
| A 093 | that were not availab JC admissions areas staff in Salem campu area were to obtain t medications should t emergency. 20.a. The OSH-Sale IJ verification visit wit ADM on 05/02/2024 room G04-117A with * A 6 drawer Red Em breakaway lock on the | tient units and other areas le in Salem campus AD and . P&Ps were not clear how s AD and JC admissions hose additional emergency hey be needed for a patient m AD was toured during the th Interim DS, DSC, and at 1300. Observations inside | AO | 93 | | | |
| | ensure cart security. that contents could be lock replaced without outside of Drawers 1 with the contents of the not labeled and no its the drawer. * An "Admissions Consheet" inventory list was observed. The initing of sections for Drawers observed inside the inventory list reverse between those. For each of the inventory list reverse observed inside the check sheet for Drawers on any of the drawers and EMT type scisson. | This created the possibility e tampered, removed and a staff being alerted. The , 2, 3, 4 and 6 were labeled the drawers. Drawer 5 was ems were observed inside de Blue Equipment Check dated "Updated 4/30/2024" inventory list was separated awers 1 through 6, with in each drawer. art labels, cart contents, and ealed inconsistencies example: essors, roll gauze and Coban e Drawer 3 and were on the ver 3, but were not observed labels. It reflected "EMT scissors" is were observed in Drawer ected only "scissors" which | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| A 093 | top of the kit had a wit Expiration 2/25" with a not clear whether the intended to be Februa 2-page, front/back do Emergency Kit" was owith the kit. Page 1 was a list that were in the kit, Narca - Naloxone (Narcan) 2"2" with the following "4/24" with 3 lines maindication regarding withrough, and below the Administration" reflect nostril" and "Indication opiate overdose." - "Epi pen", quantity "date "3/25" and no do indication information. The top of page 2 refl Inspection for Intact S (Required Monthly)." spaces for recording slock #. Review of the unclear and lacked evexpiration inspections monthly". - The first entry dated signature, title and location in documentation that and expiration date has a specific constitution of the signature, title and location of the signature | mergency Kit with observed in Drawer 6. The nite label that read "Earliest a signature and a title. It was expiration date was ary 25 or February 2025. A cument titled "Admissions observed in a plastic sleeve areflected two medications in and Epi Pen. It included: 2 mg/mL syringe, quantity unclear expiration dates when or why it was marked through and no when or why it was marked that "2/25". The "Dosage & ted "Adult 1 mg/1 mL in each ins" reflected "Suspected" 1" with unclear expiration or beach and Expiration Date The document had multiple signature, title, date and document reflected it was widence of seal and at that were "required" | A | 093 | | | |
| | not clear why the lock | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | |
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| A 093 | lock #. It was not cle "inspected." | pection)" handwritten and no | Α0 | 93 | | |
| | signature, no title an clear why the lock # - The next entry date signature, title, and to check mark, and no "date" had been che - The next entry date signature, no title and documentation lacke lock and expiration obetween 05/10/2023 clear why the lock # - The next entry date signature, title and lock and expiration hog/15/2023 and 03/0 * The "Emergency/N dated revised "10/20 observed with the care | d lock # 10572996. It was not had changed. ed 09/12/2023 included a he word "date" followed by a lock #. It was not clear what cked. ed 09/15/2023 included a d lock # 10285209. The ed evidence that reflected the late had been checked and 09/15/2023. It was not had changed. ed 03/05/2024 included a lock # 10285209. The ed evidence that reflected the late had been checked lock # 10285209. The lock # 1028520 | | | | |
| | of the OSH-Salem Is confirmed there was breakaway lock on the ADM stated that if the broken, the Code Blue breakaway lock and replace the lock | H-JC IJ verification visit on | | | | |
| | 05/02/2024 beginnin admits come in" was monitoring with Inter | g at 1410, the area "where s observed by virtual remote im DS, JCA, JC nursing staff adership. Observations | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | OLUMBA DV OT | ATELIEN OF DEFINITION | | , | | | |
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| A 093 | Drawers 1, 2, 3, 4 and the contents of the dr labeled and no items drawer. The cart had 3842072 on the outside with observations of the in Finding 20.a. above blue breakaway lock. * The same "Admission Check Sheet" inventor Emergency Cart in Finding 20.a. above blue breakaway lock. * The same "Admission Check Sheet" inventor Emergency Cart in Finding 20.a. above blue breakaway lock. * The same "Admission Check Sheet" inventor Emergency Cart in Finding 20.a. above blue breakaway lock. * The same "Admission Check Sheet" inventor Emergency Cart in Finding 20.a. above blue breakaway lock. * The same "Admission of cart lating 20.a. above blue breakaway lock. * A package of stethon diaphragms were observed in Drawer of Sterile tongue deprewere observed in Drawer of Similar to AD, the chest "scissors" which could office type scissors. - A pulse oximeter insented in a plating 20.a. above blue breakaway lock. * An Emergency Med lock # 3842071 was observed in a plating 20.a. above blue breakaway lock. * An Emergency Med lock # 3842071 was observed in a plating 20.a. above blue breakaway lock. * An Emergency Med lock # 3842071 was observed in a plating 20.a. above blue breakaway lock. * An Emergency Med lock # 3842071 was observed in a plating 20.a. above blue breakaway lock. * An Emergency Med lock # 3842071 was observed in a plating 20.a. above blue breakaway lock. * An Emergency Med lock # 3842071 was observed in a plating 20.a. above blue blue blue blue blue blue blue blu | ergency Cart. The outside of d 6 were labeled indicating awers. Drawer 5 was not were observed inside the red breakaway lock # de. This was inconsistent he AD Red Emergency Cart which had an unnumbered ensigned to be seen to be see | A | 093 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| A 115 | during the IJ verificati However, there was r Intact Seal and Expira included no evidence breakaway lock # was had not been remove and medications read * An "Emergency/Med for May 2024 dated re observed with the Re not the same version during the IJ verificati Finding 20.a. above, it itled "Emergency and Equipment" in Finding 21.b. During interview OSH-JC nursing staff the time of the remote visit, the following info * The hospital had a c that consisted of 2 sta covered JC and Saler * The Code Blue Tear breakaway locks for ti * The Code Blue Tear #s on Red Emergency them". * They confirmed "Em Checklist" dated "07/2 Red Emergency Cart. ************************************ | on visit on 05/02/2024. The cord of Inspection for ation Date". The document the Emergency Kit is checked to ensure the lock of contents tampered with, illy available when needed. It dical Equipment Checklist wised "07/2021" was defended Emergency Cart. This was observed during tour of AD on visit on 05/02/2024 in nor the version in the P&P defended Multi-Patient-Use Medical as 18.b. and 18.c. You on 05/02/2024 with and other hospital staff at the OSH-JC IJ verification formation was provided: designated Code Blue Team aff. The same 2 staff in campuses. In had replacement the Red Emergency Carts. In tracked breakaway lock by Carts "whenever we call the regency/Medical Equipment 2021" was observed with the | A 09 | | |
| | A hospital must protect patient's rights. | ct and promote each | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ` ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | E SURVEY MPLETED |
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| A 115 | Based on observation recordings, interview medical record doct (Patient 1), review of records (RNs 1, 2, 3) internal investigation medical emergency documentation, review of response document documentation, and procedural manuals hospital failed to full P&Ps that ensured care in a safe setting ensure appropriate organized response created an unsafe E harm and death of collikelihood of harm to the collikelihood of harm to and efficient medical described under Tag Findings 18 through hospital was notified | ons, review of video vs, review of incident and umentation for 1 of 1 patient of 4 of 4 AD staff training of and 4), review of OSH of documentation, review of supplies and equipment ew of medical emergency ation, review of training review of P&Ps and of it was determined that the y develop and implement each patient's right to receive of The hospital's failures to patient assessment and to medical emergencies of that likely contributed to one patient and created the | A 11 | | | |
| | approved on 05/01/subsequently removerification that the implemented. The cumulative efferesulted in this Conditions of the conditions of | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPI A. BUILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| A 115 | Continued From pag hospital to provide sa Findings include: 1. Refer to the finding at Tag A-144, CFR 4: Privacy and Safety, t systems for the provifully developed or imincluded (Tag A-144) * Failure to ensure A carried out assigned and timely assessme identification of the n response. * Failure to ensure R immediate presence patient's unresponsive believed to be behave Failure to ensure of appropriate response condition indicated the emergency response Failure to ensure the supplies and equipment anged to ensure as a series of the series o | gs cited under this Condition 32.13(c)(2) - Standard: hat reflects that P&Ps and sion of safe care were not plemented and failures: D and inpatient RN staff duties to provide appropriate ent of patient condition and eed for medical emergency N staff requested the of a physician when the re physical condition was ioral versus medical. her staff demonstrated et to a patient whose he need for medical | A 11: | DEFICIENCY) | | |
| | medical emergency r - The roles of staff when the roles of the role of the roles of the role of th | n organized and coordinated response during which: no responded were not clear d were not clearly identified mented, including orders for emergency medication; ess was not maintained. D staff practices for patient | | | | |
| | written and approved | nce with, and supported by, I P&Ps. D staff completed organized | | | | |

| STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | | |
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| A 115 | Continued From page | e 57 | A 1 | 115 | | | | |
| | that ensured clinical a for patient care opera | orientation and onboarding and procedural competency ations in that department. | | | | | | |
| A 144 | PATIENT RIGHTS: C CFR(s): 482.13(c)(2) | ARE IN SAFE SETTING | A 1 | 44 | | | | |
| | setting. This STANDARD is a | ght to receive care in a safe | | | | | | |
| | medical record docur (Patient 1), review of records (RNs 1, 2, 3, internal investigation medical emergency s documentation, revier response documentation, and reprocedural manuals, hospital failed to fully P&Ps that ensured exare in a safe setting ensure appropriate proganized response to created an unsafe EC harm and death of or likelihood of harm to a Failure to ensure AI carried out assigned and timely assessme identification of the noresponse. * Failure to ensure RI | s, review of incident and nentation for 1 of 1 patient 4 of 4 AD staff training and 4), review of OSH documentation, review of supplies and equipment w of medical emergency tion, review of training eview of P&Ps and it was determined that the develop and implement ach patient's right to receive. The hospital's failures to atient assessment and o medical emergencies DC that likely contibuted to be patient and created the other patients and included: D and inpatient RN staff duties to provide appropriate and of patient condition and seed for medical emergency | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| OKLOON | STATE HOSFITAL DISTI | NOT FAILT | | 5 | SALEM, OR 97301 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE | |
| A 144 | believed to be behavi * Failure to ensure of appropriate response condition indicated th emergency response * Failure to ensure the supplies and equipme managed to ensure a items during a medical * Failure to ensure ar medical emergency re - The roles of staff wh and demonstrated; - The tasks performed and thoroughly docur and administration of - Situational awarene * Failure to ensure AL care were in accordal written and approved * Failure to ensure AL and documented AD that ensured clinical a for patient care opera As stated in Tag A-00 findings that medical equipment were not cand efficient medical described below in th through 21.c., on 04/2 notified that an IJ situ to exist. An IJ Remov 05/01/2024 and the Is | e physical condition was foral versus medical. her staff demonstrated to a patient whose e need for medical. at medical emergency ent were organized and vailability of necessary al emergency response. In organized and coordinated esponse during which: The responded were not clear of were not clearly identified mented, including orders for emergency medication; ss was not maintained. The staff practices for patient nace with, and supported by, P&Ps. The staff completed organized orientation and onboarding and procedural competency entions in that department. The of this report, based on emergency supplies and organized to ensure timely emergency response as is Tag at Findings 18 The office of the organized on J was subsequently removed on site verification that the IJ | A | 144 | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING _ | | | C 05/06/2024 |
| | ROVIDER OR SUPPLIER | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | 00/00/2024 |
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| A 144 | 44 Continued From page 59 | | A 1 | 44 | | |
| | hospital's failure to and services in a sa For example: * RN staff failed to conserved at the hospital observed the patient stated they saw the That was the only dopatient made betweet ransferred from the until another RN who patient for transport unit checked for a pentry into the patient eight minutes later. * AD and inpatient Findependent decisic judgement that wou assessment and emurresponsive and minutes of the manner in whole as the manner in whole as the manner in whole as the manner in the manner in whole as the manner in the hospital or in the manner in whole acted upon DC depopatient's unresponsion purposeful as in "chestand up," and "refurusual," and "catato" RN staff who were | f failed to respond to the ve and motionless condition ich a reasonable or prudent on with BLS CPR training, individual who exhibited the dition be observed elsewhere the community. inappropriately deferred to, soning or questioning, and uties' characterizations of the ve condition as being posing not to walk," "won't sal to respond," "normal" and | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | | |
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| NAME OF DE | ROVIDER OR SUPPLIER | 304000 | D. WINO | _ | STREET ADDRESS, CITY, STATE, ZIP CODE | 05/ | 06/2024 |
| | STATE HOSPITAL DISTII | NCT PART | | : | 2600 CENTER STREET NE SALEM, OR 97301 | | |
| | OLUMBA DV OT | ATEMENT OF DEFINITION | | | · . | | |
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| A 144 | | iate presence of a physician | А | 144 | | | |
| | when the patient's un condition was believe medical. | responsive physical d to be behavioral versus | | | | | |
| | included the Interim C COP, COM, CNO, DO hospital's 04/19/2024 | nce conference on g at 1035, hospital staff that DSHS/CMO, Interim DS, QM, and AAG confirmed the self-report of an incident 8/2024 that involved Patient | | | | | |
| | hospital response with Interim DS, DQM, DS BOM1, and AAG on C 1440 staff described to and actions taken to c "Investigative Memo," a summary of the information of the incident and 04/24/2024 and include * "Date of incident: 4/* "Incident Nature: Ur * "The purpose of this investigative process associated with the ur 4/18/2024, [Patient 1] * "The following is a titimes are approximate - Patient arrival, 1047 - Patient entry into sa Vehicle, 1057 hrs Patient wheeled into wheelchair, 1102 hrs. | 18/2024" nexpected patient death" mexpected patient death" memory is to document the mediand immediate actions nexpected patient death on " meline of events, and all e: hrs. llyport in County Transport o Admissions area in | | | | | |
| | [their] room (off came | ra location) where [they a] bed and staff took vitals. | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | | | STREET ADDRESS, CITY, STATE, ZIP COD 2600 CENTER STREET NE SALEM, OR 97301 | | 33/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETION DATE | |
| A 144 | pulse found. - EMS arrived at OS - EMS arrived on the - Time of death calle - EMS Departed OSI - Oregon State Polic SP24-121397) was rarrives at 1222 hrs. - Security and OSH Investigation (IRSI) sindependent of each - County Medical Ext (departed at 1536 hr - OSH Director of Qu consulted with OSH and was directed to Reporting of a Sentiil - [DQM] sent email revent to OSH Legal of Justice - Oregon (- IRSI Review of vide was sent to DOJ and for Joint Commission* "Actions in responsifindings: Video revie identified no policy reon new admissions. Superintendent [and Directive - Admission initial investigative filt taken of the patient | H at 1118 hrs. 2 Unit at 1123 hrs. d at 1156 hrs. H at 1200 hrs. e (OSP Case number: notified (1123 hrs.) and Incident Report and Systems staff reviewed video other. aminer arrived 1246 hrs. s.) uality Management Interim Superintendent initiate Joint Commission nel Event. notification of the Sentinel Representation, Department DOJ) on 4/18/24. eo and screening document d Standards and Compliance in Reporting." se to preliminary investigative w and policy evaluation equirement for vitals check On 4/19/2024 OSH Interim CMO] memorialized 'CMO in vitals 4-19-24' based on indings that vitals were not upon admission." memo this event is still under gon State Police and is t Cause Analysis by OSH | A 1. | 44 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| A 144 | 04/19/2024, reflecte "To all OSH staff, Thand adds to OSH poensure that patients unstable on arrival a receive necessary in possible, it is my directive necessary in possible necessary in possible, it is my directive necessary in possible n | d the following: his CMO Directive modifies blicy 6.058, 'Admissions.' To who may be medically hier promptly assessed and hedical care as soon as hective, effective April 19, must perform a brief hy patient admitted to OSH, hum - vital signs and visual fy any medical needs hattention, before the patient has area. This assessment hid in the patient's medical here possibility of a medical himmediately assessed. hombative to safely obtain vital hommunicated to the unit RN hient's behavior. main in effect until policy and "OSH Office of Quality here eviewed. It included the | A 144 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | |
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| A 144 | This was reported nursing staff as not [Patient 1] was trart to the wheelchair, a admission [RN 4] r [Patient 1's] eyes or response to light hid 1] was wheeled introduced in approximately 1100 called to the admist photographing [Pathotographing | mes 'flops around like a fish'. to have been described to smal behavior by [Patient 1]. As a seferred from the transport van at approximately 1101 hrs, the eported [they] observed upen and close, possibly in titing [Patient 1's] eyes. [Patient to OSH admissions at 2 hrs. Additional staff were sions area and assisted in tient 1] for identification. ansport restraints were lient 1] and [they were] taken, sighthouse 1 by OSH Staff. Is [Patient 1] was noted as not win accord and staff held the up with a blanket so [their] feet the floor. Staff and the patient at approx. 1107hrs. where the directly to a patient room. As any transferred to the bed an ock the patient for a pulse and all rubs were done with no tional checks found no pulse. A liated and additional staff ring procedures were go the use of CPR and an AED. In the life saving efforts. [Patient 1] dead at 1156 hrs." The arcan and epinephrine itent 1's medical record try General Note written by and dated and timed 1. It reflected that the Narcan by OSH staff, and in regard to | A ** | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| A 144 | "EMS arrived at app took over the manal continued CPR for a minutes and per the epinephrine. Patien spontaneous circula start of the code, ar pronounced dead be 3. During interview ADM the following it * AD normally has a * Most admissions of and 9. * When a transport drive-in garage, the check in with an AD to the deputy to find and any issues they tells the vehicl nurse starts their as gets out of the vehicl "to make sure they get a wheelchair for * After the patient is restraints are remove the patient if they had and take their temp of vital signs were so "[depending on] how * When done in AR unit nurse, and a M unit the patient is be nurse gives report to | stration the note reflected that broximately 1125-1126 and gement of the code. They approximately 30 more eir report, gave 5 rounds of t did not achieve return of ation at any point following the nd patient was eventually y EMS at 1156 on 4/18/24." on 04/24/2024 at 1030 with information was provided: AD RNs at all times. Come in through Sally Ports 8 deputy from the vehicle will in nurse at the window between office. The AD nurse will talk if out "how the transport was" or need to know. The AD nurse eave the patient in the vehicle in a security staff will meet the elebfore they get out. The AD issessment before the patient cle by checking their behavior will be safe" and if needed, | A 14 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION IG | ' ' | (X3) DATE SURVEY COMPLETED | |
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| A 144 | rocess and shower. * Regarding Patient were in the transport 1 and another patien 1 was not being com other patient in first a of checking them in the After that, an AD nurst to the vehicle and methe vehicle. ADM ask wanted to talk to RN out to the vehicle. 4. During interview or regarding Patient 1, I had stopped at anoth Sally Port 8. When the patients in their transpanother patient. 5.a. During interview RN 4, they stated the August 2023. RN 4 pinformation regarding * A "Douglas County" Sally Port 8 drive-in the patient would need they had not been also themselves and had fish." The deputies stop patient and went to the security staff. The patient would the RN 4 stated they geatient and went to the security staff. The patient would they had not been also the wan, "opened the RN 4 introduced they deputies told the patient would they had not been also they | do vitals, weight, admissions " I, ADM stated 2 patients vehicle upon arrival, Patient t. The deputies said Patient pliant so they brought the and went through the process before bringing Patient 1 in. se and security staff went out et Patient 1 who was inside ted the surveyor if they 4, the AD nurse who went 10 04/24/2024 at ~ 1205 DQM stated the DC deputies are location before arriving at they arrived there were two port vehicle, Patient 1 and 10 04/24/2024 at 1105 with they had worked in AD since rovided the following 10 Patient 1: 11 transport van pulled into parage. The deputies said and a wheelchair because | A 1 | 44 | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| NAME OF P | ROVIDER OR SUPPLIER | | • | ; | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | : | 2600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTII | NCI PARI | | ; | SALEM, OR 97301 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | _ | PROVIDER'S PLAN OF CORRECTION | | (X5) |
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| A 144 | Continued From page | e 66 | A | 144 | | | |
| | stated "I thought [the | patient was] not being | | | | | |
| | | ed for more security staff. | | | | | |
| | · | rity staff came. The deputies | | | | | |
| | | v minutes to get out of the | | | | | |
| | | d not, the deputies lifted the | | | | | |
| | patient to the wheelch | | | | | | |
| | deputies held the pati | ent's legs up while they | | | | | |
| | wheeled the patient b | ackwards from the van into | | | | | |
| | the AR. | | | | | | |
| | | R "we got a photo of the | | | | | |
| | | and the deputies said it | | | | | |
| | would be OK to remove | | | | | | |
| | | ver been aggressive. The | | | | | |
| | • | cuffs. The patient was not | | | | | |
| | | d up and "kept [their] eyes | | | | | |
| | | the patient was slouched side, and "not holding it up | | | | | |
| | like a normal person h | — — — — — — — — — — — — — — — — — — — | | | | | |
| | - | ly we take a temperature | | | | | |
| | | ph" in the AR. RN 4 stated | | | | | |
| | _ | e patient's temperature or | | | | | |
| | | and did not ask the patient if | | | | | |
| | | nen RN 4 was asked if the | | | | | |
| | patient was breathing | , they stated, "I didn't | | | | | |
| | observe any chest ris | e and fall." In response to | | | | | |
| | the surveyor's follow- | up question in regard to | | | | | |
| | indications of oxygena | ation such as the patient's | | | | | |
| | | rance, RN 4 additionally | | | | | |
| | | t "was African American, had | | | | | |
| | | notice anything abnormal." | | | | | |
| | | and security staff pushed the | | | | | |
| | • | nair from the AR to LH1. One | | | | | |
| | | ted the patient's legs with a | | | | | |
| | _ | wouldn't drag. When they | | | | | |
| | | om on the unit, the unit RN | | | | | |
| | _ | laid the patient supine on | | | | | |
| | · | patient would not get on the 4 stated, "At that point, I | | | | | |
| | | off because there was no | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | I DENTIFICATION NUMBER: | | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP COD 2600 CENTER STREET NE SALEM, OR 97301 | • | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETION DATE | |
| A 144 | pulse. Nothing. I che nothing." The patient breathing, and they of 5.b. Incident docume 4, dated 04/18/2024 "Access control calle phone at around 10: County was waiting admission. Douglas drop off two admits to [Patient 26] who was and [Patient 1] was some The Douglas county the circle outside of ominutes, due to there van in Sally Port 8. [I outside Sally Port 9 to officers to find out how [RN 3] came back the reported to me ([RN officers said [Patient because [the patient is 'catatonic'. After sea. Douglas county purity staff showed up assigned to admit [P 26] and introduced the pt was taken to FW3 LH1 ([RN 13] along was taken to reported stand up, [they're] called the port of the ported stand up, [they're] called the patient of the presentation of the presentation of the patient of the presentation of the patient | atient, so I checked for a cked a sternal rub and thad no pulse and was not called a code blue. Intation recorded by AD RN and untimed, reflected that ad the main admissions office 47 to report that Douglas to get into Sally Port 8 for an County was scheduled to coost today on 4/18. Is scheduled to admit to FW1, scheduled to admit to LH1. It transport van was waiting in DSH for roughly 5-10 to being a secure transport RN 3] admissions RN, went to talk to the Douglas county ow the pts were doing. When rough Sally Port 9, [they] 4] Admissions RN) that the 1] will need a 'wheelchair' 'flops around like a fish' and recure transport left Sally Port alled into Sally Port 8. FW3 first, and [RN 3] who was atient 26] brought in [Patient them to the FW3 staff and that I. [Patient 1's] unit staff from with unit MHT) showed up to admit [Patient 1] as I had it note in avatar as well as a he jail RN. The deputy ssions area adjacent to Sally to me, '[Patient 1] won't atatonic. [They'll] need a ed the deputy '[They] won't | A 14 | 14 | | | |

| OLIVILIY | O I OIT WEDIONITE & | WEDIO/ ND OEI WIOLO | | | | <u> </u> | 7. 0000 000 1 |
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| NAME OF P | ROVIDER OR SUPPLIER | <u> </u> | | S | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 03/ | 00/2024 |
| | 10115211 011 001 1 21211 | | | | 600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | | SALEM, OR 97301 | | |
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| | | | | | 1 | | |
| A 144 | Continued From page | n 60 | | 444 | | | |
| A 177 | | | A | 144 | | | |
| | | inket was obtained by this | | | | | |
| | | the security assigned to help | | | | | |
| | | /18. As Sally Port 8 doors | | | | | |
| | | ess control, [MHST 18] held | | | | | |
| | | this RN followed deputies to with the wheelchair. The | | | | | |
| | | ooth doors to the back of the | | | | | |
| | | seen sitting in a slumped | | | | | |
| | | ack against van partition. As | | | | | |
| | I | s opened, there was sunlight | | | | | |
| | | into the back of the van, and | | | | | |
| | | atient 1's] eye open and | | | | | |
| | | to [Patient 1] that they | | | | | |
| | | into the wheelchair and | | | | | |
| | | ew seconds but pt did not | | | | | |
| | | s or indication that [they | | | | | |
| | - | . Deputies then assisted pt | | | | | |
| | on either side and lift | ed the pt into the wheelchair. | | | | | |
| | RN introduced [thems | selves] to [Patient 1] and | | | | | |
| | explained [they were] | at the hospital but pt did not | | | | | |
| | respond. RN asked fo | or pt to lift [their] legs, so | | | | | |
| | | led, but [Patient 1] did not lift | | | | | |
| | | uties each lifted one of the | | | | | |
| | | eg so [the patient's] heels | | | | | |
| | | g, and this RN wheeled | | | | | |
| | | s into the adjacent admitting | | | | | |
| | | ally Port 8. [MHST 18] had | | | | | |
| | | security at the request of this | | | | | |
| | | resent in the admitting area. | | | | | |
| | | d of [the patient] for [their] ID | | | | ſ | |
| | | ut [they] did not open [their] | | | | ſ | |
| | • | ssessing whether or not the | | | | ĺ | |
| | | ved in the admitting area, or | | | | ĺ | |
| | - | when officers reported that | | | | ĺ | |
| | | patient] as a threat, and | | | | ĺ | |
| | | n physically violent'. This RN officers to remove the cuffs | | | | ĺ | |
| | | ng any signs of aggressive | | | | ĺ | |
| | | e removed by officers. Pt | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING _ | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | <u>'</u> | 30,730,232-7 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE | |
| A 144 | wrapping a blanket of lifting them up so the Admissions RN and was taken onto LH1 first hallways on the the unit, where the pwas wheeled into [the patient] that it would get up. One si won't get up, [they're RN and another staf was now in a supine [RN 13], then begand [RN 13] tried verbal checking radial and breathing. This RN of the right side, and the RN confirmed with [Compressions were called on the radio by obtained with AED. Supine position for owas used for breath medical doctors arrived and too 6. Incident document dated 04/18/2024 ar [MHST 18], was the assist during the addinated of the puties of the p | unity to LH1, with one security underneath pt's legs and bey did not drag on the floor. Unit staff followed as well. Pt unit, and down one of the right hand side as you enter ot's assigned bedroom was. Pt unit is a sasigned bedroom was. Pt unit is assigned bedroom and [they] aff member said '[Patient] is catatonic'. Security and unit if lifted the pt onto the bed. Pt is position on the bed. Unit RN, doing [their] assessment. Stimuli, yelling pt's name, pedal pulse, checked for checked for radial pulse on the was no pulse felt. This RN 13] there was no pulse. Started, and a code blue was by security. Crash cart was Pt was moved to the floor in ompressions and ambu bag and the started in the security of the sec | A 1 | 44 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CO 2600 CENTER STREET NE SALEM, OR 97301 | | 3/06/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETION DATE | |
| A 144 | had to help place [Pbring [them] here to wheelchair to the vasitting. The officers a vehicle a couple time move. I am unsure a exit the vehicle and wheelchair. I stood hopen and called for security responded. [themselves] when [then I introduced my I would be taking [themselves] when [then I introduced my I would be taking [themselves]. So [AD asked [the patient] to was no response. The patient would be [they were]. So [AD ahead to remove the asked, "is [the patient deputies responded]. Incident document dated 04/18/2024 are a call came over the assistance at Sallyp 11:03. As I got close security staff and two a semicircle around of view to me in the sallyport 8. There we [MHT2 8], standing of the admit per protocothe room to not disruadmissions [RN 4], sattempting to get [themselves]. | outy. They mentioned that they atient 1] into the vehicle to OSH. [AD RN 4] took a n where the patient was asked the patient to exit the est o which the patient did not us to who helped the patient | A 14 | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | ISTRUCTION | ' ' | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING _ | | | | C / 06/2024 | |
| NAME OF PI | ROVIDER OR SUPPLIER | | | STREE | ET ADDRESS, CITY, STATE, ZIP CODE | 1 03/ | 100/2024 | |
| | | | | 2600 (| CENTER STREET NE | | | |
| OREGON | STATE HOSPITAL DIST | INCT PART | | SALE | M, OR 97301 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETION DATE | |
| A 144 | this was a behavior, this situation was go to this being a new a hospitalization. It is pagree to safety before [their] cuffs. The [the patient] hadn't be assistance was becaused and refused to respond a propped open the out to fill them in on When I came back in remove the cuffs, so doors ahead of them process. [TMHA 19] while [MHST 20] was up with a blanket, so ground. Halfway the with [MHST 20] and blanket. Once we go LH1, [RN 13] wanted [their] room (Room# | er to me to let me know that and I took that to mean that ing to be unpredictable due admission with no prior protocol to hear the patient re we can release [them] re deputies mentioned that een violent, that all their reuse [they were] 'catatonic' and. I saw that the unit staff re door to listen, so I stepped what the deputies had said. Into the room, they started to I left the room again to open at to ease the transportation was pushing the wheelchair is holding [the patient's] legs of [their] feet didn't drag on the re, [MHST 17] swapped out carried the patient's legs in a set to the patient's new unit, if to assess the patient in G02-143) so [RN 13] and the patient from the chair to | Α- | 144 | DETIGIENCY) | | | |
| | the bed. [RN 13] ser machine while [they] patient's chest, tap [[their] name. I stood patients walking by they came near." 8. Incident documen dated 04/18/2024 ar "When I arrived at S admission, [Patient wheelchair unrespor Admission [RN 4] as Douglas County how | at someone to grab the vitals continued to rub on the cheir] shoulders, and shout out in the hallway due to he room, redirecting them as tation recorded by MHST 17, and untimed, reflected that | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION IG | , , | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING _ | | | C 05/06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | ' | 33.03.202. |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| A 144 | [sic] is unresponsive attempting to get a r One of the deputies violent we just need truck by force becau cooperating with us. want to transport [Pa [their] feet being dra can use a blanket to and have someone lescorting the patient with holding the blar pushing the wheelch [sic] [MHST 20] due Once we arrived on entry hall, [the patient the wheelchair I asken helping move up [Pa Staff then entered throom G02-143. [RN assisted [the patient to do an assessment to check [their] pulse stated [they were] not check [they were] | s is how [the patient] always, and is catatonic.' [RN 4] was esponse from [the patient]. stated, '[the patient] is not ed to get [them] out of the se [they were] not '[RN 4] stated [they] did not atient 1] in the wheelchair with gged. [TMHA 19] stated we hold [the patient's] feet up hold the blanket while . [MHST 20] began to assist aket while [TMHA 19] was lair to Lighthouse 1. I relived to [them] needing a break. Lighthouse 1 in the main half continued to slide down in ed security to assist me in tient 1] in the wheelchair. e south hall and went into 13] and [TMHA 19] and I to [their] bed. [RN 13] began to n [the patient] and began en [their] right wrist, [RN 13] | A 1 | 44 | | |
| | closed with a blanke area/torso. Patient h | t placed around the cuff [sic] ad jail clothes on with no ent had belly chain and wrist | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | | 384008 | B. WING | | 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIS | TINCT PART | 2 | TREET ADDRESS, CITY, STATE, ZIP CODE 600 CENTER STREET NE SALEM, OR 97301 | 1 00/00/2024 | |
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| A 144 | saw. The deputies of stated that the paties someone unknown unresponsiveness to deputies responded patient]. They proces is not assaultive has the jail but that [they admission nurse [R remove the cuffs. T [MHST 20] put a bladegs, lifting them in ground. [TMHA 19] got Halfway to the be [MHST 20] could be else and repositions wheelchair. [TMHA bringing [them] backproceeded to the patient [RN 13], [TMHA 19] the wheelchair assistant pegan checking then requested for the blue to be called. The code blue, I assistant is a state of the code blue blue blue blue blue blue blue blu | ikle restraints from what I from Douglas County jail ent was unresponsive. I heard | A 144 | DEFICIENCY) | | |
| | death was 1156." 10. Incident docume 20, dated 04/18/202 "I responded to a casally Port 8. When County Deputies ar around a patient, lathat was in a wheele [the patient] as being | entation recorded by MHST 24 and untimed, reflected that all for security assistance at I arrived, I saw Douglas of OSH staff were standing ter identified as [Patient 1], chair. The Deputies described g catatonic. I asked the ent] had been responsive at | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | ` ′ | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING_ | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | 3/06/2024 | |
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| A 144 | moving up and down turned towards [the ploudly and there was there was abnormally around [their] mouth, again and there was who was assigned not then took a picture of admissions process. since [the patient] ap with us that we would legs so that we could Lighthouse 1 via the 11. Incident documer 19, dated 04/18/2024 "The admissions [RN have the deputies remembed the patient restraints where remembed harrival to the unit, we [their] assigned room nurse who accomparunit [RN 13] asked the bed. [MHST 14] of shoulder while I grab [RN 13] grabbed [the [sic] the patient was [sic] catatonic at that movement, I left as I assigned lunch perio | in the back of the van. I then patient] and addressed [them] no response. I observed that v thick but clear saliva I addressed [the patient] no response. [MHST 18], sew admissions processing [Patient 1], as part of the It was then decided that peared not to be cooperative d use a blanket to lift [their] I easily transport [them] to use of a wheelchair." Intation recorded by TMHA and untimed, reflected that I 4] made the decision to move the restraints before to Lighthouse 1, after the oved I grabbed the while [MHST 20] held up the easistance of a blanket coatient to Lighthouse 1. On moved [the patient] into a (unknown number), the unit nied us from admission to the last we move [the patient] on grabbed the patients left bed the right shoulder and patient's] legs and we move the wheelchair on to the still [sic] appeared to be in time. After assisting with the was already late for my | A 1 | 44 | | | |

| DEFICIENCIES ORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | 384008 | B. WING _ | | | C 05/04 | 8/2024 |
| VIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | <u>_</u> | 03/00 | 0/2024 |
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| ATE HOSPITAL DISTII | NCT PART | | | | | |
| | | | SALEM, OR 97301 | | | |
| (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION | SHOULD BE | | (X5) COMPLETION DATE |
| Continued From page | ÷ 75 | A 1 | 44 | | | |
| of [MHT 33]: I was do aw [Patient 1] being Inheelchair and [they] Inushing [them] in a w Inds were hanging of Invere holding [their] le | ing the RCM/SSM checks - I taken to [their] room via looked lifeless - security heelchair - [the patient's] out to the sides and staff | | | | | |
| 3, dated 04/18/2024 I was the RN assigned long with [MHT2 8]. Idmission Sally Port and as the county had as going to a different emained outside the vaiting for report from a ported that the pt who to walk, and [AD RN are as the county arrived at the een paged by admission the transport verified brought into the Subserve the pt from more ally Port. It was reported that was reported that the seen paged by admission the transport verified brought into the Subserve the pt from more ally Port. It was reported that he sally Port, one atther holding the pt's traped under [the pattwitched with [MHST wickly made our way the wheelchair, attern axplain the plan. We stall the transport to [their] room the transport the transport to [their] room the transpor | and untimed, reflected that ed to [Patient 1's] admission. We were called to the around 1100 and waited in a two patients and the first int unit. [MHT2 8] and I Sally Port per protocol, in the [AD RN 4]. It was as not cooperating, would 4] retrieved a wheelchair. It is sally Port, evidently having sions. The pt was retrieved incle utilizing the wheelchair sally Port; I was not able to make a soperative and not unity staff wheeled the pt out pushing [TMHA 19], the legs up with a blanket itent's] ankles ([MHST 20], 17] at some point). We to LH1; I walked alongside pting to engage the pt, passed the bubble on LH1 ded to take [Patient 1] and transfer [them] to | | | | | |
| | Continued From page [LH1 NM] is writing the fall [MHT2 8]. Was do aw [Patient 1] being wheelchair and [they] ushing [them] in a wands were hanging of wheelchair." 3. Incident documen 3, dated 04/18/2024 I was the RN assigned long with [MHT2 8]. I was do aw the fall [they] is writing the wheelchair." 3. Incident documen 3, dated 04/18/2024 I was the RN assigned long with [MHT2 8]. I was the RN assigned long with [MHT2 8]. I was the county had was going to a different emained outside the waiting for report from the properties of the transport very large wheelchair. It was reported that the ptwo to walk, and [AD RN becurity arrived at the emained outside the waiting for report from the properties of the transport very large wheelchair the plan witched with [MHST w | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 75 [LH1 NM] is writing this incident report on behalf of [MHT 33]: I was doing the RCM/SSM checks - I aw [Patient 1] being taken to [their] room via wheelchair and [they] looked lifeless - security the security is and sere hanging out to the sides and staff were holding [their] legs to keep [them] in the | A BUILDIN 384008 P. WIDER OR SUPPLIER ATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 75 [LH1 NM] is writing this incident report on behalf if [MHT 33]: I was doing the RCM/SSM checks - I aw [Patient 1] being taken to [their] room via wheelchair and [they] looked lifeless - security ushing [them] in a wheelchair: [the patient's] ands were hanging out to the sides and staff were holding [their] legs to keep [them] in the wheelchair." 3. Incident documentation recorded by LH1 RN 3, dated 04/18/2024 and untimed, reflected that I was the RN assigned to [Patient 1's] admission long with [MHT2 8]. We were called to the dmission Sally Port around 1100 and waited in the ast he county had two patients and the first was going to a different unit. [MHT2 8] and I emained outside the Sally Port per protocol, waiting for report from the [AD RN 4]. It was eported that the pt was not cooperating, would not walk, and [AD RN 4] retrieved a wheelchair. Security arrived at the Sally Port, evidently having een paged by admissions. The pt was retrieved room the transport vehicle utilizing the wheelchair and brought into the Sally Port; I was not able to observe the pt from my vantage point outside the sally Port. It was reported to us that the pt was ontinuing to be uncooperative and not esponding. Two security staff wheeled the pt out of the Sally Port, one pushing [TMHA 19], the ther holding the pt's legs up with a blanket raped under [the patient's] ankles ([MHST 20], witched with [MHST 17] at some point). We uickly made our way to LH1; I walked alongside the wheelchair, attempting to engage the pt, xplain the plan. We passed the bubble on LH1 to their] bed. On arrival to [patient's] room, security | WIDER OR SUPPLIER AS BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 200 CENTER STREET NE SALEM, OR 97301 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 75 [LH1 NM] is writing this incident report on behalf f [MHT 33]: I was doing the RCM/SSM checks - I away [Patient 1] being taken to [their] room via //heelchair and [they] looked lifeless - security ushing (them) in a wheelchair - [the patient's] ands were hanging out to the sides and staff //ere holding [their] legs to keep [them] in the //heelchair.* 3. Incident documentation recorded by LH1 RN 3, dated 04/18/2024 and untimed, reflected that I was the RN assigned to [Patient 1's] admission long with [MHT2 8]. We were called to the dimission Sally Port around 1100 and waited in ne as the county had two patients and the first vas going to a different unit. [MHT2 8] and I emained outside the Sally Port, evidently having een paged by admissions. The pt was retrieved rom the transport vehicle utilizing the wheelchair ned brought into the Sally Port, I was not able to bserve the pt from my vantage point outside the sally Port. It was reported to us that the pt was notinuing to be uncooperative and not seponding. Two security staff wheeled the pt out f the Sally Port, one pushing [TMHA 19], the ther holding the pt's legs up with a blanket raped under [the patient's] ankles (IMHST 20], witched with [MHST 17] at some point). We uickly made our way to LH1; I walked alongside ne wheelchair, attempting to engage the pt, yalain the plan. We passed the bubble on LH1 1111. We had decided to take [Patient 1] irrectly to [their] room and transfer [them] to heir] bed. On arrival to [patient's] room, security | IDENTIFICATION NUMBER: 384008 STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET TR SALEM, OR 97301 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION) Continued From page 75 LH1 NM] is writing this incident report on behalf if IMHT 33! I was doing the RCM/SSM checks - I aw (Patient 1) being taken to [their] room via rheelchair and [they] looked lifeless - security ushing (them] in a wheelchair - (the patient's) ands were hanging out to the sides and staff rever holding (their) legs to keep (them) in the rheelchair. 3. Incident documentation recorded by LH1 RN 3, dated 04/18/2024 and untimed, reflected that the was the RN assigned to [Patient 1's] admission long with [MHT2 8]. We were called to the dmission Sally Port around 1100 and waited in ne as the county had two patients and the first was going to a different unit. [MHT2 8] and I emained outside the Sally Port, evidently having een paged by admissions. The pt was retrieved om the transport vehicle utilizing the wheelchair, eiecurity arrived at the Sally Port, evidently having een paged by admissions. The pt was retrieved om the transport vehicle utilizing the wheelchair and brought into the Sally Port, it was not able to beserve the pt from my vantage point outside the sally Port, it was reported to us that the pt was ontinuing to be uncooperative and not esponding. Two security staff wheeled the pt out the Sally Port, one pushing [TMHA 19], the three holding the pt's legs up with a blanket raped under [the patient's] ankles ([MHST 20], witched with [MHST 17] at some point). We uickly made our way to LH1; I walked alongside he wheelchair, attempting to engage the pt, xplain the plan. We passed the bubble on LH1 to their jown and transfer [them] to heir] bed. On arrival to [patients] contents to the property of the prop | A BUILDING 384008 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 200 CENTER STREET NE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY BUTS ARE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 75 [LH1 NM] is writing this incident report on behalf (f [MHT 33]: I was doing the RCM/SSM checks - I aw (Patient 1) being taken to fitherly room via sheelchair and (they) looked lifeless - security ushing (them) in a wheelchair. (the patient's) ands were hanging out to the sides and staff rere holding (their) loom was the selection of the sides and staff was the RNA assigned to [Patient 1's] admission long with [MHT2 8]. We were called to the dinsission Sally Port around 1100 and waited in ne as the county had two patients and the first assigned and staff was the RNA admission. The pt was retrieved on the transport vehicle utilizing the wheelchair meanined outside the Sally Port, evidently having een paged by admissions. The pt was retrieved on the transport vehicle utilizing the wheelchair not brown thin the Sally Port, I was not able to bserve the pt from my vantage point outside the sally Port, was not able to bserve the pt from my vantage point outside the sally Port, I was not able to bserve the pt from my vantage point outside the sally Port, I was not able to bserve the pt from my vantage point outside the sally Port, I was not able to bserve the pt from my vantage point outside the sally Port, I was not able to bserve the pt from my vantage point outside the sally Port, I was not able to was endough the patient's jankes (MHST 20), witched with [MHST 17] at some point). We utickly made our way to LH1; lawlked alongside ne wheelchair, attempting to engage the pt, vapain the plan. We passed the bubble on LH1 tit11. We had decided to take [Patient 1] irectly to [their] room and transfer [them] to her provided the provided provided the provided pr |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ' | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING_ | | | C 05/06/2024 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODI | • | 15/06/2024 |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | 2600 CENTER STREET NE SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | (X5) COMPLETION DATE |
| A 144 | Continued From page | e 76 nto the bed. During that | A 1 | 44 | | |
| | transfer, I noted the phave been expected pt. I immediately beg [their] R wrist and be loudly. I performed stelicit a response verb to be no response I roblue (code was called to find a pulse under carotid, pedal while of [them] verbally and wfor chest rise (this wapatient] was in loose open [the patient's] epupil; I used my flash reactivity was seen. Subegan chest compresarrived with the AED applying the AED patthe floor to have a miccontinued compressibag respirations followas requested and a Various staff and menthrough administering respirations. CPR wafollowing prompts fro advised) until paramethe situation." | ot was more limp than would from a simply unresponsive an checking for a pulse on gan calling [their] name ternal rubs when I could not eatly. When there continued equested staff call a code of @ 1114). I then attempted [the patient's] upper arm, continuing to attempt to rouse with sternal rubs and watch as difficult to assess as [the fitting jail clothing). I pulled eye lid and noted a dilated dilight to test reactivity and no staff arrived quickly and we essions (@ 1115). Staff and crash cart. After ds, we transferred the pt to core firm surface and cons alternating with AMBU wing CPR protocol. Narcan dministered by [PMHNP 23]. dical personnel rotated grompressions and AMBU as continued per protocol, m AED (no shock ever edics arrived and took over eleginning at 1155, survey only each of the protocol of the protocol ending at 1155, survey only each of the protocol of the protocol of the protocol ending at 1155, survey only each of the protocol of the protocol of the protocol ending at 1155, survey only each of the protocol of the protocol of the protocol ending at 1155, survey only each of the protocol of the proto | | | | |
| | occurred on 04/18/20 1 was transported in arrived to the OSH S | gameline of events that 124 when the vehicle Patient from Douglas County Jail ally Port 8. Regarding the as no camera view provided | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | : | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 03/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY) | D BE COMPLETION | |
| A 144 | of the transport van that the entirety of the visualized. The came the back of the van vof the Sally Port so the sally Port sally Port self sally Port self sally Port sally Powalked back to the sally Powalked inside and looked inside and sally sall | howed directly into the back used to transport Patient 1 so he inside of the van could be era that showed the view at was mounted off to the side hat a side view of the right. It be visualized. With both rearnly a small portion of the ompartment could be seen. In and clarity of some of the oor and details of some ar. Further, there were lee review where video onds when there was activity y video may skip seconds or is no activity occurring. 2 and 1056:23 two camera ort 8 showed: A DC Jail into Sally Port 8 with two DC one front seats. The garage is van had fully entered the both walked to the back of the the back doors, removed two did walked away towards the proom. At ~ 1056:07 Patient rough the passenger right end in front of the second DC door to the admitting room. 3 and 1100:20 one camera ort 8 showed: A DC deputy back of the van, opened one and looked inside momentarily, the door, then reopened it and left it open. They stood at and periodically looked inside | A 144 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | | A. BOILD | | | Ι, | c l |
| | | 384008 | B. WING | | | | 06/2024 |
| NAME OF P | ROVIDER OR SUPPLIER | 33.333 | | | STREET ADDRESS, CITY, STATE, ZIP CODE | 05/ | 06/2024 |
| TO THE OT THE | TO VIDER OR GOLF EIER | | | | 2600 CENTER STREET NE | | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | | SALEM, OR 97301 | | |
| | | | 1 | <u> </u> | <u> </u> | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 144 | views inside Sally Podeputy approached the joined the first deputy RN 4 who pushed a van. The deputies op both back van doors only a portion of Patie visualized up against They were positioned body was facing the iside panel of the van seen on the van floor was at the very end oclosure was, their left bent at the knee and the van. The two dep the van floor and in a movements took the rotated them to place no indication that Pat resisting. The parts ovisualized were limp. was positioned in the the level of the top of head slumped fully for and their eyes closed and place it around Pshoulders and wrapphandles. At 1101:38 a w/c backward toward 1's upper body was olower in the w/c and stheir head was slumptheir face, including in | and 1102:20 two camera art 8 showed: The second DC he back of the van and which immediately followed by which towards the back of the ened the other door so that were open. At ~ 1100:28 and 1's lower body was the rear left side of the van. If on the floor so that their interior of the left rear corner, their left buttocks could be the floor where the door at leg was observed to be had partially fallen outside of a ties picked Patient 1 up off which was assisting or a them in the which their hody of their body that could be their body that could be the patient 1, who was Black, which with their shoulders at the who seat back, their orward towards their chest, and the ends around the who as the RN began to pull the so the admitting room Patient observed to be positioned slumped toward, the lower part of | A | 144 | , | | |
| | 4 pulled the w/c back | wards along the side of the itting room door, both | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 ' ' | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | C 05/06/2024 | |
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| A 144 | up one of the patier patient's feet off the * At ~ 1102:24 one of admitting room attar RN 4 pulled the w/of the admitting room. patient's right pant I right hand. The other patient's left pant left leg with their left hand feet were dangling supatient's hands were head was slumped closed, and their fact blanket that was he their chest and shout the standard Patient 1 in room. The deputies body periodically blottime four other staff two deputies) arrived be seen to lean over | ent with each having picked ht's pants legs to lift the ground. camera view inside the ched to Sally Port 8 showed: with Patient 1 backward into One deputy had hold of the eg near the hem with their er deputy had hold of the g near the middle of the pant nd. Both of the patient's bare slightly above the floor. The e cuffed in their lap. Their forward, their eyes were be was covered by the blue lid in place by RN 4 around adders and the w/c handles. O and 1105:50 one camera witting room showed: RN 4 the w/c near the middle of the positions around the patient's bock the camera view. At this (not including RN 4 and the dinto the room. The RN can er towards the patient on the | A 14 | | | |
| | the patient although behind one of the dideputies stepped an observed to be slun however, the patien covered by the blue their chest and shou 4 had their right har below the patient's in blanket to uncover the | and arms are extended toward the patient cannot be seen eputies. At ~ 1103:02 the way and the patient was upped further down in the w/c, t's face was no longer blanket that remained around ulders. It looked as though RN und on or near the blanket face as if they moved the their eyes were closed. At | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ' | ` ′ | IPLE CONSTRUCTION IG | , , | (X3) DATE SURVEY COMPLETED | |
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| | | | | SALEM, OR 97301 | | | |
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| A 144 | Continued From page | ∋ 80 | A 1 | 44 | | | |
| | and was observed to staff that had gathere and faced the patient patient. Two of those leaned towards the p of the patient with celeight other staff in the room (excluding the p talk amongst themse Patient 1 remained m their wrists in law enfrestraints, their chin leyes closed. Patient movement. At ~ 1104 toward the patient, ex | aid on their chest, and their | | | | | |
| | clothing near their sh clear. At ~ 1104:24 or approached the patie extended their arm to was no visible respor Patient 1. At ~ 1104:2 law enforcement tran patient's wrists. At ~ hand was free from the forearm, wrist, and has their right thigh. At the observed to have slid blue blanket was rem slumped fully forward chest, their eyes were extended straight in feet on the ground. A took the blue blanket another staff person paround both the paties | oulder, or the w/c. It was not ne of the staff persons ant, leaned toward them, and awards the patient. There are or movement from 29 a DC deputy removed the sport restraints from the 1105:08 when their right and slid down and across at time the patient was I further down in the w/c, the avect, their head remained I with their chin on their eclosed, and their legs were ront of them with their bare t ~ 1105:27 a staff person and with assistance from positioned it under and ent's legs at the knees and ports to lift the patient's legs | | | | | |

| , , | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l ` ′ | PLE CONSTRUCTION G | | TE SURVEY MPLETED |
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| A 144 | buttocks were near to their arms had fallen seat on either side of staff person pushed staff person held the patient's legs to keep group moved toward admitting room into a inpatient unit. At no troom did the patient open their eyes or do movement. At no tim touch or other activity construed as a patient and held the patient's 13 and six other staff 1 through hospital had Patient 1 remained in closed and slumped limply on the w/c seat and their chin laid on camera views during the blanket around the hold the patient's leg been tied and knotte staff pushed the patiens assigned patient room that was last video on the video recording be staff activities in the lafter Patient 1 entered Code Blue response | that time the patient's or sliding off of the w/c and off their thighs onto the w/c and off their thighs onto the w/c and their body. At ~ 1105:44 one the w/c forward and another blanket that was around the or them off the ground and the or the analysis to resist, nor did they emonstrate any observable er was there any meaningful by by any staff that could be not assessment component. If and 1108:30 four camera wo staff who pushed the w/c is legs up were joined by RN or as they transported Patient allways to the inpatient unit. In the oritical shade of their body of their chest. Overhead the transport showed that the patient's knees used to be up during transport had do or twisted. At ~ 1108:30 cent in the w/c into the or the inpatient unit and or twisted. At ~ 1108:30 cent in the w/c into the or the inpatient unit and or twisted. At ~ 1108:30 cent in the w/c into the or the inpatient unit and observation of Patient 1. | A 1 | 44 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED | |
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| A 144 | survey team obse transport van was deputies agreed to hospital staff presovan. A rear compafrom the rest of the entire width of the divided into two undivider from floor the bottom portion. The large of the width of the built-in black meta silver metal top. No black box there wo outward under who The boxes were thand were ~ 2 feet space that remain box and the interior back doors closed 15.b. During the oindicated that individended that individended the divider 15.c. In an email of the DSC provided | 24 at ~ 1320 while in the AD the rved that a Douglas County Jail parked in Sally Port 8. DC o show the survey team and ent the inside of the back of the artment that was fully separated e van was observed. It was the van and ~ 3 feet deep. It was nequal sections with a rigid o ceiling comprised of metal on and metal screen on the top resection comprised ~ two thirds van. Each section contained a I box that was covered with a ear the top and center of each as a handle that protruded ich a padlock was dangling. The entire width of each section high off the floor. The floor ed in each section between the or end of the van where the | A 1 | | | | |
| | of the 05/02/2024 the license plate n observed on 05/02 plate number as the | | | | | | |
| | 16. Documentation | n in Patient 1's medical record | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l ` ′ | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
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| A 144 | Telephone Orders" for medication order for 1120. * A Douglas County Commitment to Oreg. * A Pre Admit Note v and timed 04/18/202 RN's encounter with described under Fine. * A Nursing Progress and dated and timed reflected the RN's er also described unde Tag. * A Nursing Progress and dated and timed reflected the NN's er also described unde Tag. * A Nursing Progress and dated and timed reflected the NM's er the time they were n needed for Patient 1 is also described und Tag. * A Psychiatry Gene psychiatrist, MD 30, 04/18/2024 at 1451. encounter with Patie responded to the Co. * A Psychiatry Gene psychiatrist, MD 27, | Hospital Non-Medication form that contained a Narcan dated 04/18/2023 at Circuit Court "Order of gon State Hospital." Written by AD RN 4 and dated 44 at 1338 that reflected the Patient 1 that is also ding 5.b. above in this Tag. Is Note written by LH1 RN 13 at 04/18/2024 at 1304 that incounter with Patient 1 that is a Finding 13 above in this so Note written by the LH1 NM 104/18/2024 at 1636 that incounter with Patient 1 from otified that a Code Blue was who had arrived on LH1 and der Finding 27 below in this aral Note that was written by a and dated and timed lt reflected the MD's int 1 from the time they de Blue called on LH1. It is ral Note that was written by a and dated and timed | A 1 | 44 | | | |
| | responded to the Co There was no other record. 17.a. As described uthis Tag, the Interim | nt 1 from the time they de Blue called on LH1. documentation in the medical under Finding 2.c. above in OSHS, who was the CMO, ctive" dated 04/19/2024 that | | | | | |

| DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | | ' ' | DATE SURVEY COMPLETED |
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| (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION S | SHOULD BE | (X5) COMPLETION DATE |
| contained three parts and document a brief vital signs upon patie transport to the inpatinot responsive in AD emergency must be inpatient was combative while in the AD, that with the unit RN and documented in the madmitted to the hospin CMO Directive, 04/19 were reviewed. The rethose 24 patients had vital signs required by documented in their rethose 24 patients had vital signs were not documented in their rethose 24 patients and vital signs were not documented in their rethose 24 patients and community of the patient 2 on 04/19/20 that date reflected the inpatient unit at 0945 crutches and community Directive was issued 04/19/2024 at 1007, and admissions on 04/19/2024 at 1007, and admissions on 04/19/2024 at 1007, and the vital signs were patient 24 on 04/25/2 was too combative are 3rd CMO Directive its contained the require additionally an incide the AD RN. | : 1. AD RNs would perform assessment that included nt entry to AD and prior to ent unit. 2. If a patient was the possibility of a medical mmediately assessed. 3. If a e to have vital signs taken was to be communicated to mented. Ist and 3rd items on the nedical records of all patients tal beginning the day of the 1/2024, through 04/25/2024 eview reflected that 22 of 1/2024, the price assessment and or the commented in the AD, 1/24, the inpatient note on the and was ambulatory with nicative with staff. The CMO by email to AD staff on after the two morning 1/2024. In the second record the not taken in the AD, 1/2024, the patient's behavior and in accordance with the tem the medical record do AD RN note, and ant report had been filed by the comment of the CMO Directive on the CMO Directive on the comment of the medical record the not taken in the AD, 1/2024, the patient's behavior and in accordance with the tem the medical record the not taken in the AD, 1/2024, the patient's behavior and in accordance with the tem the medical record the not taken in the AD, 1/2024, the patient's behavior and in accordance with the tem the medical record the not taken in the AD, 1/2024, the patient's behavior and in accordance with the tem the medical record the comment of the CMO Directive | A 1 | 44 | | |
| | | | | | |
| | Continued From page contained three parts and document a brief vital signs upon patie transport to the inpatinot responsive in AD emergency must be inpatient was combative while in the AD, that with the unit RN and document and document and the unit RN and document and the inpatient and the inpatient and the inpatient and the inpatient unit at 0945 crutches and community and the inpatient unit at 0945 crutches and community and the inpatient and the inpatient and the inpatient and the required that if a patient and the required the requi | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 84 contained three parts: 1. AD RNs would perform and document a brief assessment that included vital signs upon patient entry to AD and prior to transport to the inpatient unit. 2. If a patient was not responsive in AD the possibility of a medical emergency must be immediately assessed. 3. If a patient was combative to have vital signs taken while in the AD, that was to be communicated to the unit RN and documented. 17.b. Regarding the 1st and 3rd items on the CMO Directive, the medical records of all patients admitted to the hospital beginning the day of the CMO Directive, 04/19/2024, through 04/25/2024 were reviewed. The review reflected that 22 of those 24 patients had the brief assessment and vital signs required by the CMO Directive documented in their medical records. 17.c. In one record where a brief assessment and vital signs were not documented in the AD, Patient 2 on 04/19/2024, the inpatient note on that date reflected the patient arrived on the inpatient unit at 0945 and was ambulatory with crutches and communicative with staff. The CMO Directive was issued by email to AD staff on 04/19/2024 at 1007, after the two morning admissions on 04/19/2024. In the second record where vital signs were not taken in the AD, Patient 24 on 04/25/2024, the patient's behavior was too combative and in accordance with the 3rd CMO Directive item the medical record contained the required AD RN note, and additionally an incident report had been filed by | ROVIDER OR SUPPLIER STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 84 contained three parts: 1. AD RNs would perform and document a brief assessment that included vital signs upon patient entry to AD and prior to transport to the inpatient unit. 2. If a patient was not responsive in AD the possibility of a medical emergency must be immediately assessed. 3. If a patient was combative to have vital signs taken while in the AD, that was to be communicated to the unit RN and documented. 17.b. Regarding the 1st and 3rd items on the CMO Directive, the medical records of all patients admitted to the hospital beginning the day of the CMO Directive, o4/19/2024, through 04/25/2024 were reviewed. The review reflected that 22 of those 24 patients had the brief assessment and vital signs required by the CMO Directive documented in their medical records. 17.c. In one record where a brief assessment and vital signs were not documented in the AD, Patient 2 on 04/19/2024, the inpatient note on that date reflected the patient arrived on the inpatient unit at 0945 and was ambulatory with crutches and communicative with staff. The CMO Directive was issued by email to AD staff on 04/19/2024 at 1007, after the two morning admissions on 04/19/2024, the patient's behavior was too combative and in accordance with the 3rd CMO Directive item the medical record contained the required AD RN note, and additionally an incident report had been filed by the AD RN. 17.d The 2nd item on the CMO Directive required that if a patient was not responsive in | ROWDER OR SUPPLIER STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 84 contained three parts: 1. AD RNs would perform and document a brief assessment that included vital signs upon patient entry to AD and prior to transport to the inpatient unit. 2. If a patient was not responsive in AD the possibility of a medical emergency must be immediately assessed. 3. If a patient was combative to have vital signs taken while in the AD, that was to be communicated to the unit RN and documented. 17. b. Regarding the 1st and 3rd items on the CMO Directive, the medical records of all patients admitted to the hospital beginning the day of the CMO Directive, the medical records of all patients admitted to the hospital beginning the day of the CMO Directive, the medical records. 17. c. In one record where a brief assessment and vital signs vere not documented in the AD, Patient 2 on 04/19/2024, the inpatient note on that date reflected the patient arrived on the inpatient unit at 0945 and was ambulatory with crutches and communicative with staff. The CMO Directive was issued by email to AD staff on 04/19/2024 at 1007, after the two morning admissions on 04/19/2024, the inpatient behavior was too combative and in accordance with the 37 of CMO Directive item the medical record contained the required AD RN note, and additionally an incident report had been filed by the AD RN. 17. d. The 2nd item on the CMO Directive required that if a patient was not responsive in | ROVIDER OR SUPPLIER STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEPOSITIONS (EACH ORSPICENCE) WIS 18 PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 84 contained three parts: 1. AD RNs would perform and document a brief assessment that included vital signs upon patient entry to AD and prior to transport to the inpatient unit. 2. If a patient was not responsive in AD the possibility of a medical emergency must be immediately assessed. 3. If a patient was combative to have vital signs taken while in the AD, that was to be communicated to the unit RN and documented. 17. b. Regarding the 1st and 3rd items on the CMO Directive, the medical records of all patients admitted to the hospital beginning the day of the tosse 24 patients had the brief assessment and vital signs required by the CMO Directive documented in the AD, Patient 2 on 04/19/2024, through 04/25/2024 were reviewed. The review reflected that 22 of those 24 patients had the brief assessment and vital signs were not documented in the AD, Patient 2 on 04/19/2024, the inpatient note on that date reflected the patient arrived on the inpatient unit at 0945 and was ambulatory with orutches and communicative with staff. The CMO Directive was issued by email to AD staff on 04/19/2024 at 1007, after the two morning admissions on 04/19/2024, the patient's behavior was too combative and in accordance with the 3rd CMO Directive item the medical record ontained the required AD RN note, and additionally an incident report had been filed by the AD RN. |

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| A 144 | Continued From pag | e 85 ssed. Survey findings | A 1 | 44 | | |
| | assessed to require response in the AD to fragmented state of a supplies and equipment that a response wou efficient. The detailed under Findings 18 that the basis for identified referred to under the above for this Tag, a statement with the supplies and the supplies are supplies and the supplies and the supplies and the supplies are supplies and the supplies and the supplies and the supplies are supplies and the supplies are supplies and the supplies and the supplies and the supplies are supplies are supplies are supplies and the supplies are supplies are supplies are supplies and the supplies are supplies are supplies are supplies are supplies are supplined as a supplies are supplies are supplies are supplies are supp | the medical emergency tent in that area was such ld not likely be timely or d findings are described rough 21.c. below and were ation of the IJ situation Deficient Practice Statement and under Tag A-0000. The statement of the IJ situation The situation of the IJ situation of t | | | | |
| | 04/24/2024 at 1020, * Upon entering AD I of the hall led into the secure door led into area. Another secure directly into Sally Po A floor to ceiling garabetween the drive-in the building so that at the garage and have secured behind the variety from the AD hall, the door, a secure door sliding window was coffice and drive-in garagent the window and individuals in the gar | o the right of the AR entry lead into the AD office. A observed between the AD arage so that AD staff could d communicate with | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED C | | | |
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| A 144 | Continued From pag | | A 144 | | |
| | door led into room G * A secure door lead observed near the A had a secure door th of the building and r | ling to Sally Port 9 was dmissions office. Sally Port 9 nat led directly to the outside to drive-in garage. | | | |
| | at 1610 with Interim observations include * In AD office, a port | able oxygen tank and a blue le Bag. The bag had multiple | | | |
| | breakaway locks. The contained an Ambu oximeter, oxygen tule emergency supplies | ne bag was opened and bag, dressings, pulse bing, pen lights, and other . There was no inventory list | | | |
| | Blue Bag. A clipboal partially completed ' Checklist" Attachme Code Blue Bag. | fied the contents of the Code rd with multiple copies of Emergency Equipment ont A was observed near the | | | |
| | breakaway lock. The red professional type | observed with a green e lid read "Emergency Box" in | | | |
| | the Forensics Evalu around a corner fron * Observation of the nurse station involve | ation area down a hall and n the AR. path from AR to outside AN1 ed leaving AD and going | | | |
| | the Code Blue Bag wate that reflected waterised. The top por | | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| OREGON | STATE HOSPITAL DISTII | NCT PART | | ; | SALEM, OR 97301 | | |
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| A 144 | Continued From page | e 87 | A | 144 | | | |
| | "Consult with Nursing | Supervisor if any | | | | | |
| | equipment problems. | Every section must be | | | | | |
| | | cklist had a "Date" column | | | | | |
| | with rows numbered | | | | | | |
| | following items each | | | | | | |
| | - "Y N" for "AED Pres | | | | | | |
| | | e Bag or Red Cart Lock | | | | | |
| | Intact." | ov Mod Pov Look Intact" | | | | | |
| | | cy Med Box Lock Intact" 「ank = 1000 p.s.i."F- "Y N" | | | | | |
| | for "Suction Machine | • | | | | | |
| | Operational" | Charged, Olcan & | | | | | |
| | • | d spaces for recording time, | | | | | |
| | comments, and signa | | | | | | |
| | 20.c. The "Emergence Attachment A for Janu | y Equipment Checklist, | | | | | |
| | | was reviewed and was | | | | | |
| | incomplete and did no | | | | | | |
| | emergency supplies a | | | | | | |
| | | e when needed. Examples | | | | | |
| | included: | | | | | | |
| | - The spaces for docu | umenting the time was blank | | | | | |
| | - For 01/01/2024, 01/ | | | | | ſ | |
| | | 24 and 01/31/2024, "Y" and | | | | | |
| | | or otherwise marked for | | | | | |
| | "Code Blue Bag or Re | ed Cart Lock Intact" and | | | | | |
| | | p.s.i." checks. In addition, | | | | | |
| | spaces for documenti | ing signature were blank for | | | | | |
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| | | cumenting "AED Present", | | | | ſ | |
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| A 144 | Continued From pag | e 88 | A 14 | .4 | |
| | Attachment A for Feb. "Month/Year: Feb 20. incomplete. Example - The spaces for doc every day of the mon - For dates 02/02/202 and 02/19/2024, "Y" otherwise marked for Cart Lock Intact" and checks. Spaces for do blank for those dates - The columns for do "Emergency Med Bo Machine Charged, C squiggly line drawn ti - The spaces for doc blank. 20.e. The "Emergency Attachment A for Man March 2024" was rev - The spaces for doc every day of the mon - For 03/01/2024, "Y' otherwise marked for Cart Lock Intact" che was blank For 03/01/2024, 03/ 03/20/2024, 03/21/20 "N" were not circled of "Oxygen Tank = 1000 - The columns for do "Emergency Med Bo Machine Charged, C squiggly line drawn ti | 24" was reviewed and was is included: umenting the time was blank of the control | | | |

| DEFICIENCIES ORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| The spaces for do plank every day of the 20.f. The "Emerger Attachment A for Aparil" was reviewed The spaces for do every day through the For 04/10/2024, 04/15/2024, 04/15/2024, 04/15/2024, 04/15/2024, 04/16/2 and 04/24/2024, "Yestherwise marked for Cart Lock Intact" and checks. Spaces for plank for those date The columns for definition of the Emergency Med Bendament of the spaces for do plank every day of the spac | cumenting comments were the month. Incy Equipment Checklist, oril 2024 dated "Month/Year: It cumenting the time was blank the date of this survey. 4/11/2024, 04/12/2024, 04/23/2024 If and "N" were not circled or or "Code Blue Bag or Red and "Oxygen Tank = 1000 p.s.i." documenting signature were the ses. Incumenting "AED Present", ox Lock Intact", and "Suction Clean & Operational" had a through each and there was that reflected those had been cumenting comments were the month. Incumenting comments were the month of the month of the comment of the comm | A 144 | | |
| | Continued From pa The spaces for do plank every day through the spaces for do provided the spaces for | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 89 The spaces for documenting comments were blank every day of the month. 20.f. The "Emergency Equipment Checklist, attachment A for April 2024 dated "Month/Year: April" was reviewed: The spaces for documenting the time was blank every day through the date of this survey. For 04/10/2024, 04/11/2024, 04/12/2024, 04/15/2024, 04/16/2024, 04/22/2024, 04/23/2024 and 04/24/2024, "Y" and "N" were not circled or otherwise marked for "Code Blue Bag or Red Cart Lock Intact" and "Oxygen Tank = 1000 p.s.i." thecks. Spaces for documenting signature were blank for those dates. The columns for documenting "AED Present", Emergency Med Box Lock Intact", and "Suction Machine Charged, Clean & Operational" had a quiggly line drawn through each and there was no documentation that reflected those had been shecked. The spaces for documenting comments were blank every day of the month. 20.g. The checklist being used in OSH-Salem AD was not the same version as the Emergency/Medical Equipment Checklist" attachment A with revision date "10/2023" in the 28P titled "Emergency and Multi-Patient-Use Medical Equipment" in Findings 22.b. and 22.c. telow. For example, the checklist being used in ND reflected "AED Present". The checklist in the 28P reflected "AED shows green check". The | A BUILDING 384008 B. WING ATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 89 The spaces for documenting comments were lank every day of the month. Co.f. The "Emergency Equipment Checklist, Matachment A for April 2024 dated "Month/Year: April" was reviewed: The spaces for documenting the time was blank every day through the date of this survey. For 04/10/2024, 04/11/2024, 04/12/2024, 04/23/2024, 04/15/2024, 04/16/2024, 04/12/2024, 04/23/2024 and 04/24/2024, 04/10/2024, 04/12/2024, 04/23/2024 and 104/24/2024, 104/16/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 104/16/2024, 04/23/2024 and 104/24/2024, 104/16/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 104/16/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 04/16/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/23/2024 and 104/24/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/23/2024 and 04/24/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 04/16/2024, 04/23/2024, 04/16/2024, 0 | A BUILDING 384008 STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 89 The spaces for documenting comments were lank every day of the month. 10.f. The "Emergency Equipment Checklist, tttachment A for April 2024 dated "Month/Year: April" was reviewed: The spaces for documenting the time was blank very day through the date of this survey. For 04/10/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/12/2024, 04/16/2024, 04/12/ |

| | ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| A 144 | Continued From pag | e 90 | A 1 | 44 | | |
| | In addition, observat Findings 20.a. and 2 zippered pockets wit the checklist did not system for tracking e bag had not been op supplies removed wi 20.h. During intervie 3 stated: * If a patient was unr call a code blue and and medication obse or a "code cart might unit." * The Emergency Kit contained Narcan. * There was no sucti patient needed sucti brought from [AN1]." | ions of the Code Blue Bag in 1.a. reflected it had multiple h breakaway locks. However, provide instructions or a each of those to ensure the ened and emergency thout staff awareness w on 04/24/2024 at 1620, RN responsive in AD they would use the emergency supplies erved in Finding 20.a. above to be brought from an inpatient at in Room G04-117A on equipment in AD and if a on "a code cart would be The closest code cart was | | | | |
| | observed in Finding list attached to the be emergency supplies for the supplies list at The "Emergency E observed near the Completed "Monday" 21.a. During tour of 604/25/2024 at 1230, the door leading in 11 size, professional read "Code Blue E Handwritten entries to "Blue bag + O2 are to | g with emergency supplies 20.a. should have a supplies ag that identified the inside the bag. RN 3 looked nd could not find it. quipment Checklist" ode Blue Bag should be | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING | | ' ' | (X3) DATE SURVEY COMPLETED C | | | |
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| A 144 | the AD office revealed observed during AD Four red breakaway zippered top and sid was observed with the with RN 1 and contect compared with an interceived for the Cooleadership earlier the was untitled, undate "Center", "Rt. Side". Review of the inventitems in the Code Blinconsistent and undate "The inventory list in Pen Light (on lid with [quantity] 2 [and] crossed through "2 [and] crossed through "2 [and] crossed through "12 [and] the bag as the sheet were lined out the bag as the sheet were lined out the bag. Similarly, it should be in the bag inventory sheet were also included "Steth" | RN 1 of a Code Blue Bag in ed it was the same style tour on 04/24/2024 at 1610. I locks were observed on the le pockets. No inventory list he bag. The bag was opened ents were observed and eventory list that had been le Blue Bag from hospital e same day. The inventory list and had sections for and "Lf. Side" pockets. tory list and observation of the lue Bag reflected they were clear. Examples included: effected "Center [pocket] th pens) & Steno Note Pad 1" with a diagonal line fand] 1". Pen lights and steno rved in the bag. However, it many or whether they should quantities on the inventory | A 14 | , | | |
| | in the bag The inventory list re [inch] roll gauze & 4 and 1" with a diagon | eflected "Lf. Side [pocket] 3 [inch] Coban [quantity] 2 nal line crossed through "2 ose items were observed in | | | | |

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| A 144 | Protective eyewear - The list included 3 cannulas. Two oxyg were observed in th - The list included 2 masks. One oxygen was observed in the * A Yankauer Suctio observed in the bag equipment were obs * No Narcan or othe in the bag. These findings were time of the observat 21.b. During intervie 1 provided the follow * They started worki ago and AD was wh * Most new admit pa from medical appoir through Sally Port 8 too large to enter Sa behavior problems s Port 9. * There is frequently waiting to bring patie | vear was on the inventory list. was observed in the bag. oxygen tubing nasal en tubing nasal cannulas e bag. oxygen non-rebreather face non-rebreather face mask bag. In tip with tubing was In No other suction items or served in the bag. In medications were observed exconfirmed with RN 1 at the ion. In the AD about 6 months were they normally worked. Intents and patients returning other suction items or served in the bag. In the AD about 6 months were they normally worked. In the AD about 6 months were they normally worked. In the AD about 6 months were they normally worked. In the AD about 6 months were they normally worked. In the AD about 6 months were they normally worked. In the Sally Port 8 and patients without cometimes enter through Sally or a line of transport vehicles ents in through Sally Ports 8 | A 1 | | | |
| | outside Sally Ports & find a spot." * Sometimes depution know if a patient is patent was having by while transport vehicular patients into the host bases" with the deputalking to them about | wait in parking spaces 3 and 9 "or wherever they can es call ahead and let AD staff coming in hot", meaning the ehavioral issues. RN 1 stated cles are waiting to bring epital, they usually try to "touch uties by going outside and it how the patients are doing. aluating patients until patients | | | | |

| DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | | , , | TE SURVEY MPLETED |
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| (EACH DEFICIEN | CY MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHO | ULD BE | (X5) COMPLETION DATE |
| are getting out of the medical problem wh vehicle, they would of the patient and if the they would call a cook of the patient and if they would call a cook of the patient and if they would call a cook of the patient and if they meeded Narget it from the Code Omnicell [in AD]." * If they needed suck would be in the Code on the Code Blue Bag was was notified. The Code Blue Bag inverselaced the breakan of the Code Blue Bag inverselaced the breakan of the Code of the Code of the Sheet with the Code of the They were not sure Forensics Evaluation present and function 21.c. A second internation of the Code Blue Bag in Firequipment necessar Narcan. Regarding of during a patient emet to go to [an inpatient person would get it." during a patient emet the Omnicell at [ANA my patient, I'd stay wanother nurse go get. | e vehicle. If a patient had a ile waiting in a transport do a "formal assessment" of a patient had a "serious issue" de blue. can for a patient, they would Blue Bag or from an I 1 stated "We don't have an Ition equipment for a patient it is Blue Bag in AD. breakaway locks observed ag, RN 1 stated that after the opened, the Code Blue Team ode Blue Team checked the intory, restocked the bag, and way locks on the bag. Fre was no supplies inventory Blue Bag. It who checked the AED in a rarea to ensure it would be ing if needed. It wiew was conducted with RN 1255 after they confirmed the inding 21.a. did not have all y for patient suction, nor obtaining suction equipment argency, RN 1 stated "I'd have it unit to get it or a code team Regarding obtaining Narcan argency, RN 1 stated "I'd go to I'd or ask a deputy. If it was with the patient and have it it." | A 1- | 44 | | |
| DSC stated the P&P | titled "Emergency and | | | | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST SUMMARY S (EACH DEFICIENC REGULATORY OR REGU | STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 93 are getting out of the vehicle. If a patient had a medical problem while waiting in a transport vehicle, they would do a "formal assessment" of the patient and if the patient had a "serious issue" they would call a code blue. * If they needed Narcan for a patient, they would get it from the Code Blue Bag or from an Omnicell in AN1. RN 1 stated "We don't have an | A BUILDIN 384008 B. WING SOVIDER OR SUPPLIER STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 93 are getting out of the vehicle. If a patient had a medical problem while waiting in a transport vehicle, they would do a "formal assessment" of the patient and if the patient had a "serious issue" they would call a code blue. If they needed Narcan for a patient, they would get it from the Code Blue Bag or from an Omnicell in AN1. RN 1 stated "We don't have an Omnicell in Code Blue Bag in AD. * Regarding the red breakaway locks observed on the Code Blue Bag, RN 1 stated that after the Code Blue Bag, RN 1 stated that after the Code Blue Bag was opened, the Code Blue Team was notified. The Code Blue Eagn restocked the bag, and replaced the breakaway locks on the bag. * They confirmed there was no supplies inventory sheet with the Code Blue Bag. * They confirmed there was no supplies inventory sheet with the Code Blue Bag. * They rer not sure who checked the AED in Forensics Evaluation area to ensure it would be present and functioning if needed. 21.c. A second interview was conducted with RN 1 on 04/25/2024 at 1255 after they confirmed the Code Blue Bag in Finding 21.a. did not have all equipment necessary for patient suction, nor Narcan. Regarding obtaining suction equipment during a patient emergency, RN 1 stated "I'd have to go to [an inpatient] unit to get it or a code team person would get it." Regarding obtaining Narcan during a patient emergency, RN 1 stated "I'd go to the Omnicell at [AN1] or ask a deputy. If it was my patient, I'd stay with the patient and have another nurse go get it." 22.a. During interview on 04/25/2024 at 1200, DSC stated the P&P titled "Emergency and | ROVIDER OR SUPPLIER STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.S.D. DENTIFYING INFORMATION) Continued From page 93 are getting out of the vehicle. If a patient had a medical problem while waiting in a transport vehicle, they would do a "formal assessment" of the patient and if the patient had a" serious issue" they would call a code blue." If they needed Narcan for a patient, they would get it from the Code Blue Bag or from an Omnicell in AN1. RN 1 stated "We don't have an Omnicell fin AD]." 'If they needed suction equipment for a patient it would be in the Code Blue Bag in AD. Regarding the red breakway locks observed on the Code Blue Bag, RN 1 stated that after the Code Blue Bag inventory, restocked the bag, and replaced the breakway locks on the bag. They worn for sure who checked the AED in Forensics Evaluation area to ensure it would be present and functioning if needed. 21.c. A second interview was conducted with RN 1 on 04/25/2024 at 1255 after they confirmed the code laue Bag in Finding 21.a. did not have all equipment necessary for patient suction, nor Narcan. Regarding obtaining suction equipment during a patient emergency, RN 1 stated "I'd have togo to [an inpatient] unit to get it or a code team person would get it." Regarding obtaining Narcan during a patient emergency, RN 1 stated "I'd to the Omnicell at [AN1] or ask a deputy, If it was my patient, I'd stay with the patient and have another nurse go get it." 22.a. During interview on 04/25/2024 at 1200, DSC stated the P&P titled "Emergency and" | A BUILDING 384008 B. WINKS STATE HOSPITAL DISTINCT PART SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 93 are getting out of the vehicle. If a patient had a medical problem while waiting in a transport vehicle, they would call a code blue. If the patient and fif the patient had a "serious issue" they would call a code blue. If they needed Narcan for a patient, they would get it from the Code Blue Bag or from an Omnicell In AN1. RN 1 stated "We don't have an Omnicell in AN1. RN 1 stated would be in the Code Blue Bag in AD. Regarding the red breakaway locks observed on the Code Blue Bag. RN 1 stated that after the Code Blue Bag in wentory, restocked the bag, and replaced the breakaway locks on the bag. They confirmed there was no supplies inventory sheet with the Code Blue Bag. They were not sure who checked the AED in Forensics Explaulation area to ensure it would be present and functioning if needed. 21.c. A second interview was conducted with RN 1 on 0425/2024 at 1255 after they confirmed the Code Blue Bag in Finding 21.a. did not have all equipment necessary for patient suction, nor Narcan. Regarding obtaining suction equipment during a patient emergency, RN 1 stated "I'd have to go to [an inpatient] unit to get it or a code team person would get it." Regarding obtaining suction equipment during a patient, I'd stay with the patient and have another nurse go get it." 22.a. During interview on 04/25/2024 at 1200, DSC stated the P&P titled "Emergency and |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1 | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 144 | AD. 22.b. The P&P titled Multi-Patient-Use Mapproved 03/01/202 * "The purpose of the expectations and promonitoring, and dising multi-patient-use mapatient living units at (OSH)" * "All Oregon State Haared emergency can break-away lock, as automated external portable oxygen tan controlled, secured, Daily checks of the by a nurse and are demergency/Medical The Lead Nurse is referred to the actions described performed The actions described performed The actions described performed shift, although individuanther shift for this to the showing, must be OSH Medical Equipole. | "Emergency and edical Equipment," dated 4 included: is protocol is to describe the ocedures for controlling, affecting emergency and edical equipment available on to Oregon State Hospital Hospital living units must have at that is secured with a suction machine, an defibrillator (AED), and a k, all of which are consistently monitored, and ready to use the above items are performed documented on the Checklist (Attachment A) esponsible for ensuring that d in this protocol are tions described in this ly performed on the Night dual units may designate | A 144 | | |
| | * "Red emergency of locked at all times we found to be broken of be checked against Inventory Sheet is to also to the clipboard | arts must be stocked and hen not in use If the lock is or missing, the contents must the Inventory Sheet The uped to the top of the cart and in the top drawer of the cart eam must be notified of the | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | | E CONSTRUCTION | ' ' | (X3) DATE SURVEY COMPLETED | |
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| NAME OF PI | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE | | | |
| OREGON | STATE HOSPITAL DISTII | NCT PART | | | SALEM, OR 97301 | | | |
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| A 144 | Continued From page | e 95 | A | 144 | | | | |
| | need for replacement | | | | | | | |
| | • | ontact information for the | | | | | | |
| | _ | vailable on the Inventory | | | | | | |
| | | e red emergency cart and | | | | | | |
| | | top of the red emergency | | | | | | |
| | cart." | | | | | | | |
| | * "The status of the po | ortable oxygen tank must be | | | | | | |
| | | he oxygen tank must be | | | | | | |
| | | nt of oxygen is less than | | | | | | |
| | 1000 pounds per squ | | | | | | | |
| | * "The availability of the | | | | | | | |
| | | supplies, must be verified | | | | | | |
| | | ion machine must be ready | | | | | | |
| | | e of suction tubing and a ral suctioning want secured | | | | | | |
| | | itic band on the front of the | | | | | | |
| | machine" | ale band on the nont of the | | | | | | |
| | | al equipment located in | | | | | | |
| | | ent living units and treatment | | | | | | |
| | | y the Code Blue Team." | | | | | | |
| | | tled "Emergency/Medical | | | | | | |
| | | dated revised "10/2023" | | | | | | |
| | | p portion of the checklist | | | | | | |
| | | ding unit, month and year | | | | | | |
| | • | ction MUST be completed. | | | | | | |
| | | anagement (or designee) of | | | | | | |
| | | " The checklist had a "Date" nbered 1-31 for checking | | | | | | |
| | the following items ea | | | | | | | |
| | * "Y/N" for "AED show | | | | | ĺ | | |
| | | rgency Cart Lock Present" | | | | ſ | | |
| | * "Y/N" for "Oxygen Ta | | | | | | | |
| | * "Y/N" for "Suction M | | | | | ſ | | |
| | Tubing/Wand Present | | | | | ſ | | |
| | * "Y/N" for "Medical E | | | | | | | |
| | Complete WEEKLY" | | | | | ſ | | |
| | The checklist also had | d spaces for recording | | | | ſ | | |
| | comments and RN/LF | PN signature each day. | | | | ĺ | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | , , | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| A 144 | tracked to ensure see emergency supplies example, it was not numbered, unnumber colored locks were and kits during the sinclude further proceemergency supplies other than living unit system for tracking 23.a. The P&P titled Medications in Eme 05/05/2023 reflected "Purpose and App medications are alwavailable for use at this policy This porder, dispense, or a "Staff must follow emergency medicate E-Kits when authoris Emergency medicate E-Kits when authoris Emergency medicate Attachment A and A 23.b. Procedures A "Nurse Assess a verbal order from emergency medicat medication(s) from the Cabinet (ADC) of (E-Kit) Administer from an E-Kit was u requisition form attathe pharmacy." | w breakaway locks were ecurity and availability of and equipment. For clear if those were to be ered or a specific color ed, unnumbered and different observed on emergency carts survey. The P&P did not eas for management of and equipments in areas as such as AD, including a breakaway locks. I "Override Process for regency Situations" dated d: licability To ensure easy readily and safely Oregon State Hospital (OSH), olicy applies to all staff who administer medications." Procedures A to retrieve ions from ADCs and from zed in emergency situations cations are as listed in ttachment B." included: the patient Upon receipt of the practitioner to administer | A 144 | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED |
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| A 144 | E-Kit for redeploymer standard contents of the expiration of all dinewly replenished E- 23.c. Attachment A re Medications Stocked Cabinets (ADC)" and * "Stocked in all unit, Clinic ADCs on both or minimum quantities" medications: "Aspirin (Uncoated) 3 "Charcoal, Activated grams - 1 tube/bottle "Dextrose/Glucose" "Diphenhydramine (B vials b. 25 mg - 10 cacapsules" "Epinephrine (Epi-Pe auto-injector syringe "Glucagon 1 mg - 2 k "Haloperidol (Haldol) - 10 tablets c. 2 m "Naloxone (Narcan) 4"Nitroglycerin (Nitrost "Olanzapine (Zyprexab. 5 mg - 10 tablets c. * "Additionally stocke Medical Clinic ADCs noted minimum quantities" | E-Kit Prepare the opened at Reconcile and replenish E-Kits Review and record rug contents, and Stage the Kit for deployment." Indected "Emergency in Automated Dispensing included: treatment mall, and Medical campuses with the noted followed by a list of the stage o | A1 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIP | LE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| A 144 | Continued From pag | ge 98 | A 14 | 4 | | |
| | Admissions Emer (Narcan) 4 mg/spray did not include Epi F Kits. Refer to Findin reflected Epi Pen wa OSH-Salem AD and The P&P did not inchow breakaway lock and tracked. The P& emergency medicati available in inpatien were not available ir admissions areas. Fin Salem campus AI were to obtain those | d in Emergency Kits (E-Kits) gency Kit Naloxone y - 2 devices". Attachment B Pen in Admissions Emergency gs 24.a. and 25.a. that as in Emergency Kits in OSH-JC Admissions area. Induce further information about as on E-Kits were managed a Preflected additional ons were stocked and at units and other areas that a Salem campus AD and JC a Ps were not clear how staff and JC admissions area and additional emergency they be needed for a patient | | | | |
| | IJ verification visit w ADM on 05/02/2024 room G04-117A with * A 6 drawer Red Er breakaway lock on t number or other info ensure cart security that contents could I lock replaced withou outside of Drawers with the contents of not labeled and no if the drawer. * An "Admissions Co Sheet" inventory list was observed. The into 6 sections for D supplies/equipment | nergency Cart with one blue he outside. The lock had no brantion for tracking to This created the possibility be tampered, removed and at staff being alerted. The I, 2, 3, 4 and 6 were labeled the drawers. Drawer 5 was tems were observed inside and Blue Equipment Check dated "Updated 4/30/2024" nventory list was separated trawers 1 through 6, with | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| A 144 | the inventory list reveletive the inventory list reference the inven | evealed inconsistencies example: ressors, roll gauze and Coban de Drawer 3 and were on the wer 3, but were not observed er labels. 3 reflected "EMT scissors" ors were observed in Drawer dected only "scissors" which with regular office type Emergency Kit with s observed in Drawer 6. The white label that read "Earliest in a signature and a title. It was the expiration date was uary 25 or February 2025. A document titled "Admissions to observed in a plastic sleeve at reflected two medications can and Epi Pen. It included: 1) 2 mg/mL syringe, quantity g unclear expiration dates marked through and no when or why it was marked that "2/25". The "Dosage & exted "Adult 1 mg/1 mL in each tons" reflected "Suspected ""1" with unclear expiration dosage, administration or | A 14 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| A 144 | monthly". - The first entry data signature, title and I on documentation the and expiration date 11/10/2022 and 03/ not clear why the local time and expiration date 11/10/2022 and 03/ not clear why the local time and expirature, title, "(instead local time and expirature, no title and clear why the local time and clear why the local time and check mark, and not "date" had been check mark, and not "date" had been check and expiration between 05/10/202 clear why the local time and l | ed 11/10/2022 included ock # 10572981. led 03/16/ 2023 included a ock # 10572989. There was hat reflected the lock (seal) had been checked between 16/2023. It was additionally ck # had changed. led 04/11/2023 included a spection)" handwritten and no lear what had been led 05/10/2023 included a led 05/10/2023 included a led 09/12/2023 included a led 09/15/2023 included a led 09/15/2023. It was not had changed. led 03/05/2024 included a led 03/05/2024 includ | A 14 | 4 | |
| | of the OSH-Salem I | ew on 05/02/2024 at the time J verification visit, ADM s no number on the blue | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ′ | LE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| A 144 | ADM stated that if the broken, the Code Blublue breakaway locks and replace the lock. 25.a. During the OSI 05/02/2024 beginning admits come in" was monitoring with Interiand other hospital leaincluded: * A 6 drawer Red Em Drawers 1, 2, 3, 4 and the contents of the dilabeled and no items drawer. The cart had 3842072 on the outsi with observations of in Finding 24.a. above blue breakaway lock. * The same "Admissi Check Sheet" inventor Emergency Cart in Fobserved. Observation of cart lainventory list revealed those. For example: - A package of stethed diaphragms were observed in Drawer observed in Drawer observed in Drawer on any of the drawer. | the Red Emergency Cart. The blue breakaway lock was the Team had replacement is and would restock the cart. H-JC IJ verification visit on grat 1410, the area "where observed by virtual remote im DS, JCA, JC nursing staff adership. Observations of drawers. Drawer 5 was not were observed inside the red breakaway lock # de. This was inconsistent the AD Red Emergency Cart in which had an unnumbered ons Code Blue Equipment ory list used for the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between onscope ear pieces and served in Drawer 2 and were or any of the drawer labels. The Red Emergency Cart is which had an unnumbered ons Code Blue Equipment ory list used for the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between onscope ear pieces and served in Drawer 2 and were or any of the drawer labels. The Red Emergency Cart is the property of the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between on the gray of the drawer labels. The Red Emergency Cart is the property of the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between on the gray of the drawer labels. The Red Emergency Cart is the property of the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between on the gray of the drawer labels. The Red Emergency Cart is the property of the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between in the property of the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between in the property of the AD Red inding 24.a. above was abels, cart contents, and drinconsistencies between in the property of the AD Red inding 24.a. above was | A 14 | 4 | |
| | Similar to AD, the ch | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | PLE CONSTRUCTION G | , , | ATE SURVEY DMPLETED C 05/06/2024 (x5) COMPLETION DATE |
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| A 144 | "Tx Mall 3" which co where that piece of 6 * An Emergency Mellock # 3842071 was document titled "JC was observed in a pindicated Narcan and The document was so "Admissions Emerge Emergency Medicatiduring the IJ verifical However, there was Intact Seal and Expinincluded no evidence breakaway lock # was had not been removand medications real * An "Emergency/Mellock # Was had not been removant medications real * An "Emergency/Mellock # Was had not been removant medications real * An "Emergency/Mellock # Was had not been removant medications real * An "Emergency/Mellock # Was had not been removation for May 2024 dated observed with the Renot the same version during the IJ verifical Finding 24.a. above, titled "Emergency ar Equipment" in Finding 25.b. During intervied OSH-JC nursing state time of the removisit, the following in * The hospital had a that consisted of 2 scovered JC and Sale * The Code Blue Teal breakaway locks for * The Code Blue Teal breakaway locks for * The Code Blue Teal | uld create confusion as to equipment should be kept. dication Kit with breakaway observed in Drawer 6. A Admissions Emergency Kit" lastic sleeve with the kit and d Epi pen were inside the kit. similar to the document titled ency Kit" observed with the ion Kit during tour of AD tion visit on 05/02/2024. no "Record of Inspection for ration Date". The document et the Emergency Kit as checked to ensure the lock ed, contents tampered with, dily available when needed. edical Equipment Checklist" revised "07/2021" was ed Emergency Cart. This was nobserved during tour of AD tion visit on 05/02/2024 in nor the version in the P&P and Multi-Patient-Use Medical engs 22.b and 22.c. above. We on 05/02/2024 with ff and other hospital staff at the OSH-JC IJ verification formation was provided: designated Code Blue Team taff. The same 2 staff em campuses. | A 14 | 14 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLI A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | | |
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| A 144 | Continued From pag | ge 103 | A 144 | | | | |
| | Checklist" dated "07 Red Emergency Car | mergency/Medical Equipment /2021" was observed with the t. | | | | | |
| | | t follow reflect the hospital's organized and coordinated response: | | | | | |
| | 27. Incident documentation recorded by LH1 NM, dated 04/18/2024 and untimed, reflected that "Staff came to my office inside the nurses station to advise me that a code blue (medical emergency) was needed for this patient as the code blue was being called over the radio. I | | | | | | |
| | patient's room at 11' being called via over the patient bedroom non-responsive, eye | s closed, without respirations, | | | | | |
| | present). I advised to compressions and the cart/code blue cart. I bedroom I opened the | nen I ran to obtain the crash When I returned to the patient ne code cart, gave the code | | | | | |
| | assigned [them] to the entered the patient to | oard to unit [OS2 24] and ne recorder role. I then bedroom and advised that nt from the patient bed onto rrent set of chest | | | | | |
| | compressions were patient's blanket to lebed onto the floor ar compressions. More | complete. Staff used the ower this patient from [their] nd resumed chest staff entered the scene and | | | | | |
| | the scene. A nurse thead and administer the ambu-bag between | al defibrillator was brought to book a position at the patient's red 2 rescue breaths using the each set of 30 to the role of code lead and | | | | | |

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| A 144 | physical exhaustion compressions out lot administer chest conbreaths and the AED The AED analyzed a compressions and reflected Medical doctors and arrive and rescue attraction physicians at 1156 a present. It was later nurse assigned to the code blue as this patter the wheelchair to the admissions office stapatient was slumped unable to maintain at were] being transported were being transported. Video recordings emergency response revealed a disorganization response as follows: ~ 1108:29 - Patient 1 inpatient room in a wentered the room. Mexited the room and the room with no der Another patient exite the hall from Patient consigns machine on who room ~ 14 seconds is | compressions to prevent while counting chest and. Staff continued to appressions and rescue a was attached to the patient. Indicate advised no shock, chest ascue breaths continued. Other staff continued to the empts continued. This aced deceased by our and at that time EMTs were reported to me that the unit are admission called for the itent was being moved from a patient bed by security and aff. Per staff report, the down in the wheelchair an upright posture while [they sted to the unit." Tof the Code Blue medical are for Patient 1 on 04/18/2024 are dand uncoordinated was transported into the area of the patient room across 1's room. A walked at a leisurely pace down the hall from the NS om, pushed a mobile vital neels, and entered the patient | A 14 | 14 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI A. BUILDIN | PLE CONSTRUCTION G | | DATE SURVEY COMPLETED | |
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| A 144 | room at a quicker pare however, with minimobservation is contrated documentation refere above, and incident 27 above, that descras "I responded, run the patient's room | om the NS towards the patient ace than previous staff, all urgency. (The video ary to medical record enced under Finding 16 documentation under Finding ribed the response of LH1 NM ning down the south hall to ") ran down the hall away from ard the NS. More staff, some egan to arrive and gather in of the patient room while om. The observed to push a Red on the hall from the NS om. It arrived at the patient was positioned outside the nowhere it remained until it down the hall away from the | A 1 | 44 | | |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP IND PLAN OF CORRECTION IDENTIFICATION | | (X2) MULT A. BUILDI | FIPLE CONSTRUCTION NG | | (X3) DATE COMP | SURVEY LETED |
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| A 144 | multiple staff in the hinothing, staff lined up some staff stood on the doorway of the room others engaged in variativities. Agency RN were observed to ope items from drawers of and then they would open. (There was not documentation by eit LPN 25 regarding the the Code Blue.) ~ 1112:46 - OS2 24 vimmediately next to the patient room doo which a form was attawrist, and recorded so During the video the Code Blue Flow Shecode activity capture until ~ 1125:17 OS2 2 room, and they were of that time to be able activities that were be For example: They we the hallway outside the left of the doorway we they stood in the hall | ne scene described above, allway were observed to do o against the hallway walls, heir tiptoes or crowded the to try to see in the room, trious discussions and I 26 and Agency LPN 25 en and look in, or retrieve on the Red Emergency Cart, leave the drawers partially o incident or medical record her Agency RN 26 or Agency eir activities and tasks during was observed to stand he Red Emergency Cart at rway with a clipboard to ached, looked at their left omething on the form. form was discerned to be the et. During the duration of this d on the video recordings 24 never entered Patient 1's not positioned during much et to observe the code eing carried out in the room. For own, they stood to the lithout a view into the room, way approaching the | A - | 144 | TOTENOT) | | |
| | look into the room an through a number of doorway, they crouch the hallway to the left | ometimes leaned forward to ad sometimes that was other staff that crowded the ned down on their knees in t of the door, they sat down knees and lower legs in the | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ′ | PLE CONSTRUCTION B | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 05/06/20 | 24 |
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| A 144 | 1124:39 OS2 24 had possession. The vide that time. The next ti and OS2 24 was obs away from the patier NS without the clipbo 05/09/2024 at ~ 1500 LH1 NM, CBC, PD, I that the form OS2 24 the video was a Cod was the same Code during the survey for ~ 1124:33 - Staff pre situational awareness of the Red Emergency patient's room, further where staff were gat the NS. At ~ 1124:57 walked away from it cart's direction until Cart had a suction mat least two of the carther video recording 29.a. While there we various staff about the Code Blue Flow She response for Patient were only three entrimultitude of required were the Date, Time checkmark on the "Y Otherwise, there were entries, some with as | with other staff. Up until ~ I the clipboard in their eo skipped ~ 10 seconds at me recorded was ~ 1124:51 served to walk down the hall ht's room and further from the pard in their possession. (On 0 staff that included the DNS, DQM, and DSC confirmed I could be seen writing on in e Blue Flow Sheet, and that it Blue Flow Sheet provided | A 14 | | | |

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| A 144 | Continued From pag | | A 14 | 14 | | | |
| | authenticated by wh | " and "8th." Nor was the form oever made the entries, ired space for "Recorder". | | | | | |
| | NM, dated 04/18/20: they " gave the control to unit [OS2 24] and recorder role I too However, review of reflected the following blank: *"Team Captain:" an | nentation recorded by LH1 24 and untimed, reflected ode blue sheet and clipboard assigned [them] to the ok the role of code lead " the Code Blue Flow Sheet ng spaces on the form were d Team Captain "Title:" name:" and "Signature:" and | | | | | |
| | "Code Blue Flow Sh "Medication," "Dose Those spaces were no documentation of the as given in incident a documentation. Nor any of that documentation. Nor any of that documentation and medical record of Narcan order and actinconsistent as follows A Nursing Progress and dated and times reflected in regard to "Narcan was request [PMHNP 23]." * A Psychiatry Gene psychiatrist MD 30 at 04/18/2024 at 1451 administration that the Independent of the progress of the psychiatrist MD 30 at 1451 administration that the Independent of the psychiatrist MD 31 RN administration that the Independent of the psychiatrist MD 31 RN administration that the Independent of the psychiatrist MD 31 RN administration that the Independent of the Independ | was the dose given found in station. Further, the incident documentation related to the dministration was unclear and ws: s Note written by LH1 RN 13 d 04/18/2024 at 1304 b Narcan administration that sted and administered by | | | | | |

PRINTED: 05/29/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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| ninistered the intra | | | CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| the only formulate at this time, per separate this tim | anasal Narcan prior to EMS 25-1126). Intranasal Narcan cion we had on hand on the staff report." al Note written by and dated and timed eflected in regard to Narcan When I was informed that ceived Narcan yet, I ordered presuming that both it would be of potential and also that it would be beneficial if [the patient] anded from opioids. Nursing and it was given via ral minutes later." tion by Agency LPN 21, duntimed, reflected that P 22] gave TO for narcan, I and handed it to nurse that tion by Agency RN 12, dated ned, reflected that "Nasal as ordered without lospital Non-Medication | A1 | | | |
| dication order date ar was written as a masal x1 now for dwritten entry in to barely legible [Additten entry on illegible and was n written as "LPN pern. The "Date" a | ed 04/18/2023 at 1120. The "Give Narcan 4 mg unresponsiveness." The the "Nurse Printed Name" gency LPN 21]. The the "Nurse Signature" space followed by what may have " although it was difficult to and "Time" of the nurse 2024 at 1130 and there was | | | | |
| an cided to be cid | asal route seven dent documenta 04/18/2024 and 30] and [PMHN grab the narca by patient side." dent documenta /2024 and unting administered fiveness result." Oregon State Hone Orders" for ation order date was written entry in the arely legible [Adwritten entry on legible and was written as "LPN rown. The "Date" atture was 04/18/2 | Jent documentation by Agency RN 12, dated /2024 and untimed, reflected that "Nasal in administered as ordered without iveness result." Oregon State Hospital Non-Medication hone Orders" form that contained a ration order dated 04/18/2023 at 1120. The was written as "Give Narcan 4 mg asal x1 now for unresponsiveness." The vritten entry in the "Nurse Printed Name" arely legible [Agency LPN 21]. The written entry on the "Nurse Signature" space legible and was followed by what may have written as "LPN" although it was difficult to m. The "Date" and "Time" of the nurse ture was 04/18/2024 at 1130 and there was | asal route several minutes later." dent documentation by Agency LPN 21, 04/18/2024 and untimed, reflected that 30] and [PMHNP 22] gave TO for narcan, I grab the narcan and handed it to nurse that by patient side." dent documentation by Agency RN 12, dated //2024 and untimed, reflected that "Nasal an administered as ordered without iveness result." Oregon State Hospital Non-Medication hone Orders" form that contained a cation order dated 04/18/2023 at 1120. The was written as "Give Narcan 4 mg asal x1 now for unresponsiveness." The vritten entry in the "Nurse Printed Name" harely legible [Agency LPN 21]. The vritten entry on the "Nurse Signature" space legible and was followed by what may have written as "LPN" although it was difficult to rn. The "Date" and "Time" of the nurse ture was 04/18/2024 at 1130 and there was | asal route several minutes later." dent documentation by Agency LPN 21, 04/18/2024 and untimed, reflected that 30] and [PMHNP 22] gave TO for narcan, I grab the narcan and handed it to nurse that y patient side." dent documentation by Agency RN 12, dated /2024 and untimed, reflected that "Nasal in administered as ordered without iveness result." Oregon State Hospital Non-Medication hone Orders" form that contained a ration order dated 04/18/2023 at 1120. The was written as "Give Narcan 4 mg asal x1 now for unresponsiveness." The written entry in the "Nurse Printed Name" arely legible [Agency LPN 21]. The written entry on the "Nurse Signature" space legible and was followed by what may have written as "LPN" although it was difficult to m. The "Date" and "Time" of the nurse ture was 04/18/2024 at 1130 and there was | asal route several minutes later." dent documentation by Agency LPN 21, 04/18/2024 and untimed, reflected that 30] and [PMHNP 22] gave TO for narcan, I grab the narcan and handed it to nurse that y patient side." dent documentation by Agency RN 12, dated //2024 and untimed, reflected that "Nasal in administered as ordered without iveness result." Oregon State Hospital Non-Medication hone Orders" form that contained a sation order dated 04/18/2023 at 1120. The was written as "Give Narcan 4 mg asal x1 now for unresponsiveness." The written entry in the "Nurse Printed Name" arely legible [Agency LPN 21]. The written entry on the "Nurse Signature" space legible and was followed by what may have written as "LPN" although it was difficult to m. The "Date" and "Time" of the nurse |

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| A 144 | and timed 04/24/202 event. There were no medical record. * There were no medical related to Patient 1 bidentified in documer Narcan and who signit. * There were no medical related to Patient 1 bidentified in documer Narcan and as havin arean and as if the second and area area and ar | information and was dated 4 at 1102, six days after the 5 other LIP orders in the dical record or incident notes by PMHNP 22 who was ntation as having ordered ned the Telephone Order for dical record or incident notes by PMHNP 23 who was ntation as having ordered g administered it. I record and incident notes Ds, an RN, and an LPN was ordered by different umentation by Agency LPN grabbed" the Narcan and then "nurse." There was no gency LPN 21 or the other of that "nurse" was and what the medication. umentation by Agency RN 12 n consistent with the way a red the medication would RN 12 had administered mentation of Narcan person that administered medical record or on the | A 14 | | |

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| A 144 | Administrator [UA 35] names and roles of al gathered as observed been identified. There included on or with th that identified all staff participated. 29.e. Further, the folid Blue Flow Sheet were * "Time of onset:" * "Chief Complaint:" * A table with seven of pressure, pulse, respications, respications, respications, respications, and "Success, remaining and " | ers involved to LH1 Unit ." It was unclear whether the Il staff who presented and It in the video recording had It was no documentation It was no docu | A | 144 | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| A 144 | of a table with two col Person/Group" and "F were listed as: "First responder" "Second responder" "Security" "Team Captain" "Physician/NP/RN" "Equipment Monitor "Airway Rescuer" "Communicator" "Crowd Control Mon "Photocopy" 30.b. Duties delineate vague and unclear. F * The "Team Captain' roles and responsibili completing the Code * The "Equipment Mo all of the emergency of scene Prepare and needed or directed by Monitor emergency e incident." * The "Recorder" duti Code Blue Flowsheet * The "Crowd Control "Maintain safety of the necessary Verify es access to the scene, equipment Reques | "Procedures A," consisted dumns for "Responsible Procedures." Those persons "" "" "" "" "" "" "" "" "" "" | A | 144 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| A 144 | ensure staff were trabe able to competer duties/tasks in an ormanner. For examp * It was not clear whom the Flowsheet mear * It was not clear whom and was to arrive to the by "monitor emerge equipment was not reference to other a * There was no direct needed to locate the obtain the necessar could clearly and consumer to be sufficiently and manage the presentation of the scene to end others. * It was not clear whom and milieu" was determined to early and considered "sufficiently were, or were considered "sufficiently and manage the presentation of the scene to end others. * There were no memedications or reference. | were not clearly written to sained and knowledgeable to notly carry out the required ganized and coordinated le: we roles were to be assigned those were to be recorded. In at "assist with" completing lat. In at "emergency equipment" lescene and what was meant lancy equipment" The specified, nor was there | A 144 | | |
| | those were to be ob administer them. 30.d. The review of recording and the C Patient 1 failed to do responsibilities for a | the Code Blue video ode Blue documentation for emonstrate that roles and Il Code Blue positions had that duties/tasks had been | | | |

| | DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 144 | used during Patient with the procedure of the AD RNs 1 the no drills or hands-ordemonstrations, or associated with the annual "refreshers." hospital-wide Code conducted since the stated those were re 04/23/2024 and tha OSH-Salem campus 13 staff par They further confirm RNs had been pres | the Code Blue Flowsheet 1's Code Blue did not align requirements in Procedures A. www.with staff that included the C on 05/06/2024 beginning at d the Code Blue training dates rough 4 and stated there were n practice, return competency evaluations se trainings, including during They further stated that Blue drills had not been e Covid-19 pandemic. They | A 14 | 4 | |
| | records reflected the * For RN 1 the docu 2020 they had a 20- training on 03/26/20 training on 04/24/20 Blue "refresher" on Annual Training. * For RN 2 the docu 2020 they had a 30 on 04/02/2024 durin * For RN 3 the docu 2020 they had a 20- training on 05/07/20 | RN Code Blue training e following: Immentation showed that since Immentation showed that since Immentation showed Blue Immentation showed that since Immentation showed Blue Immenta | | | |

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| A 144 | through Friday busine AD RNs who worked staggered start times * The AD RNs were r Department and did r the CNO. Rather, the operations was the readministration. * Nursing Departmen AD RNs. * There were no form approved P&Ps for A and procedures. * There were no prov of patients at the time the Sally Port, nor dir who waited in transpot to the hospital's prem van entry into the Sal * Systems and procestaff orientation, onbod did not apply to the A * There was no formation orientation and onboarding for the was no docume and onboarding produced as "shadow AD RNs on "how to go the deputies" for "usu they're turned loose." * Two manuals were resource documents operations and process. | tion and S&C staff: tion of the AD were Monday tess hours. There were four eight-hour shifts with slightly to the part of the Nursing not fall under the direction of the oversight of the AD esponsibility of hospital the P&Ps did not apply to the trailized, written, and the patient care operations the transport van entered the transport van entered the transport van entered the transport to the transport the proof of the transport the proof of the transport the proof of the transport the transport of the transport the transport of the transport the transport of the transport the proof of the transport the proof of the transport the transport of the transport the proof of the transport the transport of the | A | 144 | | | |

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| A 144 | inconsistent informat operations. 32.e. A manual titled had the date 04/05/2 page. It contained un incomplete. For exantal the contained section language written in repurple ink. It was uncomplete ink. It | "Admissions Department" 024 at the bottom of each clear information and was apple: s and paragraphs that had ed ink and some written in clear what those denoted. erenced above the ADM awas the "nursing" section, uage that needed to be anual it described that AD our MH Triage RNs. It further sition with the [AD] plays a taff in these positions have a positions in accordance to procedures set by OSH and stor for all department during interviews referenced AD P&Ps. If excerpt on Page 20 of the was "The [MH] Triage RN will go note, at minimum, how the pon arrival check vitals when possible" The date page was 04/05/2024, prior mission of Patient 1. | A 14 | 14 | | |
| | response from the AI they wrote in regard | Directive. In a written DM received on 05/02/2024 to confirmation of the date thad been "This is not | | | | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 144 | about the extent of check vitals, but spewhen possible. * The Admissions Dono reference to mediate and that the bottom of the page one included direct obtain a temperatur That was not done from and staff confirmed and staff confirmed referenced above the P&P for that practice. * Although the AD of and was only staffed the manual reflected Weekends Admission whether patients wo taken. During the in ADM indicated there time and that they not include PNMs for the manual conta "Sentinel Event Aler in the manual conta". | ded excerpt was unclear vitals to be taken as it said to be taken as it said to be decified only Temp, and BP, and BP, and BP, and BP, and BP, and and a certain a page titled "Day of date 06/13/2021 at the atternance of the of of the MH Triage RN to be on patients upon arrival. For Patient 1 on 04/18/2024 during the interviews and the rewas no written AD | A 144 | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| A 144 | * The manual include date of 12/21/2020. It the current version of * The manual contain "Admission of Patient dated 10/03/2018 tha admitted patient experience as indicated in Control to the care as indicated in Control to the contr | as there was no sewhere in the manual. d a P&P for restraints with a was confirmed that was not that P&P. ed a copy of the P&P for s with Medical Problems" t directed that "If a newly riences an emergency SH will provide emergency SSH Policy 8.002" no other information in the mergency response in the intenance of emergency | A | 144 | | | |
| A 385 | service that provides The nursing services supervised by a regis This CONDITION is ************************************ | ve an organized nursing 24-hour nursing services. must be furnished or tered nurse. not met as evidenced by: ************************************ | A | 385 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIF | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | | |
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| A 385 | P&Ps that ensured the provided were under that patient needs we assessment, and that responded to the nurneeds of the patient provided in this Condirect resulted in this Condirect res | develop and implement nat the nursing services the supervision of an RN, ere met by ongoing nursing t nursing personnel sing and emergency care | A 38 | | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION G | COM | E SURVEY PLETED |
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| A 392 A 392 | practical (vocational) to provide nursing car There must be super each department or in needed, the immedia nurse for care of any This STANDARD is *********************************** | must have adequate registered nurses, licensed nurses, and other personnel are to all patients as needed. Visory and staff personnel for nursing unit to ensure, when attended availability of a registered patient. not met as evidenced by: *********************************** | A 39 A 39 | | | |
| | relied upon independ provide appropriate a patient condition and medical emergency i | D RN and inpatient RN staff lent nursing judgement to and timely assessment of identification of the need for | | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED |
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| A 392 | patient's unresponse believed to be behated as Failure to ensure an ursing services in practices for patient with, and supported P&Ps, and that they documented AD oriensured clinical and patient care operation as patient care operation. The findings include: 1. The findings that failed to conduct apassessment and vit arrived at the hospi observed the patiens stated they saw the That was the only opatient made between transferred from the until another RN who patient for transport assigned inpatient made independent nursing judgement immediate assessment and unresponsive Instead those RNs believed without reacted upon DC depatient's unresponse purposeful as in "chestand up," and "refused those stand up," and "refused | ge 122 e of a physician when the ive physical condition was avioral versus medical. that an RN supervised the the AD and that AD RN to care were in accordance of by, written and approved of completed organized and the entation and onboarding that of procedural competency for cons in that department. If ollow reflect that RN staff oppropriate and timely all signs for Patient 1 who that from jail. When AD RN first that in the transport vehicle they opatient's eyes open briefly. In the time they were the back of the transport vehicle to had accompanied the from the AD through the content unit checked for a pulse and entry into the patient's expense and motionless person. In the transport and the companied that would call for an an ent and emergency response and motionless person. In the propriately deferred to, assoning or questioning, and uties' characterizations of the ive condition as being the propriate of the staff of the condition as being the propriate of the staff of the condition as being the condition as the propriate of th | A 35 | 92 | |

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| | | 384008 | B. WING | | | 05/ | 06/2024 |
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| OREGON | STATE HOSPITAL DISTI | NCI PARI | | 8 | SALEM, OR 97301 | | |
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| A 392 | evaluate whether the physical condition wa Refer to Tag A-144 for regarding Patient 1's 2. A document titled "Management" was refollowing information: * "Incident Nature: Se Patient Death" * "Date/Time of Incide * "At approx. 1047 hradmissions Douglas waiting with [Patient Staff arrived and the vehicle entered a Sal 1054 hrs. Deputies to would need a wheelc 'catatonic' and at time This was reported to nursing staff as norm [Patient 1] was transf to the wheelchair, at admission [RN 4] rep [Patient 1's] eyes operesponse to light hittin 1] was wheeled into approximately 1102 h called to the admission photographing [Patien Via wheelchair, to Lig During this process [Imoving on [their] owr patients [sic] legs up would not drag on the | e presence of a physician to patient's unresponsive is behavioral versus medical. For additional information encounter. COSH Office of Quality eviewed. It included the entinel Event - Unexpected ent: 04/18/2024 1115hrs" is access control informed County jail transport were 1] for admission to OSH. country [sic] transport ly Port, at approximately old [RN 4] [that Patient 1] hair because [they were] is 'flops around like a fish'. have been described to al behavior by [Patient 1]. As ferred from the transport van approximately 1101 hrs, the orted [they] observed en and close, possibly in the protest of the protest | A | 392 | | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | I ' ' | LE CONSTRUCTION | COMPLETED |
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| A 392 | [Patient 1] was bein RN decided to chec found none. Sternal response and additicode Blue was initia arrived and life savi performed including Narcan and epineph were ineffective. Pa 1121hrs and took of 1] was pronounced 3.a. During review of hospital response will life the life that a summary of the induring the incident a summary of the induring the incident a summary of the induring the incident: A "Incident Nature: U "Incident Nature: U "The purpose of the investigative process associated with the 4/18/2024, [Patient The Video reviet in the incident of the patient of the patient of the patient investigative on new admissions. Superintendent [and Directive - Admission initial investigative faken of the patient | irectly to a patient room. As g transferred to the bed an k the patient for a pulse and rubs were done with no onal checks found no pulse. A ated and additional staffing procedures were the use of CPR and an AED. In | A 39 | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | COMF | E SURVEY PLETED |
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| | | 384008 | B. WING | | | C / 06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | <u> </u> | 706/2024 |
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| A 392 | 04/19/2024, reflected "To all OSH staff, Thand adds to OSH poensure that patients unstable on arrival arreceive necessary mpossible, it is my directive necessary my assessment for eventing immediate leaves the Admission must be documented necessary must be documented in the nature of the patient is too considerable in the nature of the patient had necessary my directive will remediate." 4.a. During interview RN 4, they stated the August 2023. RN 4 prinformation regarding A "Douglas County Sally Port 8 drive-in the patient would necessary had not been at themselves and had fish." The deputies stream in the patient would necessary had not been at themselves and had fish." The deputies stream in the patient would necessary had not been at themselves and had fish." The deputies stream in the patient would necessary my displayed the patient would necessary | Interim OSHS and dated at the following: Is CMO Directive modifies a company by the promptly assessed and redical care as soon as active, effective April 19, Interior and provided the patient admitted to OSH, Interior and provided the patient and provided the patient at the patient and provided the patient and provided the patient at the patient and provided the following and provided the following a patient 1: It transport van pulled into a parage. The deputies said and a wheelchair because | A 38 | | | |

| | NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | C 05/06/2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | 1 | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 05/06/2024 |
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| A 392 | and went to the back staff. The patient, wh "opened their eyes a introduced themselved deputies told the patient stated "I thought [the cooperative" and ask RN 4 stated 5-6 sect gave the patient a fe van and when they deputies held the patient to the wheeled deputies held the patient for [their] ID" would be OK to remove the patient for [their] ID" would be OK to remove the able to hold their head closed." RN 4 stated with their head to onlike a normal person * RN 4 stated "typica and ask about a coughthey did not check the any other vital signs they had a cough. We patient was breathing observe any chest rist the surveyor's followindications of oxyger skin color and appears stated that the patier dry skin, and I didn't * RN 4, a unit nurse, patient in the wheeled | of the van with a security to was in the back of the van, and moved a little". RN 4 tes to the patient. The lent, "We'll get you out [of the closed their eyes. RN 4 patient was] not being sed for more security staff. Burity staff came. The deputies we minutes to get out of the lid not, the deputies lifted the hair. RN 4 stated the litent's legs up while they backwards from the van into the land the deputies said it love the patient's cuffs ever been aggressive. The leg cuffs. The patient was not and up and "kept [their] eyes the patient was slouched e side, and "not holding it up | A 39 | | |

| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | PLE CONSTRUCTION G | СОМ | E SURVEY PLETED |
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| A 392 | got to the patient's ru and 2 security staff I bed. RN 4 stated, "A was off because the patient, so I checked checked a sternal ru had no pulse and wa called a code blue. 4.b. Incident docume 4, dated 04/18/2024 "Access control calle phone at around 10: County was waiting admission. Douglas drop off two admits is [Patient 26] who was and [Patient 1] was a The Douglas county the circle outside of minutes, due to ther van in Sally Port 8. [outside Sally port 9 sofficers to find out he [RN 3] came back the reported to me ([RN officers said [Patient is 'catatonic'. After s 8. Douglas county punit staff showed up assigned to admit [F 26] and introduced t pt was taken to FW3 LH1 ([RN 13] along next. I was assigned done [their] pre-admitis grant of the county punit staff showed up assigned to admit [F 26] and introduced to pt was taken to FW3 LH1 ([RN 13] along next. I was assigned done [their] pre-admitis grant of the county punit staff pre-admitis grant of the county punit staff showed up assigned to admit [F 26] and introduced to pt was taken to FW3 LH1 ([RN 13] along next. I was assigned done [their] pre-admitis grant pre-admitis | wouldn't drag. When they com on the unit, the unit RN aid the patient supine on the at that point, I knew something re was no response from the afor a pulse. Nothing. I be and nothing." The patient as not breathing, and they sentation recorded by AD RN and untimed, reflected that ad the main admissions office 47 to report that Douglas to get into Sally port 8 for an County was scheduled to o OSH today on 4/18. It is scheduled to admit to EW1, scheduled to admit to EW1, and admissions RN, went to talk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing. When the totalk to the Douglas county on the pts were doing the totalk to the Douglas county on the pts were doing to the pts were doin | A 39 | | | |

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| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | х | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 392 | port 8 then reported to stand up, [they're] can wheelchair'. RN asked stand at all?', and dep Wheelchair and a bla RN. [MHST 18] was to with admissions for 4 were opened by accessopen the doors while the back of the van with deputies opened up to van. [Patient 1] was soposition with [their] be soon as the van door that came streaming this RN could see [Paclose. Deputies said to needed [them] to get gave [the patient] a femake any movements were] going to get up on either side and lifter RN introduced [thems explained [they were] respond. RN asked for [they] could be wheel [their] legs. Both deputing the gas by the pant I would not be dragging [Patient 1] backwards room connected to Sacalled for additional seen standard and seen seen seen seen seen seen seen se | sions area adjacent to Sally o me, '[Patient 1] won't atonic. [They'll] need a d the deputy '[They] won't | A | 392 | DEFICIENCY) | | |
| | badge for security, bu eyes. This RN was as cuffs should be remov | It [they] did not open [their] sessing whether or not the wed in the admitting area, or when officers reported that | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP COI 2600 CENTER STREET NE SALEM, OR 97301 | • | 30,00,2024 | |
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| A 392 | [they] had 'never bee gave the directive fo as pt was not exhibit behaviors. Cuffs wer was wheeled by sec wrapping a blanket u lifting them up so the Admissions RN and was taken onto LH1 first hallways on the the unit, where the p was wheeled into [th [the patient] that it we could get up. One st won't get up, [they're RN and another staf was now in a supine [RN 13], then began [RN 13] tried verbals checking radial and breathing. This RN of the right side, and the RN confirmed with [Compressions were called on the radio b obtained with AED. It supine position for owas used for breath medical doctors arrived and too 5. Incident documen 13, dated 04/18/2024 "I was the RN assignalong with [MHT2 8] admission Sally Portline as the county has | patient] as a threat, and en physically violent'. This RN of officers to remove the cuffs ing any signs of aggressive removed by officers. Pturity to LH1, with one security underneath pt's legs and by did not drag on the floor. Unit staff followed as well. Ptunit, and down one of the right hand side as you enter t's assigned bedroom was. Pturity inderneath by did not drag on the floor. Unit staff followed as well. Ptunit, and down one of the right hand side as you enter t's assigned bedroom was. Pturity assigned bedroom was. Pturity assigned bedroom and [they] aff member said '[Patient] of catatonic'. Security and unit folified the pturity assessment. Stimuli, yelling pt's name, bedal pulse, checked for checked for radial pulse on the was no pulse felt. This RN 13] there was no pulse. Started, and a code blue was y security. Crash cart was bet was moved to the floor in the ompressions and ambu bagure. AED advised no shock. | A 35 | 92 | | | |

| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| A 392 | waiting for report from that the pt was not of and [AD RN 4] retries arrived at the Sally paged by admission the transport vehicle brought into the Sall observe the pt from Sally Port. It was recontinuing to be underesponding. Two se of the Sally Port, on other holding the pt draped under [the pswitched with [MHS quickly made our watthe wheelchair, atte explain the plan. We at 1111. We had dedirectly to [their] roo [their] bed. On arrivation [TMHA 19] and I impute wheelchair and transfer, I noted the have been expected pt. I immediately be [their] R wrist and be loudly. I performed delicit a response verto be no response I blue (code was called to find a pulse undereardid, pedal while [them] verbally and for chest rise (this we patient] was in loose open [the patient's] | e Sally Port per protocol, om [AD RN 4]. It was reported cooperating, would not walk, eved a wheelchair. Security Port, evidently having been as. The pt was retrieved from e utilizing the wheelchair and ly Port; I was not able to my vantage point outside the ported to us that the pt was | A | 392 | | | |

| STATEMENT OF CO | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| re bb aa aa th cc bb www.V th re fc aa th 6 F ir cc to to fc a F th A 6 1 "" to fc s V th th th cc | regan chest compressive with the AED and polying the AED pace of the floor to have a moontinued compressive ag respirations followas requested and and arough administering espirations. CPR was pollowing prompts from divised) until parametre situation." The incident document in the floor of the patient's in the floor of the floo | Staff arrived quickly and we ssions (@ 1115). Staff and crash cart. After ds, we transferred the pt to | A | 392 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| A 392 | bring [them] here to C wheelchair to the van sitting. The officers as vehicle a couple time move. I am unsure as exit the vehicle and p wheelchair. I stood ho open and called for a security responded. [[themself] when [they introduced myself and would be taking [their badge. I took [the pat | tient 1] into the vehicle to DSH. [AD RN 4] took a where the patient was sked the patient to exit the s to which the patient did not to to who helped the patient lace [them] into the olding the door at sallyport 8 dditional security. Additional | A | 392 | | | |
| | was no response. The the patient would be so [they were]. So [AD For ahead to remove the asked, "is [the patient deputies responded so a solution of the patient deputies responded so a solution of the patient deputies restraints where removed the patient restraints are patient restraints. | e deputies assured us that safe and that this is just how RN 4] gave them the go cuffs. Another security staff to catatonic?" and the saying "pretty much." Intation recorded by TMHA and untimed, reflected that 4] made the decision to move the restraints before to Lighthouse 1, after the boyed I grabbed the | | | | | |
| | patients' legs with the while we moved the parrival to the unit, we [their] assigned room nurse who accompanunit [RN 13] asked the bed. [MHST 14] gshoulder while I grable [RN 13] grabbed [the | while [MHST 20] held up the e assistance of a blanket patient to Lighthouse 1. On moved [the patient] into (unknown number), the unit patient ied us from admission to the pat we move [the patient] on patient is left ped the right shoulder and patient's] legs and we move the wheelchair on to the | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLI A. BUILDING | | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| TO TWIL OF TH | TO VIDER OR GOLF EIER | | | | 00 CENTER STREET NE | | | |
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| A 392 | Continued From page | e 133 | A | 392 | | | | |
| | [sic] catatonic at that | still [sic] appeared to be in time. After assisting with the was already late for my d." | | | | | | |
| | 6.d. Incident docume 16, dated 04/18/2024 " a call came over t security assistance a admit at 11:03. As I g could see security sta standing in a semiciro was still out of view to attached to sallyport a [RN 13] and [MHT2 8 waiting for the admit quietly enter the room could see the admiss [Patient 1] attempting and open [their] eyes in the wheelchair, in the Someone leaned ove this was a behavior, a this situation was goin to this being a new acceptance. | intation recorded by MHST and untimed, reflected that the radio for additional at Sallyport 8 with a new ot closer to Sallyport 8 I aff and two sheriff deputies the around [Patient 1], who to me in the admissions room B. There were two unit staff, I, standing outside the room the protocol, as I tried to the not disrupt anything. I it ions [RN 4], standing next to to get [them] to respond the put of the p | | | | | | |
| | agree to safety before from [their] cuffs. The [the patient] hadn't be assistance was becaus and refused to responsible to the proposed open the out to fill them in on with When I came back in remove the cuffs, so doors ahead of them process. [TMHA 19] while [MHST 20] was | e we can release [them] deputies mentioned that een violent, that all their use [they were] 'catatonic' nd. I saw that the unit staff e door to listen, so I stepped what the deputies had said. to the room, they started to I left the room again to open to ease the transportation was pushing the wheelchair holding [the patient's] legs [their] feet didn't drag on the | | | | | | |

| ` ' | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | IPLE CONSTRUCTION NG | | (X3) DATE SURVEY COMPLETED |
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| A 392 | with [MHST 20] and oblanket. Once we got LH1, [RN 13] wanted [their] room (Room# security staff lifted the security staff lifted the the bed. [RN 13] sent machine while [they] patient's chest, tap [tl [their] name. I stood opatients walking by the they came near." 6.e. Incident docume 17, dated 04/18/2024 "When I arrived at Sa admission, [Patient 1] wheelchair unresponded Admission [RN 4] ash Douglas County how the way over from Dodeputies stated, 'This [sic] is unresponsive attempting to get a reconstruction of the deputies sviolent we just needed truck by force because cooperating with us.' want to transport [Patient of the deputies of the dep | e, [MHST 17] swapped out carried the patient's legs in a to the patient's new unit, to assess the patient in G02-143) so [RN 13] and e patient from the chair to a someone to grab the vitals continued to rub on the neir] shoulders, and shout out in the hallway due to the room, redirecting them as the interior of the second of the company of the interior of the inte | AS | 392 | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | | |
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| A 392 | helping move up [Pa Staff then entered th room G02-143. [RN assisted [the patient] to do an assessment to check [their] pulse stated [they were] no 6.f. Incident docume 20, dated 04/18/2024" I responded to a cal Sally Port 8. When I County Deputies and around a patient, late that was in a wheelc [the patient] as being Deputies if [the patient] as being Deputies if [the patient] and there was there was abnormall around [their] mouth again and there was who was assigned in then took a picture of admissions process. Since [the patient] ap with us that we would legs so that we could Lighthouse 1 via the 6.g. Incident documed dated 04/18/2024 and "[LH1 NM] is writing of [MHT 33]: I was do saw [Patient 1] being wheelchair and [they wheelchair and [they | tient 1] in the wheelchair. e south hall and went into 13] and [TMHA 19] and I to [their] bed. [RN 13] began t on [the patient] and began on [their] right wrist, [RN 13] | A 39 | 92 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | PLE CONSTRUCTION IG | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING _ | | | C 05/06/2024 | |
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| 0050011 | 0TATE 000 TA DIOT | NOT DADT | | 2600 CENTER STREET NE | | | |
| OREGON | STATE HOSPITAL DISTI | NCIPARI | | SALEM, OR 97301 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| A 392 | Continued From page | e 136 | A 3 | 92 | | | |
| | | out to the sides and staff egs to keep [them] in the | | | | | |
| | review of multiple car video-recordings, wit revealed the following occurred on 04/18/20 1 was transported in arrived to the OSH S video review there with sally Port 8 that shof the transport van uthat the entirety of the visualized. The came the back of the van wof the Sally Port so the rear of the van could van doors opened or inside of the back could van doors opened or inside of the van work of the | | | | | | |
| | views inside Sally Po transport van drove i deputies seated in th | ort 8 showed: A DC Jail nto Sally Port 8 with two DC e front seats. The garage | | | | | |
| | Sally Port. A DC depvan, opened one of the bundles of items, and door to the admitting | van had fully entered the uty walked to the back of the he back doors, removed two d walked away towards the room. At ~ 1056:07 Patient bugh the passenger right | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 05/06/2024 | |
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| A 392 | side doors and walk deputy towards the * Between ~ 1058:1 view inside Sally Powalked back to the of the back doors a then started to closs and looked inside a the back of the van through the open down the deputy approached joined the first deputy approached joined the positioned of the van the van floor and in the van floor and in movements took the van floor and in the van floor and in the level of the top of the t | ked in front of the second DC door to the admitting room. 8 and 1100:20 one camera ort 8 showed: A DC deputy back of the van, opened one and looked inside momentarily, the the door, then reopened it and left it open. They stood at and periodically looked inside | A 39 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | | |
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| | | 384008 | B. WING | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | 1 | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | 03/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| A 392 | and place it around is shoulders and wrapp handles. At 1101:38 w/c backward toward 1's upper body was dower in the w/c and their head was slump their face, including recovered by the blue 4 pulled the w/c back van towards the admideputies bent over the movements consisted up one of the patient patient's feet off the cadmitting room attact RN 4 pulled the w/c the admitting room. Opatient's right pant legight hand. The other patient's left pant legight hand. The other patient's hands were head was slumped for closed, and their face blanket that was held their chest and should be the admitting room. The deputies' body periodically blo time four other staff (two deputies) arrived two deputies) arrived the second to the staff (two deputies) arrived the second to the second t | Patient 1's chest and led the ends around the w/c las the RN began to pull the less the admitting room Patient observed to be positioned slumped toward the left. As led forward, the lower part of mouth and nose, was lolanket. At ~ 1102:01 as RN wards along the side of the left intimer | A 35 | 92 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP COL 2600 CENTER STREET NE SALEM, OR 97301 | | 33,03,2024 | |
| (X4) ID PREFIX TAG | X (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETION DATE | |
| A 392 | the patient although behind one of the de deputies stepped aw observed to be slum however, the patient covered by the blue their chest and shou 4 had their right hand below the patient's fablanket to uncover the was motionless and that time there were room. RN 4 stepped and was observed to staff that had gathere and faced the patien patient. Two of those leaned towards the pof the patient with ceeight other staff in the room (excluding the talk amongst themse Patient 1 remained in their wrists in law entrestraints, their chin eyes closed. Patient movement. At ~ 1104 toward the patient, ehave touched the bluc clothing near their should be clothing near their should be clothing the patient of the patient | the patient cannot be seen puties. At ~ 1103:02 the ray and the patient was ped further down in the w/c, is face was no longer blanket that remained around iders. It looked as though RN id on or near the blanket ace as if they moved the re patient's face. The patient their eyes were closed. At at least six other staff in the away and back from the w/c or address the deputies and red in the room who all stood it within a few feet of the restaff stepped towards and read in the room. Then there were re room. The 11 people in the patient) were observed to relieve and to the group while notionless in the w/c with | A 3 | 92 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | C 05/06/2024 | | |
| | NAME OF PROVIDER OR SUPPLIER OREGON STATE HOSPITAL DISTINCT PART | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | • | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETION | | |
| A 392 | forearm, wrist, and held the patient's legs to keep they moved towards room into a hallway no time was there any has sist or resist, nor of demonstrate any obtime was there any has showed: The fand held the patient' 13 and six other staff patient 1 remained relosed and slumped limply on the w/c sea | and slid down and across and time the patient was d further down in the w/c, the moved, their head remained d with their chin on their re closed, and their legs were front of them with their bare At ~ 1105:27 a staff person t and with assistance from positioned it under and ent's legs at the knees and sorts to lift the patient's legs at that time the patient's so sliding off of the w/c and off their thighs onto the w/c f their body. At ~ 1105:44 one the w/c forward and another blanket that was around the p them off the ground and the door out of the admitting towards the inpatient unit. At admitting room did the patient did they open their eyes or servable movement. At no meaningful touch or other that could be construed as a | A 392 | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 ' ' | PLE CONSTRUCTION G | , , | (X3) DATE SURVEY COMPLETED | | |
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| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | 03/00/2024 | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | IOULD BE | (X5) COMPLETION DATE | |
| A 392 | been tied and knotte staff pushed the pat assigned patient roo that was last video of 8.a. During interview DSC, DLD, and OBO | ge 141 gs up during transport had ed or twisted. At ~ 1108:30 lent in the w/c into the em on the inpatient unit and ebservation of Patient 1. with staff that included the C on 05/06/2024 beginning at I the Code Blue training dates | A 39 | 02 | | | |
| | for the AD RNs 1 thr no drills or hands-or demonstrations, or of associated with thos annual "refreshers." hospital-wide Code conducted since the stated those were re 04/23/2024 and that OSH-Salem campus Blue drills, and on Oc campus 13 staff par They further confirm | rough 4 and stated there were a practice, return competency evaluations are trainings, including during They further stated that Blue drills had not been Covid-19 pandemic. They excently resumed on on that date on the s 54 staff participated in Code 4/26/2024 on the OSH-JC ticipated in Code Blue drills. ed that none of the four AD ent or participated in the Code | | | | | |
| | reflected the followin * For RN 1 the docu 2020 they had a 20- training on 03/26/20 training on 04/24/20 Blue "refresher" on 0 Annual Training. * For RN 2 the docu 2020 they had a 30 on 04/02/2024 durin * For RN 3 the docu | N Code Blue training records ng: mentation showed that since minute online Code Blue 20, an online Code Blue 21, and a 30-minute Code 02/27/2023 during 2023 mentation showed that since minute Code Blue "refresher" g 2024 Annual Training. mentation showed that since minute online Code Blue | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING | | | | 06/ 2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | NCT PART | | 2 | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 392 | training on 03/12/202 * For RN 4 the docum 2020 they had a 20-n training on 04/18/202 training on 05/08/202 9.a. Review of the "O Salem Organizationa "Last Updated 4/1/24 ADM, and the RNs w reported to the OSH hospital administration Nursing Department. 9.b. Review of the AD that the ADM's title w Manager." There was gathered during the s assigned oversight at RNs and the nursing provided in the AD was confirmation was provemail on 05/16/2024 not an RN. 9.c. During interviews 1030, on 04/25/2024 beginning at 1340, ar at ~ 1300 the followin or confirmed. Staff th more of those session RN 1, DSC, DQM, Into other nursing, educat * The hours of operat through Friday busine AD RNs who worked staggered start times | 0, an online Code Blue 1, and none since. nentation showed that since ninute online Code Blue 0, an online Code Blue 1, and none since. Pregon State Hospital - I Structure" chart that was " showed that the AD, the ho worked in the AD, Deputy Superintendent in an and were not part of the O Staff List provided reflected as "Business Operations is no indication in information survey that the ADM who was and responsiblity for the AD and patient care services as an RN themself. Further vided by the DSC in an at 1503 that the ADM was so on 04/24/2024 beginning at at 1230, on 04/25/2024 and on 05/02/2024 beginning ag information was provided at were included in one or ans included the ADM, AD terim DS, DLD, OBC, and cion and S&C staff: cion of the AD were Monday ess hours. There were four eight-hour shifts with slightly | A | 392 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | 05/06/2024 | | |
| | ROVIDER OR SUPPLIER | TINCT PART | | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | 05/06/2024 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIE) | STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE COMPLETION | | |
| A 392 | the CNO. Rather, the operations was the administration. * Nursing Department AD RNs. * There were no for approved P&Ps for and procedures. * There were no proof patients at the tirthe Sally port, nor own waited in transto the hospital's prevan entry into the S systems and proof staff orientation, on did not apply to the There was no formorientation and onbothere was no docur and onboarding for who started in 08/2 competency evaluated The onboarding processibed as "shad AD RNs on "how to the deputies" for "uthey're turned looses. * Two manuals wer resource documents. | In not fall under the direction of the oversight of the AD responsibility of hospital and P&Ps did not apply to the malized, written, and AD patient care operations ovisions for direct observation the the transport van entered direct observation of patients port vehicles upon their arrival emises prior to the transport fally port. Desses for Nursing Department boarding, and annual training AD RNs. The proposed AD orientation of AD orientation of AD orientation the two most recent AD RNs. Description of AD RNs was owing one of the other two the get people into the door with sually about two weeks before | A 3 | 92 | | | |
| | current or approved inconsistent informations. 9.d. A manual titled the date 04/05/2024 | I, and contained unclear and ation related to patient care "Admissions Department" had 4 at the bottom of each page. r information and was | | | | | |

| ` ' | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| NAME OF B | | 384008 | D. WIING | | OTDEET ADDRESS OUT/ OTATE 7/D OODE | 05/ | 06/2024 |
| NAME OF PI | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | | 2600 CENTER STREET NE | | |
| | | | | , | SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| A 392 | 392 Continued From page 144 | | A | 392 | | | |
| | incomplete. For exam | nple: | | | | | |
| | * It contained sections | s and paragraphs that had | | | | | |
| | | ed ink and some written in | | | | | |
| | | lear what those denoted. | | | | | |
| | _ | erenced above the ADM | | | | | |
| | | was the "nursing" section, | | | | | |
| | | uage that needed to be | | | | | |
| | updated. | anual it described that AD | | | | | |
| | • | our MH Triage RNs. It further | | | | | |
| | | sition with the [AD] plays a | | | | | |
| | pivotal role Each staff in these positions have a | | | | | | |
| | | positions in accordance to | | | | | |
| | | rocedures set by OSH and | | | | | |
| | the Admissions Direc | | | | | | |
| | functions." However, | during interviews referenced | | | | | |
| | above there were no | | | | | | |
| | | excerpt on Page 20 of the | | | | | |
| | | as "The [MH] Triage RN will | | | | | |
| | | g note, at minimum, how the | | | | | |
| | | on arrival check vitals | | | | | |
| | | when possible" The date | | | | | |
| | to the 04/18/2024 adr | page was 04/05/2024, prior | | | | | |
| | | | | | | | |
| | However, during interviews referenced above the ADM stated that that although the manual | | | | | | |
| | | s were made on 04/05/2024, | | | | | |
| | | added to the manual after | | | | | |
| | - | 2024 admission and after | | | | | |
| | the 04/19/2024 CMO | Directive. In a written | | | | | |
| | | OM received on 05/02/2024 | | | | | |
| | | o confirmation of the date | | | | | |
| | | had been "This is not | | | | | |
| | possible." | | | | | | |
| | | ed excerpt was unclear | | | | | |
| | | tals to be taken as it said to | | | | | |
| | · · · · · · · · · · · · · · · · · · · | cified only Temp, and BP, | | | | | |
| | when possible. | partment manual contained | | | | | |
| | THE AUTHOSIONS DE | partment manual contained | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | D. WING | _ | | 05/ | 06/2024 | |
| NAME OF PR | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| OREGON | STATE HOSPITAL DISTI | NCT PART | | : | 2600 CENTER STREET NE | | | |
| OKLOON | STATE HOSPITAL DISTI | NOT FART | | ; | SALEM, OR 97301 | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | | PROVIDER'S PLAN OF CORRECTION | | (X5) | |
| PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFI TAG | | (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | COMPLETION DATE | |
| A 392 | Continued From page | 145 | | 200 | | | | |
| | | | A | 392 | 2 | | | |
| | | cal emergency response, or | | | | | | |
| | maintenance of emer | gency supplies or | | | | | | |
| | equipment in the AD. | | | | | | | |
| | | | | | | | | |
| | 9.e. A manual titled "I | Mental Health Admissions | | | | | | |
| | | ned unclear information and | | | | | | |
| | was incomplete. For e | | | | | | | |
| | | n of various pages of the | | | | | | |
| | | f 06/13/2021, 06/25/2021 | | | | | | |
| | and 07/13/2022. It wa | as unclear what date the | | | | | | |
| | manual was last dete | rmined to be current. | | | | | | |
| | * In the manual on a | page titled "Day of | | | | | | |
| | Admission" with the date 06/13/2021 at the | | | | | | | |
| | bottom of the page there were three paragraphs. | | | | | | | |
| | One included direction for the MH Triage RN to | | | | | | | |
| | obtain a temperature on patients upon arrival. | | | | | | | |
| | | r Patient 1 on 04/18/2024 | | | | | | |
| | and staff confirmed d | uring the interviews | | | | | | |
| | | it there was no written AD | | | | | | |
| | P&P for that practice. | | | | | | | |
| | | erated M-F day shift hours | | | | | | |
| | | with AD RNs at those times, | | | | | | |
| | _ | that "Evening, Nights, and | | | | | | |
| | | ns" could occur. It was | | | | | | |
| | | ould be managed, including | | | | | | |
| | | lld be assessed and vitals | | | | | | |
| | • | erviews referenced above the | | | | | | |
| | _ | were no P&Ps for that at this | | | | | | |
| | | | | | | | | |
| | • | eded to develop a process | | | | | | |
| | | after hours admissions. | | | | | | |
| | | led a copy of a seven-page | | | | | | |
| | | ' published by The Joint | | | | | | |
| | | 9/12/2017. It was unclear | | | | | | |
| | what it's purpose was | | | | | | | |
| | • | lsewhere in the manual. | | | | | | |
| | * The manual include | d a P&P for restraints with a | | | | | | |
| | date of 12/21/2020. It | was confirmed that was not | | | | | | |
| | the current version of | that P&P. | | | | | | |
| | * The manual contain | ed a copy of the P&P for | | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING | | | | 06/ 2024 |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | NCT PART | • | 2 | STREET ADDRESS, CITY, STATE, ZIP CODE 1600 CENTER STREET NE SALEM, OR 97301 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 392 | dated 10/03/2018 that admitted patient experimedical condition. OS care as indicated in C However, there was remanual for medical en AD, including for main supplies or equipment | t directed that "If a newly criences an emergency SH will provide emergency SSH Policy 8.002" no other information in the mergency response in the ntenance of emergency tt. | | 392 | | | |
| A1600 | CFR(s): 482.60 Special Provisions Ap Hospitals - Psychiatri This CONDITION is | c hospitals must not met as evidenced by: | A1 | 600 | | | |
| | recordings, interviews medical record docum (Patient 1), review of records (RNs 1, 2, 3, internal investigation medical emergency s documentation, review response documentation, and reprocedural manuals it hospital failed to com Meet Hospital CoPs, Provisions Applying to required the hospital CFRs 482.1 through 482.57 The cumulative effect | s, review of incident and nentation for 1 of 1 patient 4 of 4 AD staff training and 4), review of OSH documentation, review of upplies and equipment w of medical emergency tion, review of training eview of P&Ps and t was determined that the ply with the CFR 482.60(b), | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| | | 384008 | B. WING _ | | | C 05/06/2024 | | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | I_ | 05/06/2024 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | I SHOULD BE | (X5) COMPLETION DATE | | |
| A1600 | represents a limited of hospital to provide sate Findings include: 1. Refer the findings Tag A-1605, CFR 48: Hospital CoPs, that recomply with the follow to CFR 482.12 - CoP: Term 482.13 - CoP: Term 482.13 - CoP: Term 482.12 - CoP: Govern governing body failed safe and appropriate hospital in a manner Those findings include not have a dedicated failure to ensure apprinitial treatment of inchospital's campus where medical emergency of the safe and appropriate provisions for responding to the safe and appropriate provisions for responding the safe and appropriate of the safe and appro | cited under this Condition at 2.60(b) - Standard: Meet effects the hospital failed to wing CoPs (Tag A-1605): Governing Body Patient's Rights Nursing Services gs cited at Tag A-043, CFR ning Body, that reflects the doto ensure the provision of care to patients in the that complied with all CoPs. Bed for this hospital that did a Emergency Department, ropriate assessment and dividuals anywhere on the no exhibited a need for a response (Tag A-093). gs cited at Tag A-115, CFR at's Rights, that reflects the redevelop and implement ach patient's right to receive attention to medical emergencies of that likely contributed to the patient and created the other patients (Tag A-144). | A16 | 600 | | | | |
| | 482.23 - CoP: Nursin | gs cited at Tag A-385, CFR ng Services, that reflects the develop and implement | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 384008 | B. WING _ | | | 05/ | 06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DISTI | NCT PART | | STREET ADDRESS, CITY, STATE, ZIP CO 2600 CENTER STREET NE SALEM, OR 97301 | DE | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | | ON SHOULD BE IE APPROPRIA | | (X5) COMPLETION DATE | |
| A1600 | under the supervision needs were met by o and that nursing pers nursing and emergen population of each de | e 148 nat the nursing services were n of an RN, that patient ingoing nursing assessment, sonnel responded to the ncy care needs of the patient epartment (Tag A-392). | A10 | 600 | | | | |
| A1605 | of Participation speci 482.23 and §§482.25 This STANDARD is i | s must] Meet the Conditions fied in§§482.1 through 5 through 482.57; not met as evidenced by: | A10 | 605 | | | | |
| | medical record docur (Patient 1), review of records (RNs 1, 2, 3, internal investigation medical emergency s documentation, revier esponse documentation, and reprocedural manuals in hospital failed to com CFRs 482.1 through through 482.57 as the determined to be out * CFR 482.12 - CoP: * CFR 482.13 - CoP: * CFR 482.23 - COP: The cumulative effect resulted in this Condi | s, review of incident and mentation for 1 of 1 patient 4 of 4 AD staff training and 4), review of OSH documentation, review of supplies and equipment w of medical emergency ation, review of training review of P&Ps and twas determined that the apply with all CoPs specified in 482.23 and CFRs 482.25 e following CoPs were of compliance: Governing Body Patient's Rights | | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION G | · , | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|---|---|----------------------------|----------------------------|--|
| | | 384008 | B. WING _ | | | C 05/06/2024 | |
| | ROVIDER OR SUPPLIER STATE HOSPITAL DIST | INCT PART | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CENTER STREET NE SALEM, OR 97301 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| A1605 | hospital to provide s Findings include: 1. Refer to the findin 482.12 - CoP: Gove governing body faile safe and appropriate hospital in a manner Those findings inclu- not have a dedicated failure to ensure app initial treatment of in hospital's campus w medical emergency 2. Refer to the findin 482.13 - CoP: Patien hospital failed to fully P&Ps that ensured e care in a safe setting ensure appropriate p provisions for respor created an unsafe E harm and death of o likelihood of harm to 3. Refer to the findin 482.23 - CoP: Nursii hospital failed to fully P&Ps that ensured t under the supervisio needs were met by o and that nursing per nursing and emerge population of each de | gs cited at Tag A-043, CFR rning Body, that reflects the d to ensure the provision of e care to patients in the that complied with all CoPs. ded for this hospital that did d Emergency Department, propriate assessment and dividuals anywhere on the ho exhibited a need for a response (Tag A-093). gs cited at Tag A-115, CFR nt's Rights, that reflects the y develop and implement each patient's right to receive g. The hospital's failures to patient assessment and nse to medical emergencies OC that likely contributed to ne patient and created the other patients (Tag A-144). gs cited at Tag A-385, CFR ng Services, that reflects the y develop and implement hat the nursing services were n of an RN, that patient engoing nursing assessment, sonnel responded to the ncy care needs of the patient department (Tag A-392). | A16 | 05 | | | |