PRINTED: 07/31/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		200007				С
NAME OF F		380007	B. WING		•	5/22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	. CENTER		STREET ADDRESS, CITY, STATE, ZIP 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
A 000	INITIAL COMMENT	rs	Α0	000		
	unannounced comp #OR14492, initiated Emanuel Medical Cobehavioral health in the Unity Center for 04/26/2018. The su 04/27/2018 as a respermit surveyors to photocopied docum survey was continu 05/15/2018 and cor Between 04/27/201 concerns related to Center were subminincorporated into the resumed on 05/15/2015. The UCBH was eva Condition of Particing CFR 482.13. The allegations in cosubstantiated. On 05/18/2018 at 1 hospital it was dete jeopardy (IJ) situation observations, intervince and procedures reveal the physical enviror supervision, and law response to medical	nents from the premises. The ed onsite at UCBH on included on 05/22/2018. 8 and 05/15/2018 additional patient's rights in the UCBH itted to the SA. Those were e investigation once it 2018. aluated for compliance with the pation for Patient's Rights, complaint #OR14492 were 725 surveyors informed the rmined that an immediate on existed. During the survey views, review of medical inference of training documentation ecords, and review of policies realed numerous hazards in inment, a lack of patient ck of clear protocols for				
L ABORATOR)	/ DIRECTOR'S OR PROVIC	ا DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	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 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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018
	OVIDER OR SUPPLIER	*****		28	REET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE ORTLAND, OR 97227	<u> 037.</u>	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
oha* udPrcc* thhecamGab* ohireovbickrieabgvuw	arm, patient attem ttempts. Hazards identified nits during the surpocumentation reviewencils and pens; Fazors; and Ligature overs, scrub pants Hazards included ne physical enviroringes on patient band of doors had be reate a sloping surpociated with door bechanisms on done chanisms or vulneral in high risk or vuln	e survey had resulted in actual pts at self-harm, and suicide include items observed on vey and referenced in ewed. Some examples are: Rigid plastic utensils; Shaving e items such as cords, pillow	AC	000			

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 DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 000	times. * There was a lack supplies/equipment emergency patient written protocol for that identified who vroles of responders revealed inconsiste processes; Supplie inconsistently store from unit to unit, an identify what items those were located blood glucose meter and dressing supplied on 05/21/2018 at 1 written plan outlinin IJ situation. On 05/2 resubmitted with accompanient of the survey exit confinition of the survey exit confinition on 05/19/2018 and Rigid plastic utens patient units were resulted to 05/19/2018 and Rigid plastic utens patient units were resulted to 05/19/2018, unless supervision of staff	of clear processes and a for responding to urgent and conditions: There was no response to those situations was to respond and what the were, and staff interviews in understandings of those sequipment were d, available, and maintained d staff could not readily were available and where (those included O2 E-tanks, ers, ligature cutting devices, es). 000 the hospital submitted a g actions taken to remove the 21/2018 at 1655 the plan was additional information. On the plan was resubmitted with 20 05/22/2018 at 1600 during erence the hospital was was removed. Actions taken of unsafe items on patient d and unsafe items removed 05/20/2018. Sil dispensers mounted on emoved on 05/19/2018. "safety suite" doors were	AC	000			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 000	* Twice daily enviro including ligature ris implemented. * Policies and proto and safe transporta developed and implemented and safe transporta developed and implemented to address between in-person relation to hourly checks, and constated a requirement was un-enclosed section each unit, open to the times. * Code M carts for the were purchased, strunits on 05/21/2018 * The Code M policiand responsibilities Code M cart daily complemented on 05 supplies present in the Training of all staff implemented for the and prevention of eitems policy and roumonitoring; Bathroom M roles, responsibilities Although the hospit from this survey refiprovide safe and accondition-Level defit the condition-Level defit the condition	mmental safety rounds, sks and unsafe items, were cols for elopement prevention ation of patients were lemented. It policies and protocols were blind-spots and to distinguish and camera monitoring, in tecks, every 15 minute introbservation. It is implemented that the introck of the nurses' station on the milieu, be staffed at all interest and deployed to all interest. It is implemented that the interest of team members, and a shecklist was developed and interest and not expired. If at each shift change was the following: Safe transportation lopement; Changes in unsafe unding; Standards in care and interest in the safe of the shift change in unsafe unding; Standards in care and interest in the safe of the	AC	00			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG	CON	COMPLETED	
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	PROVIDER OR SUPPLIER	. CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		22/2010
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A 000	Abbreviations and Areport: ACC - Accreditation AD - Advance Direct ADLs - Activities of AED - Automated EAMR - American MAMD bag - A manual ANM - Assistant Nual AOC - Administrate approx - approximal BHT - Behavioral HBLS - Basic Life Sucht - Unknown CFR - Code of Fedom - centimeter CMS - Federal Cent Medicaid Services CN - Charge Nurse CNA - Certified Nur Cop - Condition of Code Gray - Response assaultive behavior Code M - Response medical conditions Code Silver - Response shooter, etc. COP - Condition of COTA - Certified Octation of COTA - Certified Octatio	Physical Environment Acronyms used throughout this A Clinical Compliance ctives Daily Living External Defibrillator edical Response ambulance ual resuscitator urse Manager or on Call stely lealth Therapist Health Unit upport eral Regulations sters for Medicare and exing Assistant Participation onse to threatening or se to urgent and emergency conse to weapons, active Participation ccupational Therapy Assistant rvices afety/Security Patient Care Services epartment	A 00	00		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	_ CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)) BE	(X5) COMPLETION DATE
A 000	FDA - U.S. Food ar FM - Facilities Man Good Sam - Legac Center HCRQI - Health Calmprovement HH - Hold HS - House Supervivo - history of IJ - Immediate Jeol IM - Important Mes JC - The Joint Com L - Left Lac - Laceration LEMC - Legacy Em LH - Legacy Health LIMS - Legacy Inte LIP - Licensed Inde LSO - Legacy Secu MAR - Medications mg - milligram mtg - Meeting NA - Nursing Admin NM - Nurse Manag OHA - Oregon Hea	ogram t of Care ent of Care Committee and Drug Administration ager y Good Samaritan Medical are Regulation and Quality visor pardy sage From Medicare amission nanuel Medical Center and Medicine Services ependent Practitioner arity Staff Administration Record and Administration er alth Authority ealth & Science University Therapist Oner Emergency Service	A	000			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER 'EMANUEL MEDICAL	. CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227			
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A 000	Improvement QIO - Quality Impro Quiet Team - QR - Quiet Room R - Right RLQ - Right Lower RN - Registered No SA - State Agency of certification activitie Oregon Health Auth Care Regulation and Sec - Second SLM - Self Learning SM - Security Mana SS - Security Supe SSO - Safety Secu UCBH - Unity Cent UM - Utilization Ma VPU - Vice Preside VPFO - V	Quadrant urse that conducts CMS survey and es. In Oregon that is the nority, Public Health, Health ad Quality Improvement. g Module ager rvisor rity Officer er for Behavioral Health nagement ent Unity dent Facilities Operations Destructive	Α0				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		BE	(X5) COMPLETION DATE
A 043	4 patients who experior (Patients 1, 9, 19, a medical record doc patients who experior neglect (Patients 13, 14, 15, 16, 18, 32), review of mediof 3 patients review physician orders, redocumentation for the grievance log, (and 43), review of t of 22 staff (Staff 1 procedures, and revelated to safety an was determined the ensure the provision to patients in the hoc Conditions of Particon This Condition-level limited capacity on provide safe and according include: 1. Refer to the findicular CFR 482.13 - CoP 2. Refer to the findicular CFR 482.21 - CoP Performance Improvides a condition of the findicular conditions of	erienced restraint or seclusion and 31), review of event and umentation for 23 of 23 enced actual or alleged abuse is 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 19, 20, 22, 23, 24, 26, 31, and cal record documentation for 3 ed for conformance with eview of grievance of 12 patients selected from Patients 33, 34, 35, 37, 38, 42, raining documentation for 22 (22), review of policies and view of other documentation diphysical environment risk, it at the governing body failed to an of safe and appropriate care espital that complied with the esipation. I deficiency represents a the part of the hospital to dequate care. Ings cited under Tag A115, Patient's Rights. Ings cited under Tag A263, Quality Assessment and evement.	AO	43			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	CON	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	L CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	, 33,		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
A 115 A 115	PATIENT RIGHTS CFR(s): 482.13 A hospital must propatient's rights. This CONDITION Based on observamedical record and 4 patients who experor neglect (Patients 1, 9, 19, amedical record door patients who experor neglect (Patients 33, 14, 15, 16, 18, 32), review of griev 12 patients selecte (Patients 33, 34, 30 of training docume 1 - 22), review of preview of other docume 1 - 22), review of preview of other document physical environment patients were not physical environment prevent patients from the effective. * Patients were not areas or during hig * Response to urge conditions was incompatition.	is not met as evidenced by: tions, interviews, review of d other documentation for 4 of erienced restraint or seclusion and 31), review of event and cumentation for 23 of 23 rienced actual or alleged abuse as 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 19, 20, 22, 23, 24, 26, 31, and vance documentation for 7 of d from the grievance log, 5, 37, 38, 42, and 43), review ntation for 22 of 22 staff (Staff olicies and procedures, and cumentation related to safety onment risk, it was determined and procedures that ensured and procedures that ensured and procedures that ensured and provided care in a safe ent that had been assessed for risks. The secured facility were not a supervised when in high risk th-risk activities. The secured facility were not a supervised when in high risk th-risk activities. The secured facility medical	A 11: A 11:				

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A 115	complete. * Restraint and sect met for those patier or seclusion. * Restraints and sect by staff who met the training requiremen * Response to patier grievances were not required. * Medicare beneficiarequired. * Medicare beneficiarequired. * Patients did not recrequired. * Patients did not recrequired. This Condition-leve limited capacity on provide safe and accomplete in the setting include: 1. Refer to the finding and A145, CFR 482 Safety. Those finding failure to ensure the setting, appropriate response to urgent conditions, and failured investigated in a time. 2. Refer to the finding and A175, CFR 482 or seclusion. Those failure to ensure response failure	lusion requirements were not atts who experienced restraint clusion were not implemented by restraint and seclusion ats. Int's complaints and attimely or complete, informed of their rights as aries did not receive IMs as acceived AD information as attended to the hospital to dequate care. Ings cited under Tags A144 and care to ensure that allegations	A 1	115			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
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A 117	3. Refer to the finding A202 and A206, CF Restraint or seclusion requirements. Those failure to ensure the or seclusion received demonstrated comparts of the finding and A123, CFR 482 Rights. Those finding to inform patient's opatient and as a Meto ensure that respond grievances were sensure patient's received. PATIENT RIGHTS: CFR(s): 482.13(a)(A hospital must inform patient's received. PATIENT RIGHTS: CFR(s): 482.13(a)(A hospital must inform patient's received. Patient and as a Meto ensure patient's received and grievances were patient's received. Patient and a sensure patient's received and and a sensure patient's received and and a sensure patient sensure patient brochures, a patient brochures, a sensure patient brochures, a	ings cited under Tags A196, in R 482.13(f) - Standard: on: Staff training are findings reflect the hospital's at staff participating in restraint and appropriate training and petency as required. Ings cited under Tags A117 2.13(a) - Standard: Notice of angs reflect the hospital's failure of their rights as a hospital adicare beneficiary; and failure onses to patient's complaints are timely and complete. Ings cited under Tag A132, andard: Exercise of Rights. are the hospital's failure to be served AD information as a service in the patient, or when dient's representative (as a law), of the patient's rights, in any or discontinuing patient and documentation in 2 of 2	A 1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

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	PROVIDER OR SUPPLIER	- CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		,12,13
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 117	* Information providall of the patients ri * The current versic from Medicare beneficia 405.1205. * Inpatient Medicare provided the "Impo form and/or were not required timeframe. Findings include: 1. A policy and provided a copy of Rights and Responsibilities was reviewed and provided a copy of Rights and Responsibilities was reviewed and provided a copy of Rights and Responsibilities was reviewed and provided the following these regulations and the patient has the patients titled "Patients titled" Patients titled "Patients or specify the right abuse." 3. Regarding the "Informatical "Patient Right finding 1 above reference or specify the right finding 1 above reference or	ded to patients did not include ghts. On of the "Important Message m was not provided to inpatient ries as required at CFR be beneficiaries were not rtant Message from Medicare" ot provided the form within s. cedure titled "Patient Rights of dated last revised "05/17" reflected "Patients will be the Statement of Patient sibilities" The policy contained ts. However, the policy and fully developed as it did not g patients right required by t CFR 482.13(c)(3): e right to be free from all forms				

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A 117	guidelinesLegacy patient when discharthe hospital's existion review notice and rorganization (QIO) concerns. The hospitality of the discharge and file at The policy was not requirement that the patient within 2 day and dated by the parand that the hospital IM in advance of the more than 2 calend discharge. 4. The policy and patient Message from Mescage from Mesca	n accordance with Medicare will provide notice to the arge is pending and coordinate ing mechanisms for utilization eferral to Quality Improvement for Medicare beneficiary oital informs all Medicare ir right to appeal premature a grievance with their QIO" fully developed to include the eform be provided to the sof admission, and signed attent to acknowledge receipt; all present a copy of the signed e patient's discharge, but no lar days before the patient's rocedure titled "Utilization dated last revised "07/17" reflected "RN case managers eneficiaries with the Important dicare prior to discharge per . When a patient appeals his M RNs manage the process outcome." The policy did not ment that the IM form be ent within 2 days of admission, and that the hospital ne signed IM in advance of the but no more than 2 calendar	A 11	7		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	CON	TE SURVEY MPLETED
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A 117	6. The medical reco and reflected the pa Medicare beneficia 1706. The record of forms, one signed a 04/20/2018 at 1208 dated by the patien 04/20/2018 at 1613 were form "CMS-R- (7/14)", which was a version identified in record reflected the 05/17/2018 at 0743 documentation reflet the patient or patier the signed IM in ad discharge. This was 05/19/2018 at 1215 7. The medical reco and reflected the pa Medicare beneficia 0246 and discharge record contained a the patient. The for or timed. The recor reflecting the patier within 2 days of adr a second copy of a patient and dated p 05/21/2018 at 0820	crystal (Exp. 03/31/2020)." ord of Patient 31 was reviewed attent was an inpatient ry admitted on 04/19/2018 at contained copies of two IM and dated by the patient on 3, and the other signed and t's representative on 3. Both of the IM forms used 193 (approved 07/10) 271956 a version prior to the updated a the paragraph above. The expatient was discharged on 3. The record contained no ecting the hospital presented on t's representative a copy of vance of the patient's seconfirmed with the DPCS on	A 11	7		
A 123	(approved 07/10) 2 prior version to the	71956 (7/14)", which was a	A 12	3		

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A 123	CFR(s): 482.13(a)(At a minimum: In its resolution of to must provide the patient to investigathe grievance procession that contact person, the patient to investigathe grievance procession. This STANDARD is Based on interview documentation for the grievance log (land 43), review of and alleged abuse documentation for complaint/grievance 4, 5, 6, 7, 9, 10, 11, and review of policidetermined that the its grievance policies A written grievance required elements hospital contact peof the patient to invresults of the grievance procession of the procession of the patient reprivation was no patient/patient reprivation. 1. The hospital poli "Managing Patient" dated as last revised.	che grievance, the hospital atient with written notice of its ins the name of the hospital esteps taken on behalf of the te the grievance, the results of ess, and the date of s not met as evidenced by: v, review of grievance of 12 patients selected from Patients 33, 34, 35, 37, 38, 42 event documentation for actual and neglect, review of training 16 of 16 staff reviewed for e training (Employees 1, 2, 3, 12, 17, 18, 19, 21 and 22), ies and procedures, it was e hospital failed to implement es and procedures as follows: the notice that contained the including the name of the reson, the steps taken on behalf restigate the grievance, the ance process, and the date of the provided to each	A 12	23		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	` '	E SURVEY PLETED
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	PROVIDER OR SUPPLIER ZEMANUEL MEDICAL	. CENTER		28	REET ADDRESS, CITY, STATE, ZIP CODE 101 N GANTENBEIN AVENUE DRTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 123	or Director. It is adv. Relations Specialis timelines, the contelletter and document grievanceGrievar managed within a retermined by the cand the investigation required. If the griethe investigation is within seven (7) day (verbally or in writin representative that resolve the grievant follow-up with a writedaysWhen a final a written response patient/designated response will include contact person. This the letter, unless of on behalf of the pat grievanceResults investigationCom of the written response of abus grievances. It reflect willful infliction of in confinement, intimic resulting physical has includes staff infliction of injury or another. Neglect is defined as a failure necessary to avoid	epartment or Service Manager visable to partner with a Patient to assure compliance with ent of the mandatory response station of the laces will be investigated and easonable time period complexity of the grievance on and decision-making vance cannot be resolved, or if not or will not be completed eys, the hospital should inform g) the patient or the patient's the hospital is still working to ce and that the hospital will ten response within thirty (30) resolution has been reached, will be provided to the representative. The written leName of the hospital s will be the person signing herwise notedSteps taken itent to investigate the of the pletion date, which is the date nse unless otherwise noted"	A	123			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		380007	B. WING			C 05/22/2018
	A 123 Continued From page 16 Circumstances" section followed the "Grieval section and included the following: "Statement concern that describe allegations of abuse on neglect, which may include various including not limited to actions (sic) alleged to be sexu nature, including inappropriate touch, should escalated up the management chain which we evaluate the allegation of the "Guideline for Investigation and Evaluation of Reports of Inappropriate Behavior or Abuse involving Patients and occurring with a Legacy Facility Campus." 2. Patient 43: Grievance/complaint report documentation for the patient was reviewed a reflected it was submitted by the patient's representative. The "Date Complaint Receive was 05/11/2018. The "Initial Complaint Description" was "Concern regarding seclusi event after patient threatened to self-harm wiplastic spoon." There was no documentation reflecting the hospital contacted the patient of follow-up investigation and resolution submitted to the patient or patient's representative either verbally or in writing after 05/11/2018, including no documentation reflecting a written notice of follow-up investigation and resolution submitt to the patient or patient's representative. 3. Patient 38: Grievance/complaint report			STREET ADDRESS, CITY, STATE, ZIP COD 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	•	JOI 22/2010
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
A 123	Circumstances" se section and include concern that descr neglect, which may not limited to action nature, including in escalated up the mevaluate the allega following: Risk Mar Employee Relation Leadership, as apprevaluated for application and Eliappropriate Behave Patients and occur Campus." 2. Patient 43: Grieve documentation for reflected it was subtrepresentative. The was 05/11/2018. The was 05/11/2018. The patient plastic spoon." The reflecting the hospipatient's represent writing after 05/11/2 documentation reflecting the patient or patient of the patient or patient of the patient or patient of the patient or patient or reflected the "Date 12/15/2017. The "I section reflected "I section reflected "I shower chair is missisted to action and includes a section and in	ction followed the "Grievance" ed the following: "Statements of libe allegations of abuse or vinclude various including but his (sic) alleged to be sexual in appropriate touch, should be anagement chain which will tion in collaboration with the nagement, Legal Services, is and medical Staff blicable. These cases will be cation of the "Guideline for Evaluation of Reports of Evaluation of Report	A 1	23		

_	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	COM	TE SURVEY MPLETED
		380007	B. WING _			C / 22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP CC 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 123	follow-up investigat submitted to the parabolic documentation for reflected the "Date 06/02/2017. The "In section reflected condiscrimination and response from the submitted to the parabolic discrimination and response from the submitted to the parabolic discrimination and response from the submitted to the parabolic discrimination and response from the submitted to the parabolic discrimination and response from the grievance or the process. 5. Patient 35: Grieved documentation for reflected "Reports of the "Initial Complaint" and parabolic discrimination for reflected in the grievance process. 6. Patient 34: Grieved documentation for reflected it was subpatient's representation for reflected it was subpatient's	rance/complaint report the patient was reviewed and Complaint Received" was nitial Complaint Description" omplaints including racial "poor staffing". A written hospital dated 06/09/2017, itient in response to the iewed and did not contain the alf of the patient to investigate e results of the grievance rance/complaint report the patient was reviewed and bmitted another complaint. nt Received" was 06/12/2017. int Description" section of racism, alleges someone dy tissue on [his/her] floor, es to [his/her] hair dryer, iving medical care for [his/her] or response from the hospital submitted to the patient in evance, was reviewed and did to staken on behalf of the te the grievance or the results	A 12	3		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	COM	TE SURVEY MPLETED
		380007	B. WING _			C /22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		122/2010
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 123	proper care; specif providing PRNs, pa from lack of Klonop physician." A writte dated 07/05/2017, representative in rereviewed and did n behalf of the patier or the results of the 7. Patient 37: Griev documentation for reflected the "Date 10/10/2017. The "In section reflected "Uto accidental injury rules and not enfor response from the submitted to the pa grievance, was rev steps taken on behalf of the grievance or the process. 8. Patient 42: Griev documentation for reflected the "Date 03/16/2018. The "In reflected "[Patient's patient was dischaunit staff informed another patient had response from the submitted to the paresponse to the grinot contain the step patient to investigal	died that nurses are not attent is having 'brain shakes' bin, and does not have a in response from the hospital submitted to the patient's esponse to the grievance, was ot contain the steps taken on at to investigate the grievance ergrievance process. If an an an area of the patient was reviewed and Complaint Received" was initial Complaint Description" Unclean room, lack of response a staff's preoccupation with cing the rules." A written thospital dated 11/06/2017, attent in response to the liewed and did not contain the laft of the patient to investigate the results of the grievance. If an an area of the grievance of the patient was reviewed and Complaint Received" was initial Complaint Description of the patient was reviewed and Complaint Received was initial Complaint Description of the patient's representative of the grievance of the grievance of the patient's representative of the grievance of the griev	A 12	3		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		380007	B. WING		(C 05/22/2018
	PROVIDER OR SUPPLIER	L CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	•	00/22/2010
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 123	documentation for reflected the "Date 05/15/2017. The "I reflected "I am writ belongings. I was treceived at the fror bags of belongings areaI had a bag bras, 4 pairs socks new pair sandals. shampoo, condition tube argon oil1 b white, 1 new tooth you so much for you matter." A written redated 0/25/2017, s response to the grinot contain the stepatient to investiga of the grievance process. Those stand "Folktime" con 12. An interview wa approximately 1110 training related to to complaint/grievance he/she was not aw	the patient was reviewed and Complaint Received" was nitial Complaint Description" ing you regarding some lost ransferred to unityI was not door intake along with two is. I am not from the Portland with 2 pairs of new pajamas, 3 is, 4 blouses, 3 pairs leggings, 1 The second bag contained her, 1 leave in conditioner, 1 ody wash, 1 tube crest probrush, 1 bottle lotionthank oure (sic) attention to this esponse from the hospital ubmitted to the patient in evance, was reviewed and did to taken on behalf of the te the grievance or the results ocess. Bere confirmed with the QIC on a during review of the notation. The godoumentation for 16 of 16 complaint/grievance training ital's complaint/grievance uff included RNs, BHTs, SSOs tract staff.	A 1	23		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING	, ,	E SURVEY MPLETED
		380007	B. WING			C /22/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 123	CFR 482.13(c) - St Those findings refle ensure events of ac neglect additionally requirements and it	dings cited under Tag A145, andard: Privacy and Safety. ect that hospital's failure to ctual and alleged abuse and met the grievance	A 1			
	CFR(s): 482.13(b)(The patient has the directives and to ha practitioners who p comply with these of §489.100 of this part (Requirements of this part (Effective This STANDARD in Based on interview medical records of directives (Patients of policies and proof the hospital failed to procedures to ensure formulate an advant follows: * Patients were not directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time who did not have an offered advance directive at the time.	right to formulate advance ave hospital staff and rovide care in the hospital directives, in accordance with rt (Definition), §489.102 of this for providers), and §489.104				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	СОМ	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER 'EMANUEL MEDICAL	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	-	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
A 132	"Procedure for Adn DirectivesAll pation their right to exe the time of admissi does not have a wr blank advance direpatientUpon admage or older admitt asked if they have healthcare. The preadvance directive vrecord" 2. The medical recand reflected he/shon 04/25/2018 at 0 reflected "Advance Informed" Howey documentation reflected "Advance Informed" Howey documentation reflected he/she had an advance admission as requipatient was dischard 3. The medical recand reflected he/shon 12/19/2017 at 1 documentation reflected he/she had an advance admission as requipatient was dischard 4. Findings 2 and 3 of the medical recontent was dischard 5. The medical recontent was dischard 6. The medical reconte	ninistration of Advance ents will be given information ecute an advance directive at on to the hospital. If the patient ritten advance directive, a ctive will be offered to the hission, all patients 18 years of ed to Legacy hospital will be an advance directive for esence or absence of an will be recorded in the medical ord of Patient 19 was reviewed the was admitted to the hospital 246. The "Documents" section //Healthcare DirectivePatient rer, there was no ecting the patient was asked if ance directive at the time of red by hospital policy. The riged on 05/21/2018.	A 13	2		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		380007	B. WING			C /22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	<u> 03/</u>	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 132	documentation reflete/she had an advastion. The RN 1500 reflected "Advadoes not have an an an abealthcare treatmed documentation reflete directive was not accommentation reflete/she had an advastion as requipatient was dischart findings were confidenced.	ecting the patient was asked if anced directive at the time of a notes dated 04/23/2017 at vance DirectiveNo, patient dvance directive for nt." There was no ecting the reason the advance ddressed until 4 days after the ed. There was no ecting the patient was asked if anced directive at the time of red by hospital policy. The red on 05/17/2017. These red during review of the note DPCS and ANM on	A 1	32		
A 144	and reflected the pa 03/05/2017 at 1437 information recorder reflected "No, pat directive for healthdedocumentation reflet a blank advance dipolicy. The patient to 05/04/2017. These during review of the DPCS on 05/16/20 PATIENT RIGHTS: CFR(s): 482.13(c)(The patient has the setting.	ord of Patient 1 was reviewed atient was admitted on 7. On 03/06/2017 at 1618 and on the "All Flowsheet Data" tient does not have advance care treatment." There was no ecting the patient was offered rective as required by hospital was discharged on findings were confirmed a medical record with the 18 at approximately 1700. CARE IN SAFE SETTING 2) The right to receive care in a safe as not met as evidenced by: tions, interviews, review of record documentation for 23 of	A 1	44		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION G	СОМ	E SURVEY PLETED
		380007	B. WING			C 22/2018
	PROVIDER OR SUPPLIER	L CENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	•	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETION DATE
A 144	23 patients who ex abuse or neglect (11, 12, 13, 14, 15, 31, and 32), review review of training of (Staff 1 - 22), review and review of other safety and physical determined that the and implement policensured the patiens afe setting as follows the physical envirisks that created the opor suicide without in the physical environment of the physical environment prevent patients from the effective. * Physical environment prevent patients from the effective. * Patients were not areas or during high the CFR or by hospital environment of the policy and prophysical environment of the policy and pro	Perienced actual or alleged Patients 2, 3, 4, 5, 6, 7, 9, 10, 16, 18, 19, 20, 22, 23, 24, 26, of Code M documentation, ocumentation for 22 of 22 staff w of policies and procedures, of documentation related to I environment risk, it was the hospital failed to fully develop icies and procedures that tts' rights to receive care in a tows: ronment contained ligature the potential for patient harm. ronment contained blind spots portunity for patient self-harm mediate detection. Tronment contained unsafe alted in actual and potential then and security measures to the secured facility were not the supervised when in high risk then the and emergent medical to be secured training as required by the policy. The cedures related to safety and the trisk were not clear or fully	A 144			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	_ CENTER		28	REET ADDRESS, CITY, STATE, ZIP CODE 01 N GANTENBEIN AVENUE DRTLAND, OR 97227	00/1	2010
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 144	"04/17" reflected "T designed to managenvironment of Legpatients, staff, and designed to assure high security risks, injury or property loresponse procedur all facilities owned Legacy HealthAs potential problems injury, and other incis critical. Staff is treither potential or a timely response. Starained about the profor those areas and in protection of pating to Sensitive Areas" stipulated that "Ser Health (LH) will be areas will be controfollowing areas with considered sensitive following areas will by the personnel as Access may be gradepartment managarea. Only authoriz codes, keys or LH access." Specific a Center and the Em specified on the list not include, nor did	The Security Program is gethe security risks the gacy Health presents to visitors. The program is identification of general and minimize the risk of personal as and to develop effective es. The program is applied to or leased and operated by sessment of risks to identify is key to reducing crime, cidents Training hospital staff ained to recognize and report actual incidents to ensure a saff in sensitive areas are rotective measures designed at their responsibilities to assist ents occedure titled "Access Control dated as last revised "04/17" insitive areas within Legacy identified and access to those of the sensitive areas to any of the be controlled and monitored assigned to work in those areas. Inted by the approval of the er or designee of the sensitive ed personnel have door ID Badge (Proximity card) reas such as Family Birth ergency Department were at of departments. The list did the policy address, access outal's psychiatric services	A 1	44			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	. CENTER		280	REET ADDRESS, CITY, STATE, ZIP CODE 1 N GANTENBEIN AVENUE RTLAND, OR 97227	1 001	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 144	* The policy and proservices" titled - Ele "Dec 2016" reflected a psychiatric patient actions will be take and procedure did prevention measure. * The policy and proservention Guideline" of 2017" stipulated "Eto wear a Vocera be expected to be in the much as possible should be monitored client use There a rooms, hallways an patients. The came monitors located in unit. These monitor to automatically sea cameras and monitor personal viewing and but serve as an add a safe environment is needed." The pomuch as possible presence at the ope specify what "shoul terms of class room not provide direction observation was remonitoring. * The policy and prosupervision Requir last reviewed "Jan awas "To outline expenses."	ocedure for "Adult Psychiatric opement" dated as last revised d that "Upon discovering that t has eloped, the following n immediately" The policy not include elopement	A 1	44			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		380007	B. WING				2 2/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227)DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD	BE	(X5) COMPLETION DATE
A 144	at all times. Only Ur access into the nou provide supervision nourishment room be monitored at all will be open at staff staff. Open dining a timesGroup room times. Group rooms line-of-sight of nurs and not in use without stafform staff desk. 2nd locked when not su did not specify what meant, or how would the policy and process Supervision and is remotional and cognithe patient being a constant and requir member of the staff patient at all times of the staff supervision and behaviors that are in intervention on a free-direction, or patier require frequent supexperienced members.	nent rooms will remain locked nity staff will be allowed rishment rooms. Staff will if a patient is in theEnclosed dining rooms will times. Enclosed dining rooms discretion and supervised by reas will be monitored at all s that are not in direct e station will remain locked out a staff member Group Room 1 can be used by ff in room due to line of sight of floor Group Room 2 will be pervised by staff." The policy to "monitored" and "supervised" do staff monitor and supervise. In the control of the staff with a specific evaluation: Defined as 1:1 staff elated to severe behavioral, witive problems that result in danger to themselves and of support and observation are that an experienced is be within arm's length of the or in direct line of sight;" and revation: Defined as 1:2 - 1:4 do is related to patient mitrusive enough to require equent basis, or frequent ents at risk for self-harm that opport and observation by an errof the staff with a specific ervation parameter including	A 1	44			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING _			C /22/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 144	definitions clearly rehaviors "required observation the "In indicated that the ewere to be "considering constated for considering constated for considering interest that there were not as described in the considering interest that there were not as described in the considering interest that there were not as described in the considering interest that there were not as described in the considering interest that there were not as described in the considering interest that there were not as described in the considering interest that incomplete interest inte	clear as although the eflected that the patient's d" the increased level of applementation" section enhanced observation levels ered." There was "Criteria for ant observation" and "Criteria ermittent observation" reflecting actual requirements for such edefinitions. cal environment hazards and identified or mitigated: cocedure titled "Safety" dated as last reviewed as scope was to "describe the d to design, implement, age the safety program to anjury for patients, staff and dealth and to assure oplicable codes and solicy described related	A 14	4		
	frequency. The org hazards identified to changes in proced lowest potential for and health of patie	panization uses the risks and to select and implement ures and controls to assure the adverse impact on the safety nts, staff, and visitors. Those found during the assessment				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER			2 2	ETREET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE PORTLAND, OR 97227	U3/2	22/2018
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 144	procedures, and tra- "Hazard Surveilla Legacy Health cond surveillance rounds evaluate employee, environmental defic practices, security of materials and waste problems, medical utility system eleme issues. A pre-use h completed for any so operations or proce Rounds are conduct where patients are served; including in care areas." - "Orientation, Train attend new employed issues and objective EOC including the r the overall Legacy I Employees also recorientation at their r regarding hazards a patient, visitors and staff participates in regarding the Environmen * The policy and pro Risk Mitigation Plar 2017" reflected its p assessment, interver reduce environmen safety." It identified included:	sed with proper controls, sining to reduce the risks." nce Rounds and Analyses. ducts regular hazard or analyses to identify and visitor and patient siencies, hazards, and unsafe deficiencies, hazardous es practices, fire safety equipment issues, access to ents, staff knowledge and other azard analyses shall be significant change in dure. Hazard Surveillance eted quarterly in all areas treated, monitored, housed or patient and outpatient patient sing & Education. All staff must be orientation within 30 days of e orientation addresses key es of all seven areas of the role each area and staff play in Health Safety Program. Serive departmental safety respective work areas and their responsibilities to a co-workers. In addition, all annual, mandatory education	A	144			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING			C 05/22/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227)DE	03/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BI	
A 144	ViewThe open no provide staff with a present in the milie identify when a dod visualizationAt a all patients. All patifrom the nursing st be redirected from staff monitoring the be locked." "Ligature Points - F. Door/Adjoining Door (Pediatric)All patisuicide risk at the trooms and patient are monitored by vindividualized Suici which may include by staff no less that minutesLocking tremain in line of significant in the area health assistants with times. One will be pillars." * Undated docume were provided as "Assessments" for edunit 1W, Unit 2, Unwere not dated nor identified. The doc for each unit. Colum Risk" and Column	ursing stations on the unit in opportunity to continually be to observe patients and or might be blocking patient minimum, staff round hourly on ent rooms are video monitored ation. If a patient is unable to the blind spot to ensure safe e patient's bathroom door will enter Bathroom or for Safety Suites itent will be assessed for ime of admissionAll patient care areas, except bathrooms, ideo cameraPatients have ide Precaution Care Plan, so Visually inspecting in person	A 1			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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A 144	incompletely docurnot limited to: - "Bathroom doors numbers) provide I and top of door." Tidentified "Blind spots when difficulty visualizing no specific location - "Blind spots when open swing out in of from camera." The the locations identities - "Safety suites have rooms is flush with was not clear "Rooms (enter #) ligature points." The entered. During interview with 1430 he/she stated Team" had develop that there were nowhen the plans had believed that the plof a JC survey in expedited in the mode patient room bathrofacility. He/she conphysical environment to UCBH. During in 04/26/2018 at 1545 was "not familiar" vidocument and had development. He/sother physical environments of the BHU specific to the BHU specific to the BHU specific to the BHU specific to the	for patient rooms # (enter igature points in the hinges here were no room numbers a bathroom doors are open; from cameras." There were as of bathrooms identified. In some of the room doors are corridor; difficulty visualizing re were no room numbers for	A 1	44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 144	been revised or me in April of 2017. He modification of the occurred after the in the plans. * The form titled "L Surveillance Surveillance Surveinted "07/2017." sections, for 45 vasafety. There were identified specific afor example: ligatu spots," unsafe item weapons against ocould be used by protection to attempt suicide. * During tour of Un VPU on 04/26/201 that day with the V between the mounand vertical grab bin patient bathroom and S215, gaps we and vertical grab bothroom, S225, a vertical grab bar. Sapproximately 1/8 pieces of notebook fabric or elastic or	"Risk Mitigation Plans" had not build be a confirmed that the patient bathroom doors had JC visit and was not reflected be a patient bathroom doors had JC visit and was not reflected be a patient bathroom doors had JC visit and was not reflected be a patient bathroom doors had JC visit and was not reflected be a patient of the second bathroom as pects of the EOC and relevant to a BHU including a re risk areas, visual "blind as that could be used as buthers, or unsafe items that patients to harm themselves or	A 1	44			
	and the FM on 04/described in Unit 2	it 5 with the CN, the VPFO, 26/2018 at 1505, grab bar gaps finding above that created a observed in the bathroom					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING			C 05/22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIF 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIAT	
A 144	shared between two located outside of the interview with the Control that the patients plassed are clothed in scrul waistbands. He/she seclusion rooms and inside the locked under the FM on 04/2 double doors to two multiple patient rood door closure and hincluded rigid metal doors and gaps be bars and gaps created bars and gaps created bars and gaps observation staff and suite doors of the away from the nurse views at the nurse the specific view woultimately a camera suite that showed was found, and a verification was found, and a verification with an RN at the the stated that staff do During interview with the staff do During interview wi	o seclusion rooms H1 and H2 he locked unit. During CN at that time he/she stated acced in those seclusion rooms os that have elastic efurther stated that while the remonitored by cameras from nit, the bathroom is not. It 5 with the CN, the VPFO, 26/2018 at 1530 the lockable or "safety suites" that contained ams were observed to have old open mechanisms that I bars that protruded from the tween metal pieces. Those ated ligature risks. During this attempted to observe the "safety "safety suite" located furthest as station. The attempt to locate as in excess of 15 minutes, a view from within the "safety the doors from inside the suite iew of the outside of the 'was located but the images ely visible. The "safety suite" served by camera could also of direct visual observation from a station area. During interview are of the observation he/she not routinely monitor that hall. The the VPFO and the FM at the ations they stated that those old open mechanisms were y" type that would fail if was exerted on them, and they we had not been identified as anytonment risk assessment.	A 1	44		

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 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 144	* During tour of Unfloors of seclusion observed to have trecessed metal mapurpose of tying of mounted in such a moveable in their rvertically positione flush with the floor level of the floor. During of the observation and gapagreater than 1/8 in created ligature ristobservation above again asked to find "safety suite" doors stated "No, I can't stated "They can't" * During tour of Un 1600 the following - Camera views obnurse's station rev provide for visualiz areas/corners in 20 the unit. The areas	ait 5 on 05/15/2018 at 1215 the rooms H1 and H2 were shick metal rings mounted into countings in the floor for the restraints. The rings were way so that they were mounting and could be d so the top of the ring was or extended slightly above the curing interview with staff at the eation they reported that Patient /herself by banging his/her tal rings while in seclusion. For any of Unit 5 with the ANM, the n 05/15/2018 at 1610 the cors to two "safety suites" that patient rooms were observed re and hold open mechanisms metal bars that protruded from s between metal pieces of ch. Those bars and gaps ks as described in the on 04/26/2018. Staff were d the camera views of the s and were unable to. An RN pull that hall up." The ANM	A 14	4			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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A 144	bathroom door, win under the window we case in Rooms 601 607, 608, 609, 611, 619, 620, 621, and - In those rooms who located on the opposite area of the room who window to the outsin window were located visualized in persor visualized in persor visualized that area in would be required than and walk to the other with the corner of the room dould not be visually and bench located and could not monitors; a surveyor room where the bath outside, and bench located and could not monitors or at the resurveyor stood on the bathroom door around his/her neck at the camera monitient and the camera mo	dow to the outside, and bench were located. This was the , 602, 603, 604, 605, 606, 612, 614, 615, 616, 617, 618, 622. There the room door was esite side of the room from the nere the bathroom door, de, and bench under the ed, that area could also not be in at the door room entry. To in its entirety an individual of enter the room completely er side of room. 6/17/2018 at 1620 during slind spots" a surveyor stood in om directly under the camera established at the camera established at the camera established at the camera of the enter the window were not be visualized at the camera of the end of a lanyard to the top of piano hinge and the other of and could not be visualized at the top of piano hinge and the other of and could not be visualized it ors or at the room door lind spot" an individual could off the window bench without of self-harm in other ways ouring interview at the time of each of a RN stated "that's a ligature efficiency cited under Tag co), Standard: Privacy and	A 1	44		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		(X3) DATE SURVEY COMPLETED			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 144	Continued From pa	ge 35	A 1	144			
		as a result of structural sical environment and lack of					
	3. Unsafe items in tidentified or mitigat	he environment had not been ed:					
	Inpatient Psychiatri dated as last review "Interventions" to be included "Assure sa potentially harmful contraband; check for contraband. Info and monitor all item	ocedure titled "Unity Adult of Services Standard of Care" wed "Aug 2017" reelected that e implemented for patients afe environment: Remove items. Check new patients for patients returning from passorm all visitors of restrictions as being brought onto unit.					
	unsafe items, and sunit" dated as last r "Patients shall be a clothing and to reta items except when Any item which is dwill be removed usi intervention: Initial sand personal effect admission and retu admission and retu be required to disro searched, or to chasafety reasonsIte threat to safety will itemsUnsafe item retained by staff in duration of hospital	searches on adult psychiatric searches on adult psychiatric evised "Dec 2016" reflected: llowed to wear their own in possession of personal this poses a threat to safety. eemed to present a danger ng minimal, but necessary, search of all patient clothing s shall be made upon rn from passesUpon rn from passes, patients will be to allow clothing to be inge into hospital clothing for ms which pose an obvious be declared as unsafe as and other items will be a secure storage area for the ization. Unsafe items, which a use, will be separated and					

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 144	placed in a labeled medications not set family/representativand stored in the urdesignated for the pand valuables will be maintain safetyThe considered unsafe WeaponsBoots including prescriptionS razorsPlastic bag drawstringsPens allowed. Paper and felt markers will be * Multiple policies a use and manageme were inconsistent a - The policy and propolicy" dated as las "Legacy does not a weapons, as defined individuals in possessurrender them to so remove them fro possession of a fire that may be used a on legacy property weapon is defined a instrument, material	envelopePrescription int home with patients's we will be itemized, separated, init unsafe items storage catientUnsafe belongings we stored in a secure area to me following items are items: heavy shoesDrug products on and sharp items such a scords including and long pencils are not short pencils, short pens or provided upon request" Independent of weapons on the BHU	A 1	44	DEFICIENCY		
	to be used or threat capable of causing injury. Exceptions to sworn law enforcen who are not patient when engaged in the	tened to be used, is readily death or serious physical this Policy are as follows: a. nent officers on or off duty and is b. a member of the military he performance of duty c.					

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SU COMPLE	
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		380007	B. WING	_		05/2	22/2018
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A 144	job duties KEY POI on the Behavioral F- The policy and pro Management" dated reflected that "Dang are not permitted or following exceptions. Officers who are not Personnel in the policy and properties of the personnel in the policy, and it "Weapons Policy," of 122/2018 at 1120 policy revision of 05 permitted to carry kethat revision the policy revisions for that in longer permitted current policy does be managed. The policy and produced as last as original in the policy and produced as last as original in the policy and produced as last as original in the policy and produced as last as original in the policy and produced in	NT: Weapons are not allowed	A 1	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	pepper foam may be reflected "Prior to the subject(s) will be warranting the use foam will be used." policy pepper foam on the BHU. * During tour of Unit approximately 1130 markers was observed patient milieu. * During a second to beginning at 1540 to were made: - In the "safety suite approximately 1 ft. was observed screepatient rooms. Durit time they stated that space where a recepatient had kicked to patient had kicked to patient had kicked to patient had been long patient had been long time they stated that space where a recepating the patient had been long time they stated that short "buring interview with that long pens and except when directly stated that short "buring a third tour buring a third tour to the pencils were ok for th	the used. The policy further he use of OC Pepper Foam, e warned that if the action of such ins not stopped, the According to the "Weapons" was prohibited to be carried to a basket of pens and ved on a table in the center of our of Unit 2 on 05/15/2018 he following observations: "area a large piece of wood, by 2 ft., with unfinished edges wed into a wall between two ong interview with staff at that at the wood was covering the essed metal fire extinguisher ocated. They stated that a the metal door of the cabinet off, accessed the fire ed it as a weapon. The pottles and two cups of pens observed to be accessible to reach over the counter. The staff at that time they stated markers were not permitted by supervised by staff. They endy" pens and short "golf"	A 1	44			

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	PROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	1 00/22/2010	<u>*</u>
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLÉ	TION
A 144	table in the center - A cup of "Jolly Ra observed on the copatient milieu." *During tour of Unithe "TV room," T52 numerous cabinets doors. At the time patient in the room with the patient. At to be unlocked and items including a h During interview wide 1520 he/she stated room T526 were to items were being to OTs." * During a second beginning at 1550 were made: - Three commercial handles at the top	age 39 d markers were observed on a of the patient milieu. Incher" hard candies were bunter next to the sink in the outer was a and no staff in attendance that time a cabinet was found of contained miscellaneous eavy, zippered plastic bag. With the CN on 04/26/2018 at that the cabinets in the TV or be "locked at all times unless aken out of the cabinets by the outer of Unit 5 on 4/26/2018 the following observations all type coffee carafes with grab of the carafe were observed outer of the section of the	A 144	,		
	were labeled as co carafes were accer reach over the cou * During a third tou beginning at 1610 were made: - In the open patien commercial type co at the top of the ca the counter of the s	en to the milieu. The carafes iffee and "hot water." Those issible to patients who might intertop. It of Unit 5 on 05/15/2018 Ithe following observations Int kitchen area three offee carafes with grab handles irafe were observed located on section of the nurses' station				

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A 144	coffee and "hot war - A plastic fork disp dispenser were obsthe open patient kit were rigid black plat to be used as wear - A long, rigid pen with the nurse's station - Numerous cords the nurse's station patient computer distent computer distent the nurse's station. * During tour of Un at 1700 the followir - In the open patient commercial type coat the top of the casthe counter of the sopen to the milieu. coffee and "hot war - A plastic fork dispenser were obsthe open patient kit were rigid black plat to be used as wear - The refrigerator at the open patient kit installed but were under the open patient kit installed but were under at the open easily accessible to - A three shelf mobilieu. The shelves completely full of lasuch as numerous	er." enser and a plastic spoon served mounted to the wall in chen area. Those utensils istic material and had potential cons or for self-harm. was observed on the counter of open to the patient milieu. and cables were observed at open to the milieu and at the cesk located on the outside of It 1W on 05/15/2018 beginning ag observations were made: at kitchen area three offee carafes with grab handles rafe were observed located on rection of the nurses' station The carafes were labeled as rer." enser and a plastic spoon served mounted to the wall in chen area. Those utensils astic material and had potential cons or for self-harm. and the drawers and cabinets in chen area had lock hardware anlocked. of approximately 20 long and arer observed on top of the a nurse's station and were	A 14	4		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	COM	TE SURVEY MPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 144	pens/markers, a boc crackers, items wit The items on the case. A mobile apparate machine and an opmounted was obse and cords and cabb from various parts apparatus was post the nurse's station accessible to patien. Numerous cords the nurse's station patient computer dathe nurse's station. * During interview was 1710 regarding the stated that there was assessment and ceach unit to decide	ox of "Better, Cheddar" in cords, disposable gloves etc. art were accessible to patients. as on which a vital signs wen basket for storage was rved with numerous objects, es protruding and dangling of the apparatus. The itioned inside the section of open to the milieu and was ints. and cables were observed at open to the milieu and at the esk located on the outside of with the DPCS on 05/15/2018 the findings on Unit 1W he/she	A 14	4		
	1550 the following - A box was observed station counter that station operations of personal counters of personal counters of personal counters were easily at a mobile Dinamal vital signs machine for storage was obtained cords and cabotal counters of the counters of	observations were made: ed on top of the open nurse's contained three "golf" pencils. were stored at the part of the n to the milieu including a box and markers and multiple anal hygiene supplies such as , and mouthwash. These accessible to patients. apparatus that contained a and two trays/compartments served with numerous objects, es protruding and dangling of the apparatus. The				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		22/2010
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A 144	of the nurse's static the swinging half-drough to patients. - Two holes were of and vacant patient hard plaster were of compartment in the the broken wall. State observation stated hole in the wall. * Documentation in 18, who was admittingly included a physician 1551 that reflected Overview: 12/20/17 space behind [his/rechest.' [He/she] has biting, burning) sind multiple inpatient postates that [he/she] [his/her] right breast storing foreign object [him/her] strength/pplastic, earrings, because the strength object by US GSH plastic Challenge her focused on some spocket or which [her magical pocket' which is not her sheet of the shee	itioned just inside the section on open to the milieu next to cor and was easily accessible bserved in the wall in unlocked room 605. Pieces of broken,	A 14	4		
		wall. On my interview this				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	` '	TE SURVEY MPLETED
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A 144	[he/she] asked that [his/her] 'magical p informed [his/her] r trying to use the perpocket as a mechan has very limited inside beads" * An RN progress record dated 03/26 Patient 18 "admit pencil partway downed. [He/she] agree. A COTA progress record dated 03/27 Patient 18 "Worked work with beads, prompleting beaded RN, who allowed proup." There was COTA to reflect the provided to the patend of the project van unsafe item for no documentation assessment related the beaded bracele be an unsafe item. An RN progress record dated 03/28 came to the nurses that [he/she] had p	howed me a pencil and to [he/she] put a pencil into ocket.' I took a pencil and nursing staff that [he/she] was encils to put them into [his/her] unism of self injury. [He/she] sight into this issue and wants note in Patient 18's medical /2018 at 1702 reflected that ted that [he/she] did stick a minto the wound on the medial ed to give up the pencil." note in Patient 18's medical /2018 at 1448 reflected that donbeading task - during the was closely observed After I bracelet, this staff deferred to to to wear bracelet out of no documentation by the at the number of beads itent were accounted for at the when beads were known to be Patient 18. Further there was by RN to reflect a risk do to the patient's possession of the twhen beads were known to for Patient 18. note in Patient 18's medical /2018 at 2210 reflected "Pt is station at 1935 and told staff ut a golf pencil (sharpened)	A 14	4		
	without an eraser) 1500. [Physician] p [physician] paged a notified. Then [third 2035saw pt. And also demanding dis	into [his/her] chest at approx aged at 1940. No response so again. [Second physician] If physician came to unit 2 at placed pt on a HH, as pt was schargePt to be transferred moval of pencil, which pt				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		380007	B. WING		05	C 5 /22/2018
	PROVIDER OR SUPPLIER	L CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		72272010
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 144	states [he/she] purnot put the pencil in visualized wound a far L end of wound applied as it was wremoved from pt' to reflect how the pencils on multiple were known to be although the writter deficiency identified pencils were observentionment during. * Refer to the the data A145, CFR 482.13 Security, for finding experienced harm the physical environment during experienced harm the physical environs supervision. 4. Clear written prosupply availability, to urgent or emergency and Uras last reviewed "Funity clinical staff vertification. It furth and "Implementation (Code M)" and for Code M situation the Care RN" to dial Levocera communication policy generally referesponders," and clearly specify whe	ictured through skin and did n existing wound. Writer and could see end of pencil on under R breast. New gauze ret and not intactBracelets There was no documentation ratient had possession of a occasions when such items unsafe for Patient 18. Further, n policy under finding 1 in this d pencils as an unsafe item, ved in the physical	A 1-	144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		380007	B. WING _			C 22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	<u> </u>	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
A 144	be when multiple in addition, the policy what equipment an where they were lo transported to the pappropriate and iminterventions. * The policy and proceed to the pappropriate and iminterventions. * The policy and proceed the policy date reflected its purpose to the policy defined was not listed. The included "Code Greinjury/illness." The not consistent with identified in the policy and proceed the proceed the policy and proceed t	adividuals responded. In and procedure did not specify d supplies were available, cated, and how they would be patient's location to ensure mediate assessment and cocedure titled "Emergency d as last reviewed "11/17" e was "To provide uniform and defined emergency situations." 12 "Codes" of which "Code M" "Codes" listed in the policy een: Patient or visitor "Code Green" designation was the "Code M" designation	A 14	,		
	be limited as it rest However, during in and the VPU on 04 1215 they stated th 2017 it was discove enough Vocera dev staff would have or using the devices of 60 additional device been no complaints not enough for Unit Vocera Communica 03/01/2017 validate	ricts calls from other staff." terview with the Unit 2 NMs /26/2018 at approximately at for the first few months of ered that there were not rices to ensure that all Unit he as other departments began on hand. They stated that 50 or les were ordered and there had as since then that there were a staff. A Purchase Order to the actions company dated led the NMs and VPU interview 50 devices were ordered to be				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE	; :2/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE	272010
PORTLAND, OR 97227	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
* The policy and procedure titled "Glucose Testing using the Nova StatStrip Glucose Meter" dated as last reviewed "Nov 2016" reflected the following: "StatStrip GLU-Test Strips (100 per box)Once opened, good for 180 days or until the expiration date on vial, whichever comes first." "StatStrip GLU Control level 1Once opened, stable up to three months or until the expiration date on vial, whichever comes first." "StatStrip GLU Control level 3Once opened, stable up to three months or until the expiration date on vial, whichever comes first." "StatStrip GLU Control level 3Once opened, stable up to three months or until the expiration date on vial, whichever comes first." "During tour of the Unit 2 nurse's station on 04/26/2018 at approximately 1130 one portable, emergency O2 tank was observed available for patient use. The O2 gauge reflected the tank had between 900 and 1000 psi of O2 remaining, less than half of the volume of the tank. During interview with the Unit 2 NMs and CN at the time of the observation they stated there were no written policies or protocols for use and maintenance of the O2 tanks on the units, that included the minimum amount of O2 that should be contained in a tank to ensure an adequate volume was available for an emergency. "During a second tour of the Unit 2 nurse's station on 05/15/2018 beginning at at 1510 the following observations were made: One portable, emergency O2 tank was observed available for patient use. The O2 gauge reflected the tank has less than 1000 psi of O2 remaining. During interview the the CN at the time of the observation he/she stated that the tank volume shouldn't be much lower than 1000 psi. The tank had an O2 mask and a NC attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			` '	E SURVEY MPLETED	
	22227				С
	380007	B. WING		05/	/22/2018
NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL (CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
the units. - Two blood glucose one kit the "Control Level 3" bott dates of 09/17/2018 Ilabels. In the second bottle and the "Control handwritten discard on the bottles' labels. bottles of "Test Strips and "discard" dates of "A pair of metal cuttin hanging in a plastic bag was of paper that had in hithrough sheets, bland with the CN at that tir as ligature cutters and were no polices and maintenance of those - A bottle of hydroger bottles of sterile water observed to be open no indication on those opened to determine was ensured. * During interview with 05/15/2018 at 1515 his brings the O2, an amount of a Code In hemorrhage they work "send someone to sure out of wound care sto	check kits were observed. In Level 1" bottle and the tle had handwritten discard recorded on the bottles' kit the "Control Level 1" tol Level 3" bottle had dates of 07/15/2018 recorded. In those kits two open is were observed. The "open" on each bottle were blank. In shears were observed on a wall. Attached in a crumpled and torn piece thandwriting: "for cutting kets, etc." During interview me he/she described those and it was confirmed that there procedures for use and e. In peroxide and multiple er for irrigation were and partially full. There was see containers of the date whether efficacy or sterility	A 1	44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL ⁻ A. BUILDI		(X3) DATE SURVEY COMPLETED			
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	. CENTER		280	REET ADDRESS, CITY, STATE, ZIP CODE 11 N GANTENBEIN AVENUE 1RTLAND, OR 97227	1 007.	2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 144	that when a Code Mand medical provide floors respond but the written protocol for * During tour of United the NM and Common were kept at the were not located to some were kept at the were in the clean surface locked unit. - One roll of gauze station. - The portable, emonth and Common of the portable, emonth and the with an O2 mask at the word of the	M is called in addition to the HS ers, other staff from other there is not a standardized what those staff do. It 5 on 04/26/2018 beginning at N stated that Code M supplies gether in one area, and that the nurse's station and others upply room located of of the was observed at the nurse's ergency O2 tank was observed tached to it. Our of the Unit 5 nurses's 18 beginning at 1610 the	A 1	44			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING				0
NAME OF	PROVIDER OR SUPPLIER	30007	D. WING		FREET ADDRESS, CITY, STATE, ZIP CODE	05/2	22/2018
	EMANUEL MEDICA	L CENTER		28	801 N GANTENBEIN AVENUE ORTLAND, OR 97227		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 144	the following obser - The portable, em attached to it The blood glucos and the "Control Le space for the bottle no "discard date" raddition, two open observed. The "opeach bottle were b * During tour of Unthree RNs were as the portable, emer BHT was asked ar room, however, the in the med room. A tank was in the cle locked unit. * Documentation of no 02/21/2018 reflein his/her bedroom sat level at that time "40s" on room and then a simple documentation refl nonrebreather mas none were availability concern DPCS at the time of 1440 he/she stated at the time of the C where they were.	it 1W on 05/15/2018 at 1655 evations were made: ergency O2 tank had a NC e kit "Control Level 1" bottle evel 3" bottle had labels with a e's "discard date." There was ecorded on either bottle. In bottles of "Test Strips" were en" and "discard" dates on lank. it 6 on 05/17/2018 at 1016 ked and did not know where gency O2 tank was located. And stated it was in the med ere was no O2 tank observed a fourth RN reported the O2 an supply room, located off the fa Code M event that occurred ected that Patient 18 was found to be confused and and O2 ereflected his/her O2 was in air. O2 was applied via a NC mask. The Code M follow-up ected that staff needed a sk to apply to the patient but e. There was no resolution of the mask in. During interview with the of the review on 05/21/2018 at d that the masks were available code M but staff didn't know	A1	144			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	IPLE CONSTRUCTION IG	COV	(X3) DATE SURVEY COMPLETED	
		380007	B. WING _			C /22/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	,	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 144	VPU on 04/26/201 VPU described the safety reviews, inc Summit, The Mont Monthly Safety Co Leadership Counc member of UCBH committee meeting ligature risk areas those meetings. * Review of meeting committees and who to effective as the significant physical units such as ligated survey, and they hand implementation risks that were identified. * Review of "Safety dated 01/23/2018" - "Agenda Topic	with the Unit 2 NMs and the 8 at approximately 1230 the corganization of the UCBH's luding the Quarterly Safety hly Safety Workgroup, the mmittee, and the bimonthly il. He/she stated that any staff may attend the summit and gs and that concerns about had not been raised during a minutes for the safety related orkgroups reflected those were been groups had not identified a environment risks on patient are risks identified during the ad not ensured timely follow-up n of actions to mitigate those	A 14	14		
	discussed with act dated 02/20/1028, included no further - "Agenda Topic" to have a better sy belongings. Contra units." Under "Act reflected "Contrabaspace for "person was blank. The su	ion plan." Minutes reviewed 03/08/2018, and 04/12/2018 references to safety rounds. Contraband All floorsWe need stem when going through pt aband is still ending up on the ion Items" the minutes and" was identified, but the responsible" and "due date" bject of Contraband was not tes reviewed dated 02/20/2018				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	COM	TE SURVEY MPLETED
		380007	B. WING _			C / 22/2018
	PROVIDER OR SUPPLIER BY EMANUEL MEDICAL	. CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 144	and 03/08/2018. Mireflected "Unit 1E items. Staff needs items. Unit 5 Visite pockets before con admitted to the 5th on them. Please cashould be wanded * Review of "Safety dated 02/20/2018 r - "Agenda Topic Uas hospital wide costationsconcerns meetings for furthe Under "Action Item concernswill take 3/2018." Review of dated 03/22/2018 lathat the subject of stations" on the uniaddition, there was Safety Committee 103/08/2018 and 04 "Agenda Topicu of unsafe items on pencils; hardcover scissorsdiscusse item list that is bein Items" the minutes Committee to revie based data to supp 03/08/2018 Safety reflected that "The the unsafe items lis standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl safety group next needs to the standardized procedeemed unsafesl	Nisitors are bringing in unsafe to know how to identify unsafe to safe to empty their ning on the unit. Patients being floor have had unsafe items areful belongings search and ptrafter changing into scrubs. Committee" meeting minutes eflected the following: Init 5 Safety Concerns as well uncernsconcern for open RN would be taken to leadership or discussion and action plan." In the minutes reflected "Unit 5 to Safety summitdue date: "Safety Summit Minutes" acked documentation to reflect safety concerning "open RN to had been addressed. In no follow-up documented in meeting minutes dated	A 14	4		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		380007	B. WING			C
NAME OF I	PROVIDER OR SUPPLIER	333007]	STREET ADDRESS, CITY, STATE, ZIP CODE		22/2018
LEGACY	EMANUEL MEDICAL	CENTER		2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 144	"unsafe items." The Committee meeting "Visitors are bringin to know how to ider "Action Items" the ritems listPerson Items	e 04/12/2018 Safety g minutes reflected that g in unsafe items. Staff needs ntify unsafe items." Under ninutes reflected "Unsafe Responsible: Safety e: May." "Safety Workgroup 16/2018 reflected this meeting workgroup." There was no ne minutes to reflect that the " addressed the identification nsafe items on the patient the 03/08/2018 Safety g. Concern for cheeking meds, of for checking mouth to make	A 1	44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 05/22/20	10
	PROVIDER OR SUPPLIE	3		STREE 2801 N	T ADDRESS, CITY, STATE, ZIP CODE I GANTENBEIN AVENUE ILAND, OR 97227		03/22/20	10
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	COMP	X5) PLETION ATE
A 144	* Review of "Lead 01/03/2018 reflection rest meet "Leadership Courreflected "Review RN Manager to upensure it is a curreforward. Timescal reviewed regularly updatedwill meet mitigation plan to regulatory require the minutes reflect update the risk micurrent living doctor The "Unity Risk Micurent living doctor "Leadership" minutes reflect update the risk micurrent living doctor "Leadership" minutes reflect update the risk micurrent living doctor "Leadership" minutes reflect update the risk micurrent living doctor "Leadership" minutes reflect update the risk micurrent living doctor "Leadership" minutes reflect update the risk micurent living doctor "Leadership" minutes reflect update the risk micurent living doctor "Leadership" meet "Review of "Leadership" minutes reflection of "Leadership" meet "Review of "Leadersh	tership Meeting" minutes dated ted the following: w Unity risk mitigationCarried ing." The 01/17/2018 unit!" minutes under "Subject" Unity risk mitigation planeach odate the risk mitigation plan to ent living document as we move the cone month. Plan will be at Leadership meetings. Once the with ACC to review the risk ensure it complies with ments." Under "Action steps" atted "each RN Manager to ditigation plan to ensure it is a sument as we move forward." Indication Plan 12 4" was usedded in the minutes. A printed ected the plan to be as inding 2 in this deficiency. The detect of the plan to be as inding 2 in this deficiency. The detect of the Unity Risk and been reviewed and anned in the 01/17/2018 ting. The strip Meeting" minutes dated the following: arging patients with weapons. The strip Meeting is minutes dated the following: arging patients with weapons.	A	144				

A. BUILDING	
380007 B. WING 05/2	22/2018
NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	.272010
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 144 Continued From page 54 and emergency medical conditions had not been provided: * The policy and procedure titled "Safety Management Plan" dated last reviewed "05/17" reflected "All staff must attend new employee orientation within 30 days of hire. New employee orientation addresses key issues and objectives of all seven areas of EOC including the role each area and staff play in the overall Legacy Health Safety Program. Employees also receive departmental safety orientation at their respective work areas regarding hazards and their responsibilities to patients, visitors and co-workers. In addition, all staff participates in annual, mandatory education regarding the Environment of Care" Review of employee training documentation for EOC reflected the following: - Employee 1 (SSO) with hire date 07/17/2017 reflected no evidence of annual EOC training Employee 21 ("Folktime" contract staff) with hire date 11/01/2016 reflected no evidence of EOC training on hire or annually Employee 22 ("Folktime" contract staff) with hire date 02/02/2018 reflected no evidence of EOC training on hire or annually Employee 22 ("Folktime" contract staff) with hire date 02/02/2018 reflected no evidence of EOC training on hire or annually. On 05/16/2018 at approximately 0935, during review of training documentation with the DS, he/she confirmed Employees 1 and 4 lacked EOC training. On 05/16/2018 at 1315, during review of training documentation with the DS, he/she confirmed	

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	MULTIPLE CONSTRUCTION UILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER			28	TREET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE PORTLAND, OR 97227	, 00/.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 144	reviewed reflected training for identific factors and mitigat protected from sel other patients. The receive such traini - Employee 1 (SSC - Employee 2 (SSC - Employee 3 (SSC - Employee 5 (SSC - Employee 6 (SSC - Employee 6 (SSC - Employee 7 (SSC - Employee 7 (SSC - Employee 10 (BH - Employee 11 (BH - Employee 12 (BH - Employee 13 (RN - Employee 14 (RN - Employee 15 (RN - Employee 16 (RN - Employee 17 (RN - Employee 17 (RN - Employee 18 (RN - Employee 20 (RN - Employee 20 (RN - Employee 3 (RN -	of employee training records employees had not received cation of environmental risk cion to ensure patients were f-harm or causing harm to e following employees did not ng: D) with hire date 08/21/2000. D) with hire date 02/20/2017. D) with hire date 05/08/2017. D) with hire date 07/17/2017. D) with hire date 09/05/2017. D) with hire date 01/16/2017. D) with hire date 01/16/2017. D) with hire date 01/08/2018. T) with hire date 01/02/2017. TI) with hire date 01/31/2017. TI) with hire date 01/31/2017. TI) with hire date 10/24/2011. N) with hire date 01/31/2017. N) with hire date 01/08/2018. The DPCS stated he/she documentation of training ation of environmental risk	A 1	144			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		COM	E SURVEY IPLETED
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	. CENTER		STREET ADDRESS, CITY, STATE, ZII 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	PCODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
A 144	1355, he/she stated was required on hir worked in clinical at Review of employed the "Code Response following staff record training on hire or a Employee 1 (SSO) Employee 2 (SSO) Employee 8 (SSO) Employee 10 (BHT Employee 12 (BHT Employee 19 (RN) Employee 21 ("Folk date 11/01/2016. Employee 22 ("Folk date 02/02/2018. On 04/27/2018 at a review of training dehe/she confirmed Energy of training defended Energy of training Energy	d "Code Responses" training e and annually for all staff who reas. The training documentation for sees module reflected the reds had no evidence of the innually: With hire date 08/21/2000. With hire date 02/20/2017. With hire date 01/08/2018. I) with hire date 07/09/2012. With hire date 11/06/2017. With hire date 11/27/2017. With hire date 11/28/2017. With hire date 11/28/2017. With hire date 11/28/2017. With hire date 11/28/2017. With hire date 08/21/2000. With hire date 01/08/2018. With hire date 08/21/2000. Wit	A 1	44			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING			C 22/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	<u> </u>	22/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
A 144	Continued From pa	ge 57	A 14	4			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	СОМ	E SURVEY IPLETED
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER			280	EET ADDRESS, CITY, STATE, ZIP CODE 1 N GANTENBEIN AVENUE RTLAND, OR 97227	1 03/	22/2010
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 145 A 145	PATIENT RIGHTS ABUSE/HARASSI CFR(s): 482.13(c) The patient has the of abuse or harass. This STANDARD Based on observation medical record and for 23 of 23 patient alleged abuse or 19, 10, 11, 12, 13, 124, 26, 31, and 32 procedures, it was failed to fully deverocedures that ending the form all forms of an accomponents of an program were not investigations of, a alleged abuse and The CMS Interpres requirement at CF is defined as the vunreasonable compunishment, with interpret requirement at CF is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment, with interpret requirement and is defined as the vunreasonable compunishment. The computation is defined as the vunreasonable compunishment and its defined as the vunreasonable compunishment. The computation is defined as the vunreasonable compunishment and its de	de right to be free from all forms sment. is not met as evidenced by: ations, interviews, review of dother event documentation ts who experienced actual or neglect (Patients 2, 3, 4, 5, 6, 7, 14, 15, 16, 18, 19, 20, 22, 23, 1), and review of policies and determined that the hospital lop and implement policies and insured patients' rights to be free buse, including neglect, as all effective abuse prevention evident, including complete and responses to, actual and a neglect. Itive Guideline for this R 482.13(c)(3) reflects "Abuse willful infliction of injury, finement, intimidation, or resulting physical harm, pain, or his includes staff neglect or ction of injury or intimidation of other. Neglect, for the purpose the failure to provide goods and y to avoid physical harm,	A 1	45 45			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		COM	MPLETED
		380007	B. WING				C /22/2018
				STREET ADDRESS, 2801 N GANTENB PORTLAND, OR		1 00	22,2010
PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTI DRRECTIVE ACTION SHOUL FERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
A 145	o Prevent. o Identify. The hosp proactive approach occurrences that mabuse and neglect. o Investigate. The hand thorough mannall allegations of abo Report/Respond. any incidents of aboare reported and arcorrective, remedia in accordance with Federal law. Findings include: 1. Policies and prodincluding investigat of abuse, neglect, at identify as there this purpose. Proceprotection and inveinto several policies * The policy and prodinclude that "Patifrom physical or menot include the patifrom physical or menot include the patifroms of abuse or har this regulation. The procedures that identify to be free from harassment. * The policy and produce the policy and procedures that identify the procedures that identify the procedures that identify the policy and procedures and procedures that identify the policy and procedures that identify the procedures that it is procedured that the procedures that identify the procedures the procedures that it is provedured to the procedures that it is provedured to the procedure t	bital creates and maintains a to identify events and ay constitute or contribute to nospital ensures, in a timely ner, objective investigation of use, neglect or mistreatment. The hospital must assure that use, neglect or harassment nalyzed, and the appropriate I or disciplinary action occurs, applicable local, State, or cedures for abuse protection, ion of allegations of all forms and harassment were difficult was no one overlying policy for edures for aspects of abuse stigation were incorporated		45			

CLIVILI	10 I OK WEDICAKE	A MEDICAID SERVICES				IND NO.	0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION		E SURVEY PLETED
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		380007	B. WING	·		05/	22/2018
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
LEGACY	EMANUEL MEDICAL	CENTER		2	801 N GANTENBEIN AVENUE		
LLOAGI	LINANOLL INLDICAL	CENTER		F	PORTLAND, OR 97227		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETION DATE
IAO			1710		DEFICIENCY)		
A 145	Continued From pa	ige 60	Α.	145			
	revised "07/17" add	Iressed processing of abuse					
		aints and grievances. It					
		defined as the willful infliction					
		able confinement, intimidation					
		resulting physical harm, pain					
		This includes staff neglect or					
		tion of injury or intimidation of					
		her. Neglect is considered a					
		fined as a failure to provide					
		necessary to avoid physical					
		ish or mental illness." The					
		ircumstances" section followed ction and included the					
		nts of concern that describe					
		e or neglect, which may					
		uding but not limited to actions					
		sexual in nature, including					
		, should be escalated up the					
		which will evaluate the					
		pration with the following: Risk					
		ll Services, Employee					
		ical Staff Leadership, as					
		cases will be evaluated for					
	application of the "(Guideline for Investigation and					
	Evaluation of Repo	rts of Inappropriate Behavior					
	or Abuse involving	Patients and occurring with a					
		Campus." The policy and					
		d that "Grievances will be					
		anaged within a reasonable					
		ined by the complexity of the					
	grievance and the i						
		quired. If the grievance cannot					
		e investigation is not or will not					
		n seven (7) days, the hospital					
	`	pally or in writing) the patient or					
		entative that the hospital is still					
		I the grievance and that the					
		up with a written response					
	within thirty (30) da	ys. When a final resolution has					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION		E SURVEY PLETED
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	_ CENTER		28	REET ADDRESS, CITY, STATE, ZIP CODE 01 N GANTENBEIN AVENUE DRTLAND, OR 97227		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 145	to the patient/desig written response whospital contact pethe patient to invest of the investigation the date of the writt noted." The "Guideline for Reports of Inappro involving Patients a Facility or Campus above policy and ptwo part document Guidelines - Report Misconduct, Exces with number "2018 Inappropriate Beha Abuse - Investigation identified with number approaches taff person or physicians. What domember approaches taff person or physicians who who or the manager of the continued with languidelines were integrated and provided the policy and provided the patients are provided to the patients are prov	ritten response will be provided nated representative. The ill includeName of the rsonSteps taken on behalf of tigate the grievanceResultsCompletion date, which is ten response unless otherwise dend occurring with a Legacy document referred to in the rocedure was provided as a titled "Phase 1 Investigation ts of Inappropriate Behavior, sive Force or Abuse" identified 10315," and "Reports of twior, Excessive Force or on Guidelines Phase 2" ther "2018-0206." The der "2018-0206	A 1	45			
	revised "07/17" refl	dent Reporting" dated as last ected its objectives included					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION IG	CON	TE SURVEY MPLETED	
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	PROVIDER OR SUPPLIER	L CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	-		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A 145	routine operations patient. To support management, patie opportunities" Th "Adverse event" as and usually unantic care, treatment or support incidents to report negative impact, in Safety concerns in Catches - Patient I Medication related Equipment or produnglect, or miscond The policy and proprocesses for the revent or incident wunglect, or miscond a patient is serious suspect it was related Legacy Risk Management of the Manager of the mail notice when assure review of the initiate the collection information, from a have pertinent information actions taken to remay take a variety the issue up the characterists"	ents inconsistent with the of the facility or care of a the review of incidents for risk ent safety and improvement be policy and procedure defined a "An untoward, undesirable, cipated event caused by patient services" and "Incident" as may involve: (a.) actual injury of an individualExamples of are those with or without a cluding but not limited to: cluding Near Misses and Good injury - Treatment delays - incidents - Falls or burns - ucts - Allegations of abuse, duct"	A 14				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3)) DATE SURVEY COMPLETED
		380007	B. WING			C 05/22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	CENTER		STREET ADDRESS, CITY, STATE, 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	ZIP CODE	03/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
A 145	report status from Nof the incident and event is resoled and CLOSED within 2 was Legacy Clinical Riemail notice of the based on the type of generally events of partner with responding the policy esponsibilities as and Interventions." The "Consideration of the policy procedure be evaluated to det which include but a Disclosure (see 100 Adverse Events and Critical Incident Notand possible regula Safety EventsBilli * A document titled Outcomes" dated "Sube taken under the CareGet helpAr involved equipment videotapesNotify commandSupportabout error or causanalysisContact Find Say, Now and Later DocumentationI Castaff to "Complete as If severity 7 or about Management"	NEW to OPEN, within 72 hours The Manager will assure the d the status change to reeks." sk Management "Received report and reviews events of the event and severity, severity 7 or above. May sible Managers, Medical r Clinical and Administrative te events to fulfill various rescribed in Considerations and Interventions" section reflected "Events should remine appropriate next steps re not limited to the following: 0.74 Communication of Errors, d Unanticipated Outcomes). FificationRoot Cause Analysis reporting of Serious reporting of Serious reporting of Serious regulations" "Managing Unanticipated Sept 2016" included steps to following headings: "Clinical re others at risk?Save resupplies, medication, syour chain of the teamDon't speculate results and the serious results and the serious results resul	A 1	45		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	3		28	TREET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE ORTLAND, OR 97227	03/2	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 145	assigned to each (10) severity level: "1. Safety Environ conditions, or circulations, or called the conditions, or caught prior 3. No Harm - Real Monitoring 4. No Harm - Real Monitoring 5. Harm - Tempor 6. Harm - Tempor 7. Harm - Tempor 8. Harm - Perman 9. Harm - Near Del 10. Death. Event 11. 2. Event and med allegations of abuthis CFR, were reinvestigations and for the following phase and the following phase	e severity level designations PSA generated. There were ten s: ment. Unsafe practices, umstances that could cause an d Catch. Event could cause an did not include the patient (i.e. to reaching the patient) ched Patient - No Increased ched Patient - Increased ary - No Treatment ary - Minor Treatment eath Event may have contributed to death." ical record documentation for se and neglect, as defined in viewed and reflected that responses were not complete	A 1	45			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	300007	D. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	05/2	22/2018
LEGACY	EMANUEL MEDICAL	CENTER		2	801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 145	* Allegations of neg departure from the Patients 4, 23 and 2 Examples include, I * Documentation of neglect that resulte was reviewed with the 1130. During intervithe DPCS confirme on Unit 2 on 03/09/Patient 2's room 20 immediately adjace was observed on the removing Patient 2' on his/her bed slee the assault, and Palanother room. The lacked investigation following aspects of circumstances: - How Patient 1 had room 201 within the detection. - Why SSOs who re not informed that the sexual. - Why the patient's "muted" at the nurs. - Had the allegation grievance and was provided to Patient Further the document the severity level of Harm."	c spoon, a fire extinguisher. lect resulting in unauthorized facility, or elopement, for 26. but are not limited to: an allegation of patient d in sexual assault of Patient 2 the DPCS on 04/27/2018 at ew at the time of the review d that the assault took place 2017 when Patient 1 entered 1, within the "safety suite" nt to the nurse's station, and are camera monitor to be so clothing while Patient 2 was ping. Staff intervened, stopped tient 1 was "secluded" in documentation reviewed and resolution of the fithe assault and related d come to be in Patient 2's estafety suite" without esponded to the scene were the nature of the assault was call light was found to be e's station terminal. The been managed as a grievance correspondence	A	145			

_	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018	
	PROVIDER OR SUPPLIER			280	REET ADDRESS, CITY, STATE, ZIP CODE 1 N GANTENBEIN AVENUE RTLAND, OR 97227	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
A 145	7 was reviewed w 1030. During inter the DPCS confirm 12/04/2017 on Un medical record da reflected that "at 1 [his/her] scrub par neck, two knots w neckPatient place. There was no furt record about the edocumentation of documentation refeded and a que about whether particulated out whether particulated out prior to 100 t	with the DPCS on 05/22/2018 at view at the time of the review and the time of the review and the ted that the event took place on it 5. An RN progress note in the sted 12/04/2017 at 2027 and patient was found with the strapped around [his/her] are untied from [his/her] are unti	A 1	145				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER			S ⁻	TREET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE PORTLAND, OR 97227	03/2	22/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 145	min checks. All unspatient room." Ther documentation unti 12/05/2017 at 0820 of pt at 1930 [on 12 was digging at [his/Staff performed roccooperative with given from further harm." documentation about evening an LIP propat 1929 that reflects stab wound to RLQ [approximately] 6 cm 11/17 w pencil and Surgical exploration Emanuel 11/1912 seen with pen prob staff [he/she] put fed documentation reviresolution of the fol self-harm event: How the patient wm 12/04/2017 at 2130 suicide precautions secondary to suicide Patient 7 above. How the patient au unsafe item for this self-harm without dhad been placed or What the other unroom were and how his/her possession on suicide precaution on suicide precautions the event was not expenses the sevent was not expenses.	a plastic pen. Patient on Q15 rafe items were removed from the was no further an RN progress note dated that reflected "Assumed care 1/04/2017]. At approx 2130, Pt her] wound with a plastic pen. It was an	A	145			

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 145 Continued From page 68 time there was no documentation of an investigation of this event. * Documentation of an allegation of patient neglect that resulted in the assault of Patient 18 by another patient was reviewed with the DPCS on 05/21/2018 at 1430. During interview at the time of the review the DPCS confirmed that the event took place on 01/29/2018 on Unit 2. An			380007	B. WING				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 145 Continued From page 68 time there was no documentation of an investigation of this event. * Documentation of an allegation of patient neglect that resulted in the assault of Patient 18 by another patient was reviewed with the DPCS on 05/21/2018 at 1430. During interview at the time of the review the DPCS confirmed that the event took place on 01/29/2018 on Unit 2. An			_ CENTER		2801	N GANTENBEIN AVENUE	1 03/	22/2010
time there was no documentation of an investigation of this event. * Documentation of an allegation of patient neglect that resulted in the assault of Patient 18 by another patient was reviewed with the DPCS on 05/21/2018 at 1430. During interview at the time of the review the DPCS confirmed that the event took place on 01/29/2018 on Unit 2. An	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETION DATE
room 201, within the "safety suite" immediately adjacent to the nurse's station, to be examining Patient 18's wound. Patient 18 had two wounds located under his/her breasts that were self-inflicted, tunneling wounds, and chronic in nature from continuous self-manipulation. The only follow-up documentation reflected that the reviewer found no documentation in Patient 18's medical record about the event, no interview with the patient, and no evidence that the event had been reported to the HS as the intrusive patient was examining the wound in Patient 18's breast area. There was no other documentation of an investigation and resolution of this event that included the following considerations: - How the unidentified patient came to be in Patient 18's room within the "safety suite" without detection by staff. - What was the extent of the "examination" by the unidentified patient? - Who was the unidentified patient and did his/her behaviors require monitoring that had not been carried out? - Had the allegation been managed as a grievance and was grievance correspondence provided to Patient 18. Further the documentation categorized this	A 145	time there was no cinvestigation of this * Documentation of neglect that resulte by another patient on 05/21/2018 at 1 time of the review the event took place or unidentified patient room 201, within the adjacent to the number of the review of the patient 18's wound located under his/heself-inflicted, tunner nature from continuously follow-up documented to the patient, and no been reported to the was examining the area. There was not investigation and resincluded the following the How the unidentified patient. What was the extunidentified patient. Who was the unidentified patient. Had the allegation grievance and was provided to Patient.	documentation of an sevent. If an allegation of patient and in the assault of Patient 18 was reviewed with the DPCS 430. During interview at the the DPCS confirmed that the no1/29/2018 on Unit 2. An awas found in Patient 18's we "safety suite" immediately se's station, to be examining and chronic in a patient 18 had two wounds were breasts that were ling wounds, and chronic in a patient 18 wounds are breast that were ling wounds, and chronic in a patient 18's would be the event, no interview with evidence that the event had we HS as the intrusive patient wound in Patient 18's breast to other documentation of an esolution of this event that any considerations: ied patient came to be in within the "safety suite" without the ent of the "examination" by the ent of the "examination" by the chentified patient and did his/her monitoring that had not been an been managed as a grievance correspondence 18.		45			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	COM	TE SURVEY MPLETED
		380007	B. WING _			C / 22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP C 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
A 145	neglect that resulte and using unsafe it him/herself was rev 05/21/2018 at 1500 of the review the D took place on 03/20 had two wounds lot that were self-inflic chronic in nature fr self-manipulation. history of placing it wounds to inflict se 18 punctured his/henear one of the exi of the pencil could subsequently trans surgical interventio documentation was followed and the in was no other document of the following consideration and resolution of the following consideration when it was policy, and when P such items for self-Had the allegation grievance and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and was provided to Patient Further the document of the surface and the surfac	of an allegation of patient and in the Patient 18 accessing terms to inflict injury on viewed with the DPS on an individual DPS on an investigation	A 14	5		
	* Documentation of neglect that resulted departure or elopeing.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	COM	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	- CENTER		STREET ADDRESS, CITY, STATE, ZIP C 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 145	multiple secure dod vendor. Although the follow-up actions reaccess, the investigation the failure of staff to patients on the unit for the patient to ware multiple other security documents staff supervision was be more aware of the Further the documents that the severity level of "No Harm." * Documentation of neglect that resulted weapon that had the injury on him/herse with the DPCS on conterview at the time confirmed that the on Unit 2. Patient 3 patient room 201, in immediately adjaced wielding a weapon spoon that he/she IThis situation was a were reviewing Patiarea off of the unit history of behaviors 05/02/2018 during utensil dispenser of kitchen area and be day room. SSO stafe of their observation unit staff responder	on 03/28/2018 through ors with an office machine he documentation reflected plated to vendor secure door gation did not clearly address of supervise and observe that created the opportunity alk off the unit, and through re doors, undetected by staff. ation of follow-up related to heir surroundings. The entation unclearly categorized of this successful elopement as an allegation of patient d in Patient 31 fashioning a e potential to be used to inflict of or on others was reviewed 05/21/2018 at 1400. During the of the review the DPCS event took place on 05/7/2018 at was observed in his/her	A 14	5		

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	CON	TE SURVEY MPLETED
		380007	B. WING _			C /22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	. CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 145	and resolution of th following considera - How Patient 31 ha utensil, had fashion concealed it in his/r	mentation of an investigation is event that included the tions: ad possession of the plastic ed a weapon from it, and her room within the "safety tion of staff on the unit. RESTRAINT OR	A 10			
	accordance with the licensed independe responsible for the under §482.12(c) a	t or seclusion must be in e order of a physician or other nt practitioner who is care of the patient as specified nd authorized to order restraint pital policy in accordance with				
	Based on interview the medical records and 19) who were por self destructive be policies and proced hospital failed to en restraints were in a other LIP orders as and procedures as * Physical restraints patients were used LIP order; and * Physician orders for patients did not incl	s not met as evidenced by: y, documentation reviewed in s of 2 of 4 patients (Patient 9 chysically restrained for violent cehaviors, and review of dures, it was determined the sure the use of physical ccordance with physician or required by hospital policies follows: s (physical/manual holds) of without a physician or other for physical restraints of ude the type of restraint sed in accordance with				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER			280	REET ADDRESS, CITY, STATE, ZIP CODE 11 N GANTENBEIN AVENUE RTLAND, OR 97227	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 168	1. The policy and p Seclusion for Patie "Sept 2017" stipula "Definitions" section manual method, policy arms, legs, body, of "Procedure" section episode of restrain restraint category) order of the (sic) policy the patient, orBy to protect the patient from harm, provide obtained from a lice responsible for the Order: an order for includeIndication seclusionType of be utilizedLength 2. The medical receand reflected the policy 12/19/2017 at 125 was "intentional over An RN note date "1900Staff in [nu saw pt had an item entered room, pt in staff 2 screws rem bedframePt decliped walk we for seclusion. Secupt resisted. Pt was retrieved restraint.	procedure titled "Restraint and ent Safety" dated as revised ated the following: The on reflected "RestraintAny hysical or mechanical device, nent that immobilizes or of a patient to move his or her or head freely" The on reflected "Initiation: Each of the rescription of the initiatedUpon the rovider who is responsible for a registered nurse if necessary ent, staff members or others and that an order is immediately ensed independent practitioner of the patientProvider of restraint will a for use of restraint or frestraint device or method to not time order is applicable".	A 1	68			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING			C /22/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		722/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
A 168	"Assumed care of escalate in seclusion D-rings on floorP (chest band utilized at 1945LIMS arrist A telephone order Destructive Adult and electronically substituted 12/27/2017 at 083 Continuous X 4 HoursOrder come Restraints at 1945 Seclusion Reason threatening/inflicting were incompleted a restraint. There were the RN communicated the orders to the publication or other restraint (physical substituted 3. The medical recompulsive disorded personality organization or the publication of the publication of the publication of the publication of the publication or other restraint (physical substituted in the publication of the	iated at 1915" ed 12/26/17 at 2048 reflected pt at 1930Pt continued to on room by banging head on it required 5-point restraints d) for safety, which were placed wed on site to assess pt" r for "Restraints Violent Self" dated 12/26/2017 at 2022 signed by the physician on 7 reflected "Frequency: purs 12/26/2017 2022 - 4 ments: Seclusion at 1915 Restraint type: Restraint and for restraints: g harm to self and g harm to others". The orders is they did not reflect the type of is no documentation to reflect ated the lack of information in hysician. Further, there was no LIP order for the physical hold) by 4 security staff. ord of Patient 19 was reviewed atient was admitted on 6 for diagnoses of "Obsessive er, severe and refractory; Major er, recurrent; Borderline	A 1	68			

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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		380007	B. WING			05/	22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	. CENTER		2801	ET ADDRESS, CITY, STATE, ZIP CODE N GANTENBEIN AVENUE TLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 168		nge 74 ed no physician order for the restraint by 2 staff or the	A 1	68			
A 175	and ANM on 05/21/ the medical records regard to the physic finding 1, the ANM include the specific	RESTRAINT OR	A 1	75			
	secluded must be r licensed independe that have complete	e patient who is restrained or monitored by a physician, other ent practitioner or trained staff d the training criteria specified this section at an interval bital policy.					
	Based on interview the medical record 19, and 31) who we placed in seclusion of policies and prochospital failed to enmonitoring of patier restraints and/or se hospital policies an * Patients with viole behaviors were not when restraints and	s not met as evidenced by: y, documentation reviewed in of 4 of 4 patients (Patient 1, 9, ere physically restrained and/or by hospital staff, and review cedures, it was determined the sure ongoing assessment and ets who were in physical eclusion in accordance with d procedures as follows: ent or self-destructive assessed and monitored d seclusion were used in espital policies and procedures.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C /22/2018
	PROVIDER OR SUPPLIER			2801 N	T ADDRESS, CITY, STATE, ZIP CODE I GANTENBEIN AVENUE 'LAND, OR 97227	<u> </u>	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETION DATE
A 175	Seclusion for Patie "Sept 2017" was r * "F. Implementati and/or familypur including discontir type of restraint se use of restraint or monitoringpurpo orient patient to sa Philosophy Regar Seclusion (Attach * "G. Restraint and Monitoring: 1. Nor Behavior: The RN hours to address p may include The patient indicating seclusionStatus of points)Signs of applying restraint hydration needs in extremitiesEli signsPhysical ar comfort; andRea restraint use. * "2. Violent or Se violent or self-des assessed Q2 hou aboveAdditiona monitored every 1 psychological & er signs of injury fror * "3. Simultaneous Patients who are s secluded shall be	procedure titled "Restraint and ent Safety" dated last revised eviewed. It stipulated: on7. Explain to the patient pose of restraint or seclusion, nuation criteriarationale for electionexpected duration of seclusionfrequency of staff use of ongoing attempts to afety issuesLegacy Health ding Use of Restraint and ment #1)". d Seclusion Assessment and a-Behavioral or Non-Violent will assess the patient every 2 patient specific needs which the behavior exhibited by the che need for restraint or of restraint (device type and # of any injury associated with or seclusionNutrition and Circulation and range of motion mination needsVitals and psychological status and adiness for discontinuing	A 1	75			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED	
		380007	B. WING _			C /22/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		22/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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 175	staff members locaviewing a simultant signal of the patient * "I. Documentation medical record and restraints initiated observed behavior restraintlength of hrs.)consideration attemptedclinical restraintspatient provided (as descrinotification (where appliedrestraint and interventions (above)additional condition warrants * The "Definitions" EventThe time froward in the provided in the patient requisection of the patient response and document find the patient response, a with restraint/secture continued restraint and maintenance or readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with restraint/secture readiness for discovered and document for the patient response, a with response, a with restraint/secture readiness for discovered and the patient response and the patient resp	mote observation by clinical ated near the patient who are eous video image and audiont" In will be completed in the dinclude the followingtime and baseline assessment of r(s) necessitating forder (i.e. 12 ons or use of alternatives I justification for and/or family communication ribed in F.7. above)Family applicable)restraint device use assessment, monitoring (as outlined in G.1. and G.2. documentation as patient." section reflected "Restraint rom application to restraints." procedure titled "Use of lusion" dated last revised "Janed. It stipulated: aires restraint and/or sesessment of focused ondition of patient, skin integrity, tory function, and ROM, nological status and comfort,	A 17	75			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTR		(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C /22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	. CENTER		2801 N GA	NTENBEIN AVENUE ND, OR 97227	, 50,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION SHOULD SEE THE APPROPER PROPERTY OF THE APPROPED TO THE APPROPED DEFICIENCY)) BE	(X5) COMPLETION DATE
A 175	implementation of a seclusionViolent of Behaviors: Patients VSD for behaviors minutes to evaluate emotional status, or restraint and/or sechour monitoring receptures seclusion events * "d. Check patient and PRN; offer ass toileting/elimination "e. Evaluate and phygiene, body align support/reassurance implementation and "f. Release restraint assess patient and appropriate and re- * "g. Modify the Interior identified risks and "k. Document the restraint or seclusion documentation flow record (EHR)type shift, and with any of device(s)alternating attemptedtime of of restraint/seclusion "I. Document the fapproximately ever changesSpecific necessitating restraint discontinuating interventions provided. The medical record in	any restraint or or Self Destructive (VSD) in restraint or seclusion or will be monitored every 15 e safety, psychological & omfort and signs of injury from dusion; in addition to the Q 2 quired for all restraint or approximately every 2 hours istance with ADLs and approximately every 2 hours. Forovide for nutrition/hydration, ment, emotional e, comfort prior to approximately Q 2 hrs. Int approximately Q 2 hours to provide ROM and ADLs as restrain only when necessary. Interventions as appropriate Interventions as appropriate In the appropriate nursing of the sheet in the electronic health of restraint device(s) each changes to number of type of the interventions initiation and discontinuance on, as indicated Interventions initiation and or interventions of readiness for ation Assessment data and		75			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	. CENTER		STREET ADDRESS, CITY, STATE, ZII 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	<u>.</u>	72272010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 175	03/05/2017 at 1437 The record reflecte * The flowsheet not reflected seclusion reflected the patien harm, and impulsiv. * An RN assessme "Restraint/Seclusio flowsheet dated 03, patient continued in assessment or mor physical status and information records was an entry on a 0 flowsheet that read Ambulatory". The n Monitoring Q 2 Hou 2 hours and 40 min patient continued in assessment or mor physical status and information records was an entry on a 0 flowsheet that read Ambulatory". * RN notes filed 03 "Seclusion ended [* The patient was d 4. The medical record and reflected the patient harm, impulsive, an and seclusion was an entry on a 0 flowsheet not reflected the patient was described by the patient w	with a diagnosis of psychosis. d the following: es dated 03/08/2017 at 1545 was initiated. The record t was aggressive, threatening e. Int for seclusion on the In Monitoring Q 2 Hours 1/08/2017 at 1750 reflected the In seclusion. There was no Initioring of the patient's In o vital signs, and the only It about the patient's comfort In 15 Minutes monitoring I hysical ComfortSelf ext RN "Restraint/Seclusion Ins" assessment was at 2030, Inter later. It reflected the In seclusion. There was no Initioring of the patient's In o vital signs, and the only I diabout the patient's In o vital signs, and the only I diabout the patient's I comfortSelf I seclusion. There was no I seclusion. The	A 1	75			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS 2801 N GANTEN PORTLAND, O		<u> 03/</u>	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	VIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOU EFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 175	"Restraint/Seclusion flowsheet dated 04/ assessment or morphysical status. * The next RN asses "Restraint/Seclusion flowsheet dated 04/ assessment or morphysical status and to with regard to most signs, the record recollected on 04/19/ signs were not recommore than 14 hours to the flowsheet not reflected seclusion. * The RN notes data reflected " [04/20/ nurse's station and leave or someone is moved to seclusion observed by staff we seclusion room. Pt knifeKnife retrieved 2245, after pt able to the initial RN ass 04/20/2018 at 2104 Monitoring Q 2 Hoursels, or vital signs nor at any time durity with regard to vita vital signs were coll The next set of vita 04/21/2018 at 1040 seclusion was initial.	in Monitoring Q 2 Hours" 19/2018 at 1800 reflected no nitoring of the patient's Its sesment for seclusion on the monitoring Q 2 Hours" 19/2018 at 2000 reflected no nitoring of the patient's no vital signs. Initoring of the patient's vitals flected vital signs were 2018 at 1705. The next vital orded until 04/20/2018 at 0846, after seclusion was imitated. Les dated 04/19/2018 at 2008 was discontinued. It was a sign of the patient's reflected to staff, 'I'm gonna is gonna die tonight'Pt in by security staffPt then aving a knife inside of threatened to harm self with each by staff. Seclusion ended on maintain safety" It is sign of the patient's reflected no nitoring of the patient's rition needs, elimination is upon initiation of seclusion and the seclusion event. The signs were not recorded until of the signs were not recorded until of the nor than 13 hours after	A 1	75			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	COV	E SURVEY MPLETED
		380007	B. WING			C /22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 175	and reflected the pa 4/25/2018 at 0246 v "Obsessive compul depressive disorder personality organiza * The RN notes dat "Filed" on 05/11/20" "Patientcontinues observation for self wrist restrains (sic) was unable to stop There was no docu RN assessment of documentation of C during the restraint hospital policy. * The "Violent and S flowsheet documen and left soft wrist re restraints were initial discontinued on 05/100 RN initial asses assessment of the circulation, skin connutrition and hydrat and vital signs. * With regard to vita vital signs were coll prior to restraint init vital signs were recalmost 24 hours late * The patient was d 0820.	and of Patient 19 was reviewed attent was admitted on with a diagnoses including sive disorderMajor recurrent; Borderline ation." ed 05/10/2018 at 1058 and 18 at 1011 reflected to be on 1:1 safety harm. Patient was placed in from 1050-1125 after [he/she] pressing on [his/her] wound" mentation reflecting an initial the restraints and no at 5 minute patient monitoring event in accordance with straints and "Lap/Waist" atted 05/11/2018 at 1445 and 11/2018 at 1630. There was sment including no patient's physical status, adition, range of motion, ion needs, elimination needs at signs, the record reflected ected on 05/11/2018 at 1002, iation at 1445. The next set of orded on 05/12/2018 at 0924,	A 1	75		
	and reflected the pa	ord of Patient 9 was reviewed attent was admitted on				

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A 175	was "intentional ov * RN notes on 12/2 "1900: Pt standing on floor throughout entered roominst declined to contract wall & window, was initiated at 1915. [A locked QR. Staff of on pt & floor. Staff have self-inflicted vin QR." * RN notes on 12/2 was noted to have continued to escala banging head on D laceration to foreher estraints (chest bawere placed at 194 assess ptand red LEMC for suturing. transfer pt." * There was no door RN assessment of on 12/26/2017 at 1 * There was no door RN assessment of consisted of simult seclusion beginning including no assess circulation, range of nutrition and hydra and readiness for of the cord of Patient 1, record lacked door transfer door the cord of Patient 1, record lacked door transfer pt. The cord lacked door transfer pt. The co	erdose." 26/2017 at 2000 reflected on sink in room, poured water a room. Staff & 4 security ructedto get off sink. Pt at for safety, banged hard on a yelling/cryingSeclusion at] 1945: Pt ambulatory in oserved large quantity of blood entered room & pt appeared to wound to forehead from D-ring 26/2017 at 2048 reflected "pt been placed in seclusionPt ate in seclusion room by 2-rings on floor, bleeding and noted. Pt required 5-point and utilized) for safety, which 5LIMS arrived on site to commended for transfer toAMR arrived at 2030 to cumentation reflecting an initial the seclusion event beginning 915. Cumentation reflecting an initial the restraint event that aneous 5-point restraints and g on 12/26/2017 at 1945, sment and monitoring of a motion, repositioning, tion needs, elimination needs,	A 17	75			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 175	and ANM on 05/17/ the medical record confirmed the recor reflecting the RN as patient as identified 9. An interview was NA on 05/21/2018 a medical records for and NA confirmed to documentation refleassessed and mon 5 and 6 above. PATIENT RIGHTS: SECLUSION CFR(s): 482.13(f)(Training intervals. S to demonstrate con restraints, impleme monitoring, assess patient in restraint of (i) Before performi in this paragraph; (ii) As part of orier (iii) Subsequently of with hospital policy. This STANDARD is Based on interview	conducted with the DPCS (2018 at 1200 during review of of Patient 31. The DPCS rd lacked documentation seessed and monitored the lin finding 4 above. conducted with the ANM and at 1300 during review of the Patients 9 and 19. The ANM the records lacked ecting the patients were itored as identified in findings RESTRAINT OR I) Staff must be trained and able inpetency in the application of intation of seclusion, ment, and providing care for a or seclusion- ing any of the actions specified intation; and on a periodic basis consistent is not met as evidenced by: In review of restraint training	A 17			
	documentation for (Employees 1, 2, 3, 19), review of polici review of other doc	12 of 20 hospital staff , 4, 5, 6, 7, 8, 10, 12, 13 and les and procedures, and umentation it was determined led to ensure staff were				

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A 196	the application of reseclusion, monitoring care of patients in responding to the patients of t	demonstrate competency in estraints, implementation of ing, assessment, and providing estraint in accordance with diprocedures and as part of med in the use of restraints gorientation; and med annually in the use of sion in accordance with estate the hospital's failure to ained in the use of restraints gorientation and annually in spital policies and procedures. RESTRAINT OR equire appropriate staff to ining, and demonstrated in the specific needs of the in at least the following:] action and use of all types of in used in the hospital, how to recognize and physical and psychological le, positional asphyxia).	A 1				
		12 of 20 hospital staff					

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 202	(Employees 1, 2, 3, 19), review of polici review of other doc that the hospital fail implement its restraprocedures to ensu demonstrated know and seclusion in the * Staff were not trai in the use of restrai * Staff were not trai use of all types of refine The policy and procedures in the policy and procedures in the use of restrai to the policy and procedure to perform the proving staff shall receive for appropriate to perform policy. Such educat prior to the new stain implement the proving to the new stain implement the proving to the new stain position)Technique behaviors, events, a may trigger circums a restraint or seclus intervention skills intervention based assessment of the status or condition of all types of restrain to respond to sign and respond to sign an	4, 5, 6, 7, 8, 10, 12, 13 and es and procedures, and umentation it was determined ed to fully develop and aint and seclusion policies and re staff were trained timely and or were not trained timely and seclusion; and red in the safe application and restraints used in the hospital. Tocedure titled "Restraint and restraints used in the hospital. Tocedure titled "Restraint and restraints used in the hospital. Tocedure titled "Restraint and restraints used in the hospital. Tocedure titled "Restraint and restraints used in the hospital. Tocedure titled "Restraint and restraint and staff. Hospital and medical resions of the place upon hire, and staff. Hospital and medical resions of this policy and shall lyStaff Education (sic) (may and clinical restraints to identify staff and patient and environmental factors that stances that require the use of sionThe use of nonphysical Choosing the least restrictive on an individualized reatient's medical or behavioral and resecution in how to recognize	A 2	02			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 202	asphyxia)Clinical behavioral changes seclusion is no long physical and psychopatient who is restrabut not limited to: restatus, skin integrity use of first aid technuse of cardiopulmoperiodic re-certifical The policy was not training included de (competency), inclucompetencies. The policy did not instaff would be trained knowledge (competused in the hospital 2. The policy and plandatory Education was reviewed. The "To define mandato employees responseducation requirem leadership's responseducation requirem leadershi	identification of specific that indicate that restraint or per necessaryMonitoring the clogical well-being of the ained or secluded, including, espiratory and circulatory and vital signs; andThe niques and certification in the nary resuscitation, including tion." clear related to ensuring staff monstrated knowledge ading frequency of the necessity of all restraint types	A 2	02			

AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER EMANUEL MEDICAL	CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	ΣE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
A 202	Seclusion for Patier 2012/January 2013 Updated January 20 "Restraint Type" see EHR drop down methat included ""Mitt LSoft Restraint R WristSoft Restraint AnkleRoll BestVest/Jacket LoopOther(Comm module reflected "T instructions for specthe following types will need to be fami your department. R instructions as need information related restraints, "waist or restraint," "Posey D Security Mitts". 4. Review of restraint were used reflected.	aing titled "Restraint and at Safety" dated "March (Original January 2004, 2008)" was reviewed. The ction contained an example of enu with a list of restraint types Secured RMitt Secured WristSoft Restraint L at R AnkleSoft Restraint L at R. AnkleSoft Restraint L and R. Another section in the chis section includes cific types of restraintNote: are listed as examples. You liar with all devices used in efer to manufacturer ded." This was followed by to seclusion and 3 types of vest restraint", "limb ouble Padded, Double	A 2	202			
	types of restraints a hospital. Examples * A "Restraint Traini C.N.A./CHT/Technio 04.10.2017" was re information about th "limb holder", "criss "padded mitts", and	ng Checklist cian" form dated "CPS viewed. The checklist included ne following restraint types: cross vest", "soft belt", "violent restraint devices					
	"CPS 04.11.2017" v	leather)." ng Checklist RN" form dated was reviewed. The checklist n about the following restraint					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED
		380007	B. WING		,	C 05/22/2018
	PROVIDER OR SUPPLIER	_ CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		0,121,10
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 202	and "padded mitts. * An undated "Rest was reviewed with The SM stated the competency used f competency in the stated there were r competency require information about t only: "neoprene loo "restraint chair". 5. Review of emplor reflected the follow * Employee 1 (SSC reflected no eviden education or demo * Employee 2 (SSC reflected no eviden demonstrated restr hire or annually. * Employee 3 (SSC reflected no eviden competency, include * Employee 4 (SSC reflected no eviden competency, include * Employee 5 (SSC reflected no eviden competency, include * Employee 10 (BH reflected restraint of until 04/30/2018. * Employee 12 (BH reflected restraint of until 04/18/2018, 6 hired. There was no	" "crisscross vest," "soft belt", " "traint Demonstration Checklist" the SM on 05/16/2018 at 1030. checklist was a "hands on" or SSO staff to demonstrate use of restraints. He/she to additional "hands on" tements. The checklist included the following restraint types taking limb restraint" and byee training documentation ing: by with hire date 08/21/2000 ce of annual restraint the strated restraint competency. by with hire date 02/20/2017 the of restraint education or traint competency, including on by with hire date 05/08/2017 ce of demonstrated restraint ling on hire or annually. by with hire date 07/17/2017 ce of demonstrated restraint ling on hire. by with hire date 09/05/2017 ce of demonstrated restraint ling on hire. by with hire date 09/05/2017 ce of demonstrated restraint	A 2			

_	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			STRUCTION	COMPLETED	
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	CENTER		2801 N	ADDRESS, CITY, STATE, ZIP CODE GANTENBEIN AVENUE AND, OR 97227	1 001	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 202	* Employee 19 (RN reflected no evidence competency, includ Similar findings were demonstrated restrand/or annually for date 10/16/2017; Edate 01/16/2017; Edate 01/08/2018; and date 05/05/1988. 6. Training docume reviewed on 05/16/2019 During the review, to restraint training an competency for Emmorphisms of the SS. The SS participate in applicated all SSO staff online restraint train competency on hire confirmed Employel lacked evidence of competency on hire stated BHTs participate in the SS. During interviewed stated BHTs participate in the SS. The SS participat	with hire date 11/27/2017 ce of demonstrated restraint ing on hire. The identified related to lack of aint competency on hire imployee 6 (SSO) with hire imployee 7 (SSO) with hire imployee 8 (SSO) with hire imployee 13 (RN) with hire imployee 14 (RN) with hire imployees 1-7 was 2018 at 0925 with the SM. The SM confirmed the lack of different demonstrated restraint ployees 1-7. That ion for Employee 8 was 2018 at 1120 with the DSS 3 confirmed SSO staff at at 1120 with the DSS 3 confirmed SSO staff at 1120 with the DSS 3 were required to complete in and annually. The SS were required to complete in and annually. The SS is and annually. The SS is 8 training documentation demonstrated restraint in the complete in restraint application. With DPCS on 04/30/2018 at 1 restraint competencies and within 90 days of hire. Employee 10's training it is dedicated in restraint get evidence of timely restraint in the complete control of the straining in the complete control of the straining in t		02			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		380007	B. WING				C 22/2018	
	PROVIDER OR SUPPLIER			2801 N GA	DRESS, CITY, STATE, ZIP CODE NTENBEIN AVENUE ND, OR 97227	<u> 037.</u>	22/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO ACH CORRECTIVE ACTION SHOULD DSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE	
A 202	10. Training docum reviewed on 04/27/Employee 12 on 05 He/she confirmed to Employees 12 and restraint competence 11. Training docum reviewed on 05/16/He/she confirmed to Employee 19 lacked competency complement 12. During interview 05/16/2018 at 1530 not have document restraints used at the document that reflement outlines specific results used at Unity are used at Unity are used at Unity are used to be familiar	entation for Employee 13 was 2018 at 1000; and for 1/16/2018 at 1130 with the NM. raining documentation for 13 lacked evidence of cy completed. entation for Employee 19 was 2018 at 1040 with the ANM. raining documentation for d evidence of restraint	A 2	02				
A 206	of restraints used a assurance staff we training in all types PATIENT RIGHTS: SECLUSION CFR(s): 482.13(f)(2		A 2	06				

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTIONS	(X3) DATE SURVEY COMPLETED C		
		380007	B. WING				/ 22/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS 2801 N GANTEN PORTLAND, O	_	1 03/	22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO EFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 206	have education, tra	ining, and demonstrated	A 2	06			
	patient population i	on the specific needs of the nat least the following:]					
	certification in the u	use of cardiopulmonary ding required periodic					
	Based on interview 20 of 20 personnel seclusion training (of policies and proof the hospital failed the seclusion policies as	s not met as evidenced by: v, review of documentation in files reviewed for restraint and Employees 1-20), and review cedures, it was determined that o implement its restraint and and procedures to ensure staff emonstrated knowledge in the iniques and CPR.					
	Findings include:						
	Seclusion for Patie "Sept 2017" was re "Education and Tra place upon hire, pr being asked to imp policy and shall be EducationContent techniques and cer	rocedure titled "Restraint and nt Safety" dated last revised eviewed. It stipulated: iningeducation shall take ior to the new staff member element the provisions of this repeated annuallyStaff (sic)The use of first aid tification in the use of esuscitation, including required ition."					
	Mandatory Éducati was reviewed. Atta reflected the "Requ "Verification upon h	rocedure titled "Employee on" dated last revised "8/17" chment #1 to the policy irred Frequency" for BLS was hire and bi-annually" for ect patient contact in patient					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			TE SURVEY MPLETED		
		380007	B. WING _		05	C 5 /22/2018
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		722010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 206	care and diagnostic 3. Review of employ first aid techniques who were restrained appropriate first aid secluded patient was reflected no evident following employee: Employee 1 (SSO) Employee 2 (SSO) Employee 3 (SSO) Employee 5 (SSO) Employee 6 (SSO) Employee 6 (SSO) Employee 7 (SSO) Employee 10 (BHT) Employee 10 (BHT) Employee 11 (BHT) Employee 12 (BHT) Employee 13 (RN) Employee 14 (RN) Employee 16 (RN) Employee 17 (RN) Employee 18 (RN) Employee 19 (RN) Employee 19 (RN) Employee 19 (RN) Employee 20 (RN) 4. An interview was 05/16/2018 at 1115 training related to rehe/she stated "That training specifically 5. Review of employer certification residuals."	yee training documentation for training related to patients d or secluded, including required if a restrained or as in distress or injured, ce of the training for the s: with hire date 08/21/2000. with hire date 02/20/2017. with hire date 05/08/2017. with hire date 07/17/2017. with hire date 09/05/2017. with hire date 10/16/2017. with hire date 01/16/2017. with hire date 01/08/2018. with hire date 01/08/2018. with hire date 01/02/2017. l) with hire date 01/31/2017. with hire date 01/31/2017. with hire date 11/06/2017. with hire date 10/24/2011. with hire date 01/31/2017. with hire date 01/31/2017. with hire date 01/31/2017. with hire date 01/31/2017. with hire date 11/13/2017. with hire date 01/08/2018. conducted with ANM on with regard to first aid estrained or secluded patients, its not something we have	A 20	06		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		C	(X3) DATE SURVEY COMPLETED	
		380007	B. WING			05/2	2/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	IP CODE	03/2	2/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD B THE APPROPRI		(X5) COMPLETION DATE
A 206	with date expired "1 evidence of current 6. An interview was 05/16/2018 at appre	reflected BLS certification 2/2017." There was no	A 2	06			
A 263	Employees 4 and 7 QAPI CFR(s): 482.21 The hospital must comaintain an effective	develop, implement and re, ongoing, hospital-wide, assessment and performance	A 2	63			
	the program reflect hospital's organizat hospital departmen those services furni arrangement); and to improved health and reduction of me	rning body must ensure that is the complexity of the ion and services; involves all its and services (including ished under contract or focuses on indicators related outcomes and the prevention edical errors.					
	This CONDITION is Based on observati medical record and 4 patients who experience (Patients 1, 9, 19, a medical record doc patients who experients who experients who experients	Is not met as evidenced by: is not met as evidenced by: isions, interviews, review of other documentation for 4 of erienced restraint or seclusion and 31), review of event and umentation for 23 of 23 enced actual or alleged abuse as 2, 3, 4, 5, 6, 7, 9, 10, 11, 12,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	` '	E SURVEY MPLETED
		380007	B. WING			C /22/2018
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/	22/2010
LEGACY	EMANUEL MEDICAL	. CENTER		2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 263	32), review of mediof 3 patients review physician orders, redocumentation for the grievance log, (and 43), review of tof 22 staff (Staff 1 procedures, and revelated to safety an was determined that develop, implement QAPI program to exappropriate care to complied with the Complied with the Complied capacity on provide safe and accomplied safe and accomplied include:	19, 20, 22, 23, 24, 26, 31, and cal record documentation for 3 red for conformance with eview of grievance 7 of 12 patients selected from Patients 33, 34, 35, 37, 38, 42, raining documentation for 22 22), review of policies and view of other documentation d physical environment risk, it at the hospital failed to t, and maintain an effective neure the provision of safe and patients in the hospital that conditions of Participation. Il deficiency represents a the part of the hospital to dequate care.	A 2	63		
	CFR 482.12 - CoP 2. Refer to the findi CFR 482.13 - CoP 3. Refer to the findi CFR 482.23 - CoP 4. Refer to the findi	ngs cited under Tag A115, Patient's Rights. ngs cited under Tag A385, Nursing Services. ngs cited under Tag A700,				
A 385	NURSING SERVIC CFR(s): 482.23 The hospital must h	Physical Environment ES nave an organized nursing es 24-hour nursing services.	Α3	85		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY MPLETED
		380007	B. WING			C /22/2018
	PROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 385	The nursing service supervised by a regular supervised sup	es must be furnished or gistered nurse. is not met as evidenced by: tions, interviews, review of other documentation for 4 of erienced restraint or seclusion and 31), review of event and umentation for 23 of 23 ienced actual or alleged abuse is 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 19, 20, 22, 23, 24, 26, 31, and cal record documentation for 3 and for conformance with eview of training is of 8 RNs (Staff 13, 14, 15, 20), and review of policies and determined that the hospital op and implement policies and sured that nursing services safe and appropriate manner provided care in a safe supervised when in high risk in the and emergent medical consistent. In changes in patient condition, raints or seclusion were not and other interventions were accordance with physician all deficiency represents a the part of the hospital to	A3	85		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING			05/2	22/2018
	PROVIDER OR SUPPLIER EMANUEL MEDICAL	. CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE
A 385	CFR 482.23(b) - St supervision and evathe hospital's failure responsible to ensure were assessed, that that physician's ord 2. Refer to the findi CFR 482.23(c) - St Administration of D the hospital's failure administered in accorders. RN SUPERVISION CFR(s): 482.23(b)(c) A registered nurse the nursing care for This STANDARD is Based on observation medical record and 4 patients who experior neglect (Patients 1, 9, 19, amedical record doc patients who experior neglect (Patients 13, 14, 15, 16, 18, 32), review of medio of 2 patients review physician orders, responsible to ensure the nursing care for the nursin	ngs cited under Tag A395, andard: Delivery of care, RN aluation. Those findings reflect to ensure an RN was are that patient's conditions at patients were monitored, and ers were implemented. Ings cited under Tag A405, andard: Preparation and rugs. Those findings reflect to ensure that drugs were cordance with physician's OF NURSING CARE 3) must supervise and evaluate reach patient. Is not met as evidenced by: tions, interviews, review of other documentation for 4 of perienced restraint or seclusion and 31), review of event and umentation for 23 of 23 inceed actual or alleged abuse as 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 19, 20, 22, 23, 24, 26, 31, and cal record documentation for 2 ared for conformance with eview of training	AS				
	16, 17, 18, 19 and 2 procedures, it was	3 of 8 RNs (Staff 13, 14, 15, 20), and review of policies and determined that the hospital op and implement policies and					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		380007	B. WING _		05	C / /22/2018
	NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CO 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		, ==, ==
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 395	and evaluated the provision of safe are Patient conditions and patients in rest assessed. * Patients were not areas or during hige Response to urge conditions was incompleted in accorders. Findings include: 1. Refer to the finding CFR 482.13 - Cope findings reflect the nursing staff provide patients in high risk activities; failure to urgent and emergent to ensure that patient is conditions seclusion were assessive restraint and seclus physician orders. 2. The policy and planatient Psychiatric dated last reviewed stipulated: "Interveninterdisciplinary planating process" assessment within of admissionInitia within approximate	sured that the RN supervised care of patient to ensure the nd appropriate care: s, changes in patient condition, traints or seclusion were not supervised when in high risk h-risk activities.	A 39	95		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING _			C /22/2018	
	NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		, 333==300	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
A 395	patient condition w to treatment, and r with a maximum de hours between obsepatient's condition, or potential probler admission and at a status, activity, or r changes negatively due to medical inter The policy and pro- language related to information related management of sk limited to skin injur destructive behavior interview on 05/21/ and NA. The ANM other policies and passessment of pati 3. The medical recand reflected the p 12/19/2017 at 1250 was "intentional ov * RN notes on 12/2 was noted to have continued to escala banging head on D laceration to forehes site to assess pta to LEMC for suturin * The record reflect to LGSMC ED on treatment of the se * The ED Physician dated 12/26/2017 at	arrantsReassessresponse elevant major body systems, uration of approximately (12) servations as warranted by nursing judgment, and current msObserve skin risk on any time the patient's nutritional mobility indicates and/or y due to change in condition or erventions" cedure reflected broad or "observing" skin risk but no to assessment and in conditions, including but not ies related to violent or self ors. This was confirmed during (2018 at 1550 with the ANM and NA stated there were no procedures related to ient skin conditions. ord of Patient 9 was reviewed atient was admitted on 2. The "Reason for Admission" erdose." 26/2017 at 2048 reflected "pt been placed in seclusionPt are in seclusion room by 0-rings on floor, bleeding ead notedLIMS arrived on and recommended for transfer	A 39	95			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	COM	E SURVEY MPLETED
		380007	B. WING			C /22/2018
	NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	(X5) COMPLETION DATE
A 395	soap and water, the topical antibacterial then cover with a bat * The record reflect to UCBH on 12/26/2* An LIP note dated "[Patient] Up on wadry, hematoma area from initial incident removed 1/2/2017.* An RN note dated "Around 0100 the began to kick the bat observedpulling swith a comb[patie head against the bat agreeable to wearing left the room, the patient and order wound and cover was the patient and order wound and cover was The patient was defended in the ED 12/26/2017 and LIP RN provided wound physician orders refully 12/2018. There was not 12/26/2017 and LIP RN provided wound physician orders refully 12/2018. There was not 12/26/2017 and LIP RN provided wound physician orders refully 12/2018. There was not 12/2018. There was not 12/26/2017 and LIP RN provided wound physician orders refully 12/2018. There was not 12/26/2017 and LIP RN provided wound physician orders refully 12/2018. There was not 12/26/2017 and LIP RN provided wound physician orders refully 12/2018. There was not 12/2018 at 13/2018 at 1	bunds once a day with mild an apply a small amount of ointment (Neosporin), and andage" ed the patient was readmitted 2017 at 2357. 12/27/17 at 1400 reflected rdForehead sutures clean, a almost completely resolved last nightSutures can be 01/01/2018 at 0310 reflected patient became agitated, and athroom door. [He/she] was titches on [his/her] forehead nt] began to bang [his/her] athroom doorthe patient was agithe mitts, but as this writer atient threw the mitts off and bangingThe MD assessed ered nursing to clean the atient's forehead skin odocumentation reflecting the atient's forehead skin 12/27/2017 and 01/03/2018, There was no documentation ovided wound care as "Discharge Instructions" onote 12/27/2017; or that the care in accordance with flected in the RN note was additionally no care plan ent of the patient's documents of the order of the	A 3	395		
		atient 9. The ANM confirmed				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING	(X3) DATE SURVEY COMPLETED
380007 B. WING	C 05/22/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CI 2801 N GANTENBEII PORTLAND, OR S	TY, STATE, ZIP CODE N AVENUE
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORI	R'S PLAN OF CORRECTION (X5) RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
the record lacked documentation reflecting the RN assessed, monitored and provided treatment to the patient's skin conditions. The ANM and NA stated that wounds should be assessed and documented once per shift. Regarding the patient's skin conditions, the ANM stated "There's no care plan for that." 4. Documentation in the medical record of Patient 30 reflected he/she had been admitted to Unit 1W on 04/03/2018 and was found expired in his/her room on 05/07/2018 at approximately 0730. The medical record contained LIP orders for PT and OT evaluations dated 04/13/2018 at 1447. However, those orders were not carried out timely as the PT evaluation was not conducted until 04/23/2018 at 1015, ten days after the orders were written. The medical record also included RN and BHT progress notes dated 05/01/2018 at 1359, 05/02/2018 at 1314, 05/01/2018 at 1359, 05/02/2018 at 1314, 05/01/2018 at 1359, 05/02/2018 at 1330 that reflected the patient was experiencing difficulty swallowing fluids. A nutrition consult note by the RD dated 05/02/2018 at 1431 reflected that a SLP consult was needed. An order for a "SLP Clinical Swallow Evaluation" was written on 05/02/2018 at 1436. However, there was no documentation to reflect that the order was implemented and there was no evidence in the medical record of the provision of SLP services. A DMINISTRATION OF DRUGS CFR(s): 482.23(c)(1), (c)(1)(i) & (c)(2) (1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		380007	B. WING _			C /22/2018
	NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 405	(i) Drugs and biolog administered on the not specified under practitioners are aclaw, including scop policies, and medic regulations. (2) All drugs and bi administered by, or or other personnel and State laws and applicable licensing accordance with the policies and proced. This STANDARD is Based on interview other event documereviewed for medication 12 and 18), it was a failed to ensure the accordance with phenolicies. Findings include: 1. The policy and phenolicy and last revised "A included "To descrimedication adminis" Medications are active orders of a present accordance of a present accorders of a present active orders of a present active orders of a present accorder active orders of a present active or active orders of a present active or active o	nsible for the patient's care as 82.12(c), and accepted ce. gicals may be prepared and e orders of other practitioners \$\frac{9}{482.12(c)}\$ only if such cing in accordance with State e of practice laws, hospital cal staff bylaws, rules, and cologicals must be runder supervision of, nursing in accordance with Federal I regulations, including grequirements, and in e approved medical staff	A 40	05		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		380007	B. WING				C 22/2018
	PROVIDER OR SUPPLIER	. CENTER		280	EET ADDRESS, CITY, STATE, ZIP CODE 1 N GANTENBEIN AVENUE RTLAND, OR 97227	1 001	
(X4) ID PREFIX TAG	(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 405	Patients with psych history of medication closely observed for palming, or regurgital 2. Documentation in Patient 18 reflected 03/04/2018 for diaze three times daily procumentation on was given prin 100 for carried out as writted 03/15/2018 2 mg gited 03/21/2018 2 mg gited 04/01/2018 2	iatric history, or those with on non-adherence will be r behaviors such as cheeking, ration of medications." In the medical record of a physician's order dated repam (Valium) tablet 2 mg. n "do not give after 1800." the MAR reflected the drug times and the order was not en on the following occasions: even at 1824 even at 1803 even at 1805 even at 1805 even at 1805 even at 1815 even at 2313 even at 1815 even at 2345 even at 1946 even at 1959 even at 2345 e	A 4	.05			
		ven at 1810 ven at 1815					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		380007	B. WING _			C / 22/2018
	NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 700	frequency of prn ad documentation to re the lack of informat physician. 3. Documentation of suicide attempt by It 12/31/2017 on Unit documentation refleobserved to attempt under his/her tonguladministration by note a result, staff searc 24 pills on a counter identified as 14 countrazodone 50mg; 4 count minipress 2m reflected that patien overdose on them. observe" this psychensure that medical administered and the from hoarding 24 pills on a counter overdose on them. observe this psychensure that medical administered and the from hoarding 24 pills of the country of the protocols. PHYSICAL ENVIROUSE. PHYSICAL ENVIROUSE. The hospital must be maintained to ensuland to provide facilities.	or did they specify the ministration. There was no eflect the RN communicated ion in the orders to the of an event categorized as Patient 12 that occurred on 6 was reviewed. The ected that the patient was to conceal oral medications e during medication ursing staff on 12/31/2017. As hed patient's room and found runder a hat. Those pills were nt Prozac 20mg; 4 count count minipress 1mg; and 2 ng. The documentation at stated he/she intended to Nursing staff failed to "closely iatric patient in a way to tions were successfully nat would prevent the patient that staff followed proper	A 40			
	This CONDITION i	s not met as evidenced by: ions, interviews, review of				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		380007	B. WING _			C 22/2018
NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227		22/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC 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 700	23 patients who expabuse or neglect (F11, 12, 13, 14, 15, 131, and 32), review 22 of 22 staff (Staff procedures, and revelated to safety and was determined that develop and implenent that ensured the pharranged and maint * Patients were not physical environme ligature and other rifus * Physical environme prevent patients from the effective.	record documentation for 23 of perienced actual or alleged Patients 2, 3, 4, 5, 6, 7, 9, 10, 16, 18, 19, 20, 22, 23, 24, 26, of training documentation for 1 - 22), review of policies and view of other documentation d physical environment risk, it at the hospital failed to fully ment policies and procedures ysical environment was tained for the safety of patients provided care in a safe and that had been assessed for sks. The period of the safety of patients provided care in a safe and that had been assessed for sks. The period of the safety of patients provided care in a safe and security measures to ment and security measures to measure of acility were not	A 70	00		
A 701	limited capacity on provide safe and active provide safe and active provides. 1. Refer to the finding CFR 482.41(a) - Statement of the environment for ligated failure to ensure aptimplemented to premain the main of the condition of the hospital environment of the provided	I deficiency represents a the part of the hospital to dequate care. Ings cited under Tag A701, andard: Buildings. Those hospital's failure to assess the ature and other risks, and propriate measures were vent patient elopement. F PHYSICAL PLANT Is physical plant and the overall at must be developed and a manner that the safety and	A 70	01		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		380007	B. WING _			C /22/2018	
NAME OF PROVIDER OR SUPPLIER LEGACY EMANUEL MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2801 N GANTENBEIN AVENUE PORTLAND, OR 97227	•	1 00/22/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A 701	Based on observate event and medical 23 patients who expands abuse or neglect (I 11, 12, 13, 14, 15, 231, and 32), review 22 of 22 staff (Staff procedures, and revelated to safety and was determined that develop and implementate ensured the pharranged and main as follows: * Patients were not physical environment igature and other revent patients from the effective. Findings include: Refer to the finding 482.13 - CoP: Patient reflect the hospital's reflect the hospital's reflect the finding sinclude:	s not met as evidenced by: tions, interviews, review of record documentation for 23 of perienced actual or alleged Patients 2, 3, 4, 5, 6, 7, 9, 10, 16, 18, 19, 20, 22, 23, 24, 26, of training documentation for 1 - 22), review of policies and view of other documentation d physical environment risk, it at the hospital failed to fully ment policies and procedures hysical environment was tained for the safety of patients provided care in a safe and that had been assessed for	A 70				