

DEPARTMENT OF HUMAN SERVICES

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DD9999 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/22/2015 |
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| NAME OF PROVIDER OR SUPPLIER ABC Homes, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 1111 Emerald Lane SALEM, OR 97304 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| B 000 | Initial Comments The Office of Licensing and Regulatory Oversight conducted a licensing review at 1111 Emerald Lane in Salem on April 22, 2015. It was determined that ABC Homes, LLC was in substantial compliance with OARs 411-325-0010 through 411-325-0440 for 24 Hour Residential Services for Children and Adults with Intellectual or Developmental Disabilities. A plan of improvement is required. The license will be renewed and no follow-up visit will occur. | B 000 | | |
| B 102 SS=D | 411-325-0120(2)(b)(c) Health: Physician's Orders (b) A written, signed order from a physician or qualified health care provider is required prior to the usage or implementation of all of the following: Prescription medications; Non-prescription medications except over the counter topical; Treatments other than basic first aid; Modified or special diets; Adaptive equipment; and Aids to physical functioning. The provider must implement the order of a physician or qualified health care provider. | B 102 | | |
| | This Rule is not met as evidenced by: Based on record review, it was determined the provider did not ensure that physician's orders were followed for one of three individuals reviewed. Findings include: | | | |

Ex. B102 is the licensing tag number SS=D is the severity

Initial Comments explain the status of the review regarding compliance with the OAR's and whether or not a follow-up visit is required

OAR number being cited

OAR being cited

The based on statement describes the violation in general terms with the scope of how many individuals were reviewed and how many were effected.

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| STATE OF OREGON LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| B 102 | <p>Continued From page 1</p> <p>(c) Physician's orders were not followed. P1 had a physician's order dated 1/1/2015, for Milk of Magnesia. The order directed staff to administer Milk of Magnesia on day 3 of no bowel movement. According to the bowel tracking record, there were no recorded bowel movements on the following dates: 2/1, 2/2, 2/3 and 2/4/15. There was no documentation on the Medication Administration Record (MAR) that Milk of Magnesia was administered on 2/3/15.</p> | B 102 | <p>This is an example of what a citation will look like based on the OAR that is cited. It will be specific to an individual and the OAR violation</p> | |
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This entire column will be blank. This space is where you will write your plan of improvement. You can handwrite, type, scan and print, but the information must be on this report in this column. You must address each example with the following information:

- Action to be taken to correct the rule violation for individual(s) cited;
- Action to be taken to prevent the occurrence for other individuals;
- People responsible to ensure actions are completed;
- Dates when corrective action will be completed;
- How Plan of Improvement issues will be monitored by agency to prevent reoccurrence;