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Health Care Regulation and Quality Improvement Section  
Health Facility Licensing and Certification Program  
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## Nurse Staffing Report

Facility Name: Grande Ronde Hospital

Report Publication Date: August 26, 2022

Report Republication Date: November 2, 2023

**DISCLAIMER:** This report was provided to the hospital administrator and both co-chairs of the hospital-wide nurse staffing committee prior to publication.

On September 1, 2023, a new hospital staffing law ([HB 2697](#)) went into effect. Under HB 2697, OHA no longer has the authority to conduct triennial nurse staffing surveys, require or review Plans of Correction (POCs), or conduct revisit surveys. Because the hospital did not submit an acceptable POC for this survey prior to the new law going into effect, this survey has been closed without a POC.

If you need this information in an alternate format,  
please call our office at (971) 673-0540 or TTY 711.



**Health Care Regulation and Quality Improvement**  
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August 18, 2022

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Grande Ronde Hospital  
900 Sunset Drive  
La Grande, OR 97850

Karen Timm  
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900 Sunset Drive  
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Nurse Staffing Committee Co-Chair  
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900 Sunset Drive  
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RE: Nurse Staffing Survey

Dear Mr. Davis, Ms. Timm, Mr. Leary and Mr. DeVore:

On June 10, 2022 our office completed a nurse staffing survey at your facility. The survey revealed one or more violations of the Oregon Administrative Rules for Nurse Staffing Services.

Enclosed is the Report for that visit. You must complete the Plan of Correction and return it to our office within **thirty (30) business days** of your receipt of this letter. Please submit the Plan of Correction to mailbox.nursestaffing@odhsoha.oregon.gov or submit it by regular mail to the address above. **The hospital administrator's signature and the date signed must be recorded on the report cover sheet and submitted with the Plan of Correction.** Please keep a copy of the Plan of Correction for your files.

The Plan of Correction must include the following information for each deficiency cited:

1. A detailed description of how the hospital plans to correct the specific deficiency identified;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. A timeline or date by which the hospital expects to implement the corrective actions;
4. The description of monitoring procedure(s) that the hospital will perform to prevent a recurrence of the specific deficiency identified; and
5. The title of the person who will be responsible for implementing the corrective actions described.

A Plan of Correction Guidance document is also enclosed for your convenience.

The hospital may indicate disagreement with the report in the Plan of Correction. Regardless of disagreement, the hospital must submit a plan to correct the deficiency as identified in the report. As noted in Oregon Administrative Rule 333-501-0025(2), the OHA does not treat the signed Plan of Correction as an admission of the violations alleged in the report.

To set up a conference call to discuss any questions or concerns regarding the report or the Plan of Corrections, please contact our office at [mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov).

Sincerely,

Nurse Staffing Survey Team  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

Enclosures:      Nurse Staffing Report Cover Sheet  
                     Nurse Staffing Report  
                     Plan of Correction Guidance Document

***If you need this material in an alternate format, please call  
(971)673-0540 or TTY 711***

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14-0728</b>	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE <b>GRANDE RONDE HOSPITAL</b> <b>900 SUNSET DRIVE</b> <b>LA GRANDE, OR 97850</b>	(X3) DATE SURVEY COMPLETED  <b>06/10/2022</b>
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E 000 Initial Comments

This report reflects the findings of a full nurse staffing survey that was initiated on 05/31/2022 and concluded on 06/10/2022.

The hospital was evaluated for compliance with the Oregon Administrative Rules for hospital Nursing Services Staffing set forth in OAR Chapter 333, Division 510. The deficiencies identified during the survey follow in this report.

The survey also included a revisit survey of the full nurse staffing survey that was initiated on 10/03/2017 and concluded on 10/13/2017. The deficiencies identified during the revisit of the 2017 full nurse staffing survey are incorporated into this report.

Each deficiency ("tag") listed in the report includes rule text, the deficient practice statement, and survey findings. The tag begins with the Oregon Administrative Rule text and includes the statutory authority for the rule. The deficient practice statement always begins with the statement "This Rule is not met as evidenced by" and explains how the hospital practices failed to meet the rule requirements. The findings begin with the statement "Findings Include:" and provide specific examples of the deficiency based on surveyor observations, interviews, and record reviews.

For each tag cited in the Nurse Staffing Report, the hospital must write a detailed description of how the hospital plans to correct the deficiency identified in the deficient practice statement. The facility must address the deficiency at a hospital-wide level and not only for the units or specialties with findings listed in the report. When the facility addresses the deficiency in its Plan of Correction, it must also address:

1. Corrective Action: A detailed description of how the hospital plans to correct the specific deficiency identified.
2. Implementation: The procedure(s) for implementing the plan for the specific deficiency.
3. Implementation Date: A timeline or date by which the hospital expects to implement the corrective actions. By statute, the hospital must implement its Plan of Correction no later than 45 days after OHA approves the facility's Plan of Correction.
4. Monitoring: The description of the monitoring procedure(s) that the hospital will perform to prevent recurrence of the specific deficiency identified. The hospital must monitor at least quarterly to ensure compliance.
5. Responsible Party: The title of the person who will be responsible for implementing the corrective action described. The hospital should only list one or two individuals as the responsible party. The listed responsible party is responsible for ensuring implementation of the corrective actions listed in the Plan of Correction and is permitted to delegate some work.

The hospital may involve the nurse staffing committee to assist in finding and implementing solutions to the deficiencies. It is ultimately the responsibility of the hospital to ensure that the Plan of Correction is written, implemented, and that the hospital returns to compliance. Plans of Correction can be submitted as a Word document, Excel spreadsheet, Adobe PDF, or other format as desired by the hospital. OHA hosts conference calls with hospitals to discuss areas of concern regarding the report or formulating a Plan of Correction. Conference calls should include those who will draft the Plan of Correction; Staffing Committee Co-Chairs and the CNO may also benefit from participating. To request a conference call, email [mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov).

The following abbreviations, acronyms and definitions may be used:

3M - A manufacturing company  
 ACNO - Assistant Chief Nursing Officer  
 Cardiology - Cardiology Clinic, an outpatient clinic operating under the hospital license  
 CNA - Certified nursing assistant  
 CNO - Chief Nursing Officer  
 DC - Direct care  
 Dermatology - Dermatology Clinic, an outpatient clinic operating under the hospital license  
 ENT - Ears, Nose and Throat Clinic, an outpatient clinic operating under the hospital license  
 FBC - Family Birthing Center  
 General Surgery - General Surgery Clinic, an outpatient clinic operating under the hospital license  
 Hematology/Oncology - Hematology/Oncology Clinic, an outpatient clinic operating under the hospital license  
 HNRP - Hospital nurse staffing plan  
 HR - Human Resources  
 INM - Interim nurse manager  
 IV - intravenous  
 L&D - Labor and delivery  
 LPN - Licensed practical nurse  
 Neurology - Neurology Clinic, an outpatient clinic operating under the hospital license  
 NICU - Neonatal Intensive Care Unit  
 NM - Nurse manager  
 NSC - Nurse staffing committee  
 NSM - Nursing staff member  
 NSP - Nurse staffing plan  
 OAR - Oregon Administrative Rule

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OHA - Oregon Health Authority  
OPIC - Outpatient Infusion Clinic  
OPWC - Outpatient Wound Clinic  
OR/PACU - Operating Room/Post Anesthesia Care Unit  
Orthopedics/Sports Medicine - Orthopedics/Sports Medicine Clinic, an outpatient clinic operating under the hospital license  
RN - Registered nurse  
Urology - Urology Clinic, an outpatient clinic operating under the hospital license

E 602 Anti-Retaliation Notice

(2) A hospital shall also post an anti-retaliation notice on the premises that:  
(a) Summarizes the provisions of ORS 441.181, 441.183, 441.184 and 441.192;  
(b) Is clearly visible; and  
(c) Is posted where notices to employees and applicants for employment are customarily displayed.  
Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 & 441.185  
Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185

(OAR 333-510-0045(2))

This Rule is not met as evidenced by:

Based on observation and interviews, it was determined the hospital failed to ensure it posted the anti-retaliation notice in places where applicants for employment would be likely to view and read it.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0045(2). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital failed to ensure it posted the anti-retaliation notice in places where employees and applicants for employment would be likely to view and read it.
2. During tour of OPIC on 06/01/2022 beginning at 1125, staff revealed that they did not know where the NS anti-retaliation notice was posted so that applicants for employment would have an opportunity to view it.
3. During tour of FBC on 06/01/2022 beginning at 1210, staff revealed that they did not know where the NS anti-retaliation notice was posted so that applicants for employment would have an opportunity to view it.
4. During interview with ACNO on 06/02/2022 beginning at 1250, he/she could not locate the anti-retaliation notice for job applicants online. ACNO confirmed that applicants could only apply for positions online and that the hospital's online applications documents did not include the NS anti-retaliation notice.

E 604 Nurse Staffing Documentation

- (3) A hospital shall keep and maintain all records necessary to demonstrate compliance with ORS 441.152 to 441.177. These records shall:
- (a) Be maintained for no fewer than three years;
  - (b) Be promptly provided to the Authority upon request; and
  - (c) Include, at minimum:
    - (A) The staffing plan;
    - (B) The hospital nurse staffing committee charter;
    - (C) Staffing committee meeting minutes;
    - (D) Documentation showing how all members of the staffing committee were selected;
    - (E) All complaints filed with the staffing committee;
    - (F) Personnel files for all nursing staff positions that include, at minimum, job descriptions, required licensure and specialized qualifications and competencies required for the individual's assigned nurse specialty or unit;
    - (G) Documentation showing work schedules for nursing staff in each hospital nurse specialty or unit;
    - (H) Documentation showing actual hours worked by all nursing staff;
    - (I) Documentation showing all work schedule variances that resulted in the use of replacement nursing staff;
    - (J) Documentation showing how many on-call hours, if any, required nursing staff to be on the hospital premises;
    - (K) Documentation showing how many required meeting, education and training hours, if any, were required of nursing staff;
    - (L) The hospital's mandatory overtime policy and procedure;
    - (M) Documentation showing how many, if any, overtime hours were worked by nursing staff;
    - (N) Documentation of all waiver requests, if any, submitted to the Authority;
    - (O) Documentation showing how many, if any, additional hours were worked due to emergency circumstances and the nature of those

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circumstances;  
(P) The list of on-call nursing staff used to obtain replacement nursing staff;  
(Q) Documentation showing how and when the hospital updates its list of on-call staff used to obtain replacement nursing staff and how the hospital determines eligibility to remain on the list;  
(R) Documentation showing the hospital's procedures for obtaining replacement nursing staff, including efforts made to obtain replacement staff;  
(S) Documentation showing the hospital's actual efforts to seek replacement staff when needed;  
(T) Documentation showing each actual instance in which the hospital implemented the policy described in OAR 333-510-0110(2)(g) to initiate limitations on admission or diversion of patients to another hospital; and  
(U) All staffing committee reports filed with the hospital administration following a review of the staffing plan.  
Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 & 441.185  
Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185

(OAR 333-510-0045(3))

This Rule is not met as evidenced by:

Based on interview and review of HNSP Unit Questionnaires and unit NSPs for 2 of 2 units (OPIC and FBC) and documentation of 5 of 5 NSM personnel records (NSMs 1, 6, 7, 8 and 10), it was determined the hospital failed to maintain documentation showing the specialized qualifications and competencies for NSMs as required by subsection (c)(F).

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0045(3))  
OHA previously cited the hospital for noncompliance with this requirement in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital failed to maintain documentation showing:

- \* How all members of the NSC were selected as required by subsection (c)(D); and
- \* The specialized qualifications and competencies for NSMs as required by subsection (c)(F).

2. Review of OPIC HNSP Unit Questionnaire, completed and signed by OPIC DC Unit Representative and OPIC INM on 06/01/2022, reflected the following qualifications, competencies, and trainings were required for OPIC RNs:

- \* A competency checklist, titled "Annual Competency ... Ambulatory Center RN," which included 112 skills to be evaluated.
- \* A competency checklist, titled "Annual Competency ... Oncology Outpatient Clinic RN," which included 130 skills to be evaluated.
- \* A checklist titled "Infusion Department Nurse Competencies ... Skills Validation," which included 57 skills.
- \* A checklist titled "3M Curoc Disinfecting Port Protectors Competency Checklist."

3. Review of OPIC NSP, approved by NSC on 02/07/2022, did not include qualifications, competencies, and trainings required for OPIC NSMs, including the checklists listed in Finding 2. There was no documentation provided to reflect these checklists had been reviewed and approved by the NSC as part of OPIC NSP. Refer to Tag E630, which reflects OPIC NSP did not clearly reflect qualifications, competencies, and trainings required for OPIC NSMs.

4. Review of personnel records for OPIC RN NSM 3, hired "November 2020," lacked documentation of the following qualifications, competencies, and trainings:

- \* "Annual Competency ... Ambulatory Infusion Center RN" lacked documentation of completion date, but reflected it was for "orientation 11/19/20 - 12/10/20 - Specific to Basic Infusion." Of the 112 skills, all but two had been identified as "Can Perform Skill Independently." There was no documentation provided for how these skills were validated or who had validated them.
- \* "Annual Competency ... Oncology Outpatient Clinic RN" was completed on 01/07/2021. Of the 130 skills, all but 20 had been identified as "Can Perform Skill Independently." There was no documentation provided for how these skills were validated or who had validated them.
- \* "Infusion Department Nurse Competencies ... Skills Validation" was completed on 04/13/2022. It reflected that 46 skills had been evaluated by "Direct Observation" on 04/13/2022 and 10 skills had been evaluated by "Verbal Response" on 04/13/2022. It was not clear how 57 skills were demonstrated and evaluated in one shift.

5. During interview with OPIC INM on 06/01/2022 beginning at 1510, he/she confirmed Findings 2 - 3 and stated that the hospital had recently hired a "clinical educator for nursing" to organize NSM onboarding an annual education plans for all nursing units.

6. Revisit Survey: Review of FBC HNSP Unit Questionnaire, completed and signed by FBC DC Unit Representative and FBC NM on 06/01/2022, reflected the following qualifications, competencies, and trainings were required for FBC RNs:

- \* A competency checklist, titled "Labor and Delivery Orientation Checklist," which included 85 skills. It included the following columns for each skill: "Discussed Resources Provided," "Competency Met - Policy Reviewed - Direct Observation," and "Initials/Date."
- \* A competency checklist, titled "Post-Partum Nursing Care Mother/Baby Orientation Checklist," which contained several skills to be evaluated.

7. Revisit Survey: Review of FBC NSP, approved by NSC on 02/07/2022, reflected the following related to required qualifications, competencies, and trainings for FBC NSMs: "L&D Primary RN: Responsible to laboring patients, postpartum, nursery, NICU and triage - Second RN: RN-responsibility as second nurse in a delivery, postpartum, nursery and NICU patients. Second nurses who have completed the

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Advanced Fetal Monitoring course may assist with triage patients. - Third RN: Responsible for postpartum and nursery." FBC NSP did not clearly reflect the qualifications, competencies, and trainings required for FBC NSMs, including the checklists referenced in Finding 6. There was no documentation provided to reflect these checklists had been reviewed and approved by the NSC as part of FBC NSP. Refer to Tag E630, which reflects FBC NSP did not clearly reflect qualifications, competencies, and trainings required for FBC NSMs.

8. Revisit Survey: Review of personnel records for FBC RN NSM 6, hired on 01/27/2019, reflected he/she was a "Primary RN." His/her personnel records lacked documentation of all required qualifications, competencies, and trainings required for FBC Primary RNs. For example:  
\* "Labor and Delivery Orientation Checklist," completed on 03/04/2019, reflected that 0 of 85 skills had been evaluated and reviewed. Each of the four pages were blank. In large writing across each of the first three pages was written in large handwriting, "Completed as of 3-4-2019 [Initials]." On the fourth page, there were three signatures, dated 03/04/2019, under the statement: "By signing this document you are stating competency in tasks listed above." The competency documentation for each of the 85 skills was blank and it was unclear how and when the competency had been determined and by whom.  
\* "Post-Partum Nursing Care Mother/Baby Orientation Checklist," was incomplete and reflected that several skills had not been evaluated, including: "Set Up Delivery Cart," "Open C-Section room in event of stat c-section," and "Maternal/Neonatal Code Cart." The checklist was signed as complete by three individuals on 03/22/2019 and 04/15/2019.

9. Revisit Survey: Review of personnel records for FBC RN NSM 7, hired on 08/05/2019, reflected he/she was a "Second RN." His/her personnel records lacked documentation of all required qualifications, competencies, and trainings required for FBC Second RNs. For example:  
\* The personnel records lacked the "Labor and Delivery Orientation Checklist." It did not include any other checklists to reflect that he/she had the qualifications, competencies, and trainings required for FBC Second RNs.  
\* "Post-Partum Nursing Care Mother/Baby Orientation Checklist," reflected that the "Competency Met" column was blank for all 85 skills. There were dates listed for each of the skills, but the dates consisted of only month and day, and it was not clear when these skills were completed. The checklist was signed off as complete by three individuals on 10/05/2020 and 10/08/2020, more than a year after FBC RN NSM 7 had started on the unit.

10. Revisit Survey: Similar findings were identified for FBC RN NSM 8, hired on 07/08/2021 and identified as a "Second RN," and FBC RN NSM 10, hired on 04/20/2020 and identified as a "Primary RN."

11. Revisit Survey: During interview with ACNO and FBC NM on 06/02/2022 beginning at 1020, they confirmed Findings 6 - 10 and stated that the hospital had recently hired a "clinical educator for nursing" to organize NSM onboarding and annual education plans for all nursing units.

E 606 Nurse Staffing Committee (NSC)

(1) Each hospital shall establish and maintain a hospital nurse staffing committee. The staffing committee shall develop a written hospital-wide staffing plan for nursing services in accordance with ORS 441.155 and OAR chapter 333, division 510 rules. In developing the staffing plan, the staffing committee's primary goal shall be to ensure that the hospital is adequately staffed to meet the health care needs of its patients.

Stat. Auth.: ORS 413.042, 441.151 & 441.154  
Stats. Implemented: ORS 441.154

(OAR 333-510-0105(1))

This Rule is not met as evidenced by:

Based on interview and review of NSC charter and NSC meeting minutes, it was determined the hospital failed to ensure the NSC developed a written, hospital-wide NSP that encompassed all specialties and units where the hospital provided nursing services.

\* There was no evidence that the following specialties or units where nursing services were provided were represented on the NSC or incorporated into the NSP: OPIC, OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology, and Hematology/Oncology.

Findings include:

1. Review of hospital policy titled "Grande Ronde Hospital ... Plan for Provision of Patient Care," dated 08/18/2020, reflected RNs, LPNs, and CNAs provided services in the following locations that were not included in the NSP and did not have DC representation on the NSC: OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology, and Hematology/Oncology. Additionally, the policy reflected services were provided by RNs in OPIC, which had a NSP but did not have DC representation on the NSC.

2. Review of hospital policy titled "Patient Care Services Organizational Chart ... Grande Ronde Hospital and Clinics," dated 05/03/2022, reflected RNs, LPNs, and CNAs provided services in the following locations that were not included in the NSP and did not have DC representation on the NSC: OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology, and Hematology/Oncology. Additionally, the policy reflected services were provided by RNs in OPIC, which had a NSP but did not have DC representation on the NSC.



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3. In an interview with ACNO on 06/03/2022 conducted via email, he/she provided the following information regarding the care nurses provided in the outpatient clinics:

\* "In all clinics, the RNs, LPNs (1 total), and CNAs (1 total) perform [these duties] ... rooming patients, vital signs, admission questioning, and helping the provider perform procedures including positioning. The RNs have expanded duties including performing documenting a nursing assessment administering medications, and performing laboratory tests."

\* There was one RN assigned to Dermatology.

\* There were three RNs assigned to Neurology.

\* There were five RNs who were "shared between ENT, Urology, and General Surgery."

\* There were five RNs assigned to Orthopedics/Sports Medicine.

\* There were three RNs assigned to Cardiology.

\* There was one RN to Hematology/Oncology.

4. Review of NSC roster, dated 05/27/2022, reflected the NSC did not encompass all specialties and units where the hospital provided nursing services. There was no DC representative for the following units: OPIC, OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology and Hematology/Oncology.

5. Review of NSC meeting minutes for the past 14 months reflected that the NSC did not review the following specialties or units to determine whether they required a NSP and DC representation on the NSC: OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology and Hematology/Oncology.

6. During interview with NSC DC Co-Chair and NSC NM Co-Chair on 05/31/2022 beginning at 1420, they stated nurses provided patient care services in the hospital's outpatient clinics.

E 608 NSC Meeting Frequency

(2) The staffing committee shall meet:

(a) At least once every three months; and

(b) At any time and place specified by either co-chair of the staffing committee.

Stat. Auth.: ORS 413.042, 441.151 & 441.154

Stats. Implemented: ORS 441.154

(OAR 333-510-0105(2))

This Rule is not met as evidenced by:

Based on interview and review of NSC meeting minutes, it was determined that the hospital failed to ensure the NSC met at least once every three months.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0105(2).

OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital failed to ensure the NSC met at least once every three months.

2. Review of NSC meeting minutes for the past 14 months reflected NSC had not been conducted at least once every three months. A meeting occurred by 07/19/2021, followed by a meeting six months later on 01/17/2022.

E 612 NSC Composition

(4) The staffing committee shall be comprised of an equal number of hospital nurse managers and direct care staff. Direct care staff members shall be selected as follows:

(a) The staffing committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit as the specialty or unit is defined by the hospital to represent that specialty or unit;

Stat. Auth.: ORS 413.042, 441.151 & 441.154

Stats. Implemented: ORS 441.154

(OAR 333-510-0105(4)(a))

This Rule is not met as evidenced by:

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Based on interview and review of NSC charter and NSC roster, it was determined the hospital failed to ensure that the NSC was clearly comprised of equal numbers of nurse managers and direct care staff that represented all specialties/units where nursing services were provided.

- \* The NSC was not clearly comprised of equal numbers of hospital NMs and direct care staff; and
- \* The NSC did not include at least one direct care nurse from each hospital nurse specialty or unit.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0105(4)(a). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital failed to ensure the NSC was clearly comprised of equal numbers of nurse managers and direct care staff that represented all specialties/units where nursing services were provided:

- \* The NSC was not clearly comprised of equal numbers of hospital nurse managers and direct care staff; and
- \* The NSC included staff from a separately licensed facility.

2. Review of NSC Charter, dated 05/27/2022, reflected "The nursing units of the facility are designated by the hospital. Those units ... are: Emergency Services, Family Birthing Center, Medical/Surgical, Intensive Care, SurgiCenter, and OR/PACU." The charter did not include outpatient clinics, including OPIC, OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology, and Hematology/Oncology.

Additionally, NSC did not clearly reflect the NSC was comprised of an equal number of DC NSMs that represented all specialties/units and NM members. For example, it included only "The Committee will equally split between hospital nurse managers and direct care staff."

3. Review of NSC Roster, dated 05/27/2022, reflected an unequal number of DC and NM members:

- \* It reflected the NSC was comprised of eight DC members and nine NM members.
- \* The NSC roster did not include a DC Unit Representative from OPIC, which had a NSP.

4. During interview with NSC DC Co-Chair and NSC NM Co-Chair on 05/31/2022 beginning at 1420, they stated nurses provided patient care in the outpatient clinics operated by the hospital.

E 620 NSC Requirements

(6) The staffing committee must develop a written charter that documents the policies and procedures of the staffing committee. At minimum, the charter must include:

- (a) How meetings are scheduled;
- (b) How members are notified of meetings;
- (c) How agendas are determined;
- (d) How input from hospital nurse specialty or unit staff is submitted;
- (e) Who may participate in decision-making;
- (f) How decisions are made; and
- (g) How the staffing committee shall monitor, evaluate and modify the staffing plan over time.

Stat. Auth.: ORS 413.042, 441.151 & 441.154

Stats. Implemented: ORS 441.154

(OAR 333-510-0105(6))

This Rule is not met as evidenced by:

Based on interview and review of NSC charter, it was determined the hospital failed to ensure the NSC had developed and approved a charter that was current, accurate, and included or clearly stipulated the following:

- \* Who may participate in decision-making; and
- \* How decisions were made.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0105(6). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital failed to ensure the NSC had developed and approved a charter that was current, accurate, and included or clearly stipulated the following:

- \* How meetings are scheduled;
- \* How members are notified of meetings;
- \* How agendas were determined;
- \* Who may participate in decision-making;
- \* How decisions were made;

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- \* How input from specialty or unit staff is obtained; and
- \* How the staffing committee shall monitor, evaluate, and modify the staffing plan over time.

2. Review of NSC charter, dated 05/27/2022, reflected it did not include or clearly stipulate who could participate in decision-making nor how decisions were made. It stated:

\* "The nursing units of the facility are designated by the hospital. Those units ... are: Emergency Services, Family Birthing Center, Medical/Surgical, Intensive Care, SurgiCenter, and OR/PACU." The NSC charter did not include DC representatives from OPIC, OPWC, Dermatology, Neurology, ENT, Urology, General Surgery, Orthopedics/Sports Medicine, Cardiology, or Hematology/Oncology. Refer to Tag E606 which reflects the NSC did not evaluate whether these units required a NSP and a DC representative on the NSC.

3. During interview with ACNO and NSC DC Co-Chair and NSC NM Co-Chair on 05/31/2022 at the time of NSC charter review, they confirmed Finding 2.

E 622 NSC Charter

(7) Staffing committee meetings must be conducted as follows:

- (a) A meeting may not be conducted unless a quorum of staffing committee members is present;
- (b) Except as set forth in subsection (c) of this section, a meeting must be open to all hospital nursing staff as observers and to any other individual as either observer or presenter by invitation of either co-chair of the staffing committee;
- (c) Either co-chair of the staffing committee may temporarily exclude all non-members from a meeting during staffing committee deliberations and voting; and
- (d) Each staffing committee decision must be made by majority vote; however, if a quorum consists of an unequal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.

Stat. Auth.: ORS 413.042, 441.151 & 441.154

Stats. Implemented: ORS 441.154

(OAR 333-510-0105(7))

This Rule is not met as evidenced by:

Based on interview and review of NSC charter, NSC roster and NSC meeting minutes, it was determined the hospital failed to ensure that the NSC conducted business in accordance with this rule:

- \* The NSC had not defined a quorum in accordance with these rules and meetings were conducted when a quorum of NSC members was not present.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0105(7).

OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital failed to ensure that the NSC conducted business in accordance with this rule:

- \* There was no assurance that meetings were only conducted when a quorum of NSC members were present; and
- \* There was no assurance that only an equal number of nurse managers and direct care staff had participated in voting.

2. Review of NSC charter, dated 05/27/2022, reflected the following related to how NSC conducted business:

\* As it related to the definition of quorum: "A majority of each of the administrative and of the direct care RN groups and the presence of the co-chairs shall constitute a quorum." According to OAR 333-510-0002(16), a quorum is defined as "... a majority, or one-half plus one, of the staffing committee members are present during a staffing committee meeting." The definition of quorum in the NSC charter was not consistent with OARs.

3. Review of NSC meeting minutes, dated 07/19/2021, reflected that a NSC meeting was held without a quorum of the NSC. It reflected that nine members listed on the NSC roster were present and the meeting was conducted. The NSC at that time was comprised of 17 members. A quorum of 17 members under the rule requirements would be 10 members.

4. Review of NSC meeting minutes, dated 01/17/2022, reflected that a NSC meeting was held without a quorum of the NSC and voting occurred. It reflected that nine members listed on the NSC roster were present and the meeting was conducted. The NSC at that time was comprised of 17 members. A quorum of 17 members under the rule requirements would be 10 members.

5. Review of NSC meeting minutes, dated 04/18/2022, reflected that a NSC meeting was held without a quorum of the NSC. It reflected that eight members listed on the NSC roster were present and the meeting was conducted. The NSC at that time was comprised of 17 members. A quorum of 17 members under the rule requirements would be 10 members.

6. During interview with ACNO and NSC DC Co-Chair and NSC NM Co-Chair on 05/31/2022 at the time of the NSC review, they confirmed Findings 2 through 5.

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E 628 NSP Requirement

(1) Each hospital shall implement a written hospital-wide staffing plan for nursing services that is developed and approved by the hospital nurse staffing committee established in accordance with ORS 441.154 and OAR chapter 333 division 510 rules.  
Stat. Auth.: ORS 413.042 & 441.155  
Stats. Implemented: ORS 441.155

(OAR 333-510-0110(1))

This Rule is not met as evidenced by:

Based on interview and review of unit NSPs for 2 of 2 units (OPIC and FBC), it was determined the hospital failed to implement a hospital-wide NSP developed and approved by the NSC, in accordance with these rules:

- \* NSPs were not fully developed or complete; and
- \* Not all hospital specialties and units were incorporated into the NSP.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(1). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.

2. Refer to NSP findings that reflect that the NSPs the units were working under were not complete or clear.

- \* For Tag E630 refer to findings for OPIC and FBC.
- \* For Tag E632 refer to findings for OPIC and FBC.
- \* For Tag E634 refer to findings for OPIC.
- \* For Tag E638 refer to findings for OPIC.
- \* For Tag E640 refer to findings for OPIC and FBC.
- \* For Tag E642 refer to findings for OPIC and FBC.
- \* For Tag E646 refer to findings for OPIC and FBC.

3. Refer to Tag E606 for findings that the NSC did not evaluate all outpatient specialties/units to determine whether they should be included in the hospital-wide NSP.

4. During OPIC onsite tour on 06/01/2022 beginning at 1125, DC NSM stated that if OPIC needed more RN coverage for patient care than originally scheduled, they would "pull from" Hematology/Oncology. They also stated that Hematology/Oncology NSMs "will cover" for OPIC NSMs during meal and rest breaks.

5. Review of OPIC NSP, approved by NSC on 02/07/2022, did not clearly described the combined operations and shared physical space with Hematology/Oncology.

6. During interview with ACNO, OPIC INM, and FBC NM 06/01/2022 beginning at 1510 and with ACNO and FBC NM on 06/02/2022 beginning at 1400, the following information about OPIC and Hematology/Oncology was provided:

- \* OPIC began providing service on 11/24/2021 and was operated in conjunction with the physically adjacent Hematology/Oncology.
- \* OPIC and Hematology/Oncology were operationally and physically functioning as one unit.
- \* OPIC NSMs 3, 4, and 5 "bounced" or "floated" between OPIC and Hematology/Oncology throughout the workday.
- \* There was no door or wall between OPIC and Hematology/Oncology so staff could easily operate in both areas.
- \* Nursing services provided in Hematology/Oncology included: patient assessment, medication reviews, specimen collection, IV starts, infusion port access, oncology assessment and authorizations for infusion and chemotherapy drugs/agents.

E 630 NSP: Qualifications and Competencies

(2) The staffing plan:

(a) Must be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients;  
Stat. Auth.: ORS 413.042 & 441.155  
Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(a))

This Rule is not met as evidenced by:

Based on review of unit NSPs for 2 of 2 units (OPIC and FBC), it was determined the hospital failed to implement a hospital-wide NSP that

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was developed based on qualifications and competencies needed by the nursing staff for each unit and that provided for the skill mix and level of competency necessary to ensure the patients' needs were met.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(a). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.

2. Review of OPIC HNPS Unit Questionnaire, completed by OPIC DC Unit Representative and OPIC NM on 06/01/2022, reflected that the types of NSMs assigned to OPIC were "Primary Chemotherapy & Immunotherapy Nurse" and "Secondary Infusion Nurse."

3. Review of OPIC NSP, approved by NSC on 02/07/2022, did not clearly reflect qualifications, competencies, and trainings required for OPIC NSMs:

- \* It reflected that numerous types of infusions and injections were performed in OPIC, including: IV antibiotics, blood transfusions, chemotherapy agents, lumbar punctures and "bone marrow aspiration and biopsy without sedation."
- \* It included: "The skill mix and competency of the Infusion staff will provide that nursing care needs are met, thus ensuring patient safety and quality care ... Appropriate staffing includes: A match of RN expertise with the needs of the recipient of nursing care services in the context of the practice setting and situation."

4. Revisit Survey: Review of FBC HNPS Unit Questionnaire, completed and signed by FBC DC Unit Representative and FBC NM on 06/01/2022, reflected the types of NSMs assigned to FBC were "Primary labor and delivery Nurse," "Second' labor and delivery Nurse," "Third' postpartum Nurse," and "Lactation Nurse."

5. Revisit Survey: Review of FBC NSP, approved by NSC on 02/07/2022, did not clearly reflect the qualifications, competencies and trainings required for FBC NSMs. For example:

- \* "L&D Primary RN: Responsible for laboring patients, postpartum, nursery, NICU and triage. -Second RN: RN-responsibility as second nurse in a delivery, postpartum, nursery and NICU patients. Second nurses who have completed the Advanced Fetal Monitoring course may assist with triage patients. -Third RN: Responsible for postpartum and nursery."
- \* "Level of care: Primary patient care is provided by RNs in conjunction with ancillary services. LPNs trained in postpartum and nursery are utilized as third person. CNAs may be utilized as third person as support for the RN during high census times."
- \* "FBC specific competencies will be completed, signed and stored in the HR department. See FBC Orientation Checklist to [sic] First, and FBC Second & Third Orientation checklist."
- \* "All FBC staff will complete general hospital, general nursing and specific FBC orientation. See above orientation checklists."

FBC NSP did not clearly describe the qualifications, competencies and trainings required for FBC NSMs. It did not clearly delineate the roles and associated qualifications, competencies and trainings for the "Primary RN," "Second RN," and "Third RN," nor did it describe the required qualifications, competencies and trainings for LPNs and CNAs who were assigned to FBC. It was not clear whether "CNAs may be utilized as third person" meant CNAs acted in lieu of "Third RN," nor how CNAs met the qualifications, competencies, and trainings required for "Third RN." Additionally, it did not reflect whether the orientation checklists had been reviewed and approved by the NSC as part of FBC NSP.

E 632 NSP: ADT

(2) The staffing plan:

(b) Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(b))

This Rule is not met as evidenced by:

Based on review of unit NSPs for 2 of 2 units (OPIC and FBC), it was determined the hospital failed to implement a hospital-wide NSP that was developed based on measures of unit activity that quantified the rate of admissions, discharges and transfers for each unit and the time required for a direct care RN to complete these tasks.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(b). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.

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2. Review of OPIC HNRP Unit Questionnaire, completed and signed by OPIC DC Unit Representative and OPIC NM on 06/01/2022, reflected the response to the question "The Nurse Staffing Plan quantifies time for direct care nurses to complete admissions, discharges, and transfers for the unit," was "Yes." It reflected, "Unique [sic] day to day encounter #'s Scheduled acuity reviewed weekly to daily for up dates [sic] & scheduled up dated [sic] as necessary."

3. Review of OPIC NSP, approved by NSC on 02/07/2022, did not quantify the rate of admissions, discharges and transfers, nor the time required for an OPIC RN to complete those tasks.

4. Review of FBC HNRP Unit Questionnaire, completed and signed by FBC DC Unit Representative and FBC NM on 06/01/2022, reflected the response to the question "The Nurse Staffing Plan quantifies time for direct care nurses to complete admissions, discharges and transfers for the unit," was "Yes." Additionally, it reflected the source for the rate of admissions, discharges, and transfers and the time required for a DC RN to complete those tasks, was "Acuity sheets."

5. Revisit Survey: Review of FBC NSP, approved by NSC on 02/07/2022, did not quantify the rate of admissions, discharges and transfers, nor the time required for a FBC RN to complete those tasks.

E 634 NSP: Total Diagnoses

(2) The staffing plan:

(c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(c))

This Rule is not met as evidenced by:

Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 1 of 2 units (OPIC), it was determined that the hospital failed to ensure the staffing plan was based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(c).

OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.

2. Review of OPIC HNRP Unit Questionnaire, completed and signed by OPIC DC Unit Representative and OPIC NM on 06/01/2022, reflected the response to the question "...State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined," was: "Please see Infusion Center Staffing Policy. Treatment offered for neurological, psychological, anti-infective [sic], hematology disorders, oncologic, procedural observations, rheumatology, as examples."

3. Review of OPIC NSP, approved by NSC on 02/07/2022, reflected that numerous types of infusions and injections were performed in the unit, including: IV antibiotics, blood transfusions, chemotherapy agents, lumbar punctures and "bone marrow aspiration and biopsy without sedation." However, OPIC NSP did not reflect the total diagnoses in OPIC and the nursing staff required to manage those diagnoses.

4. During interview with ACNO and OPIC INM on 06/01/2022 beginning at 1510, they confirmed Finding 3.

E 638 NSP: Patient Acuity & Nursing Care Intensity

(2) The staffing plan:

(e) Must recognize differences in patient acuity and nursing care intensity;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(e))

This Rule is not met as evidenced by:

Based on interview and review of unit NSPs for 1 of 2 units (OPIC), it was determined that the hospital failed to implement a hospital-wide NSP that was developed to recognize for each unit differences in patient acuity and nursing care intensity.

Findings include:

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1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(e). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.
2. Review of OPIC HNPS Unit Questionnaire, completed and signed by OPIC DC Unit Representative and OPIC INM on 06/01/2022, reflected OPIC used a tool to assess acuity and nursing care intensity for individual patients. However, the responses to additional questions about how the tool was used reflected only: "Nurse manager & scheduler for infusions. Discussions & training offered to all. Open communication & welcoming of questions." It was not clear from OPIC HNPS Unit Questionnaire whether OPIC NSP had a clear system for how patient acuity and nursing care intensity was evaluated, calculated and determined for individual patients.
3. Review of OPIC NSP, approved by NSC on 02/07/2022, reflected the following related to patient acuity and nursing care intensity: "Infusion center patient acuity and staffing is monitored daily using the Ambulatory Intensity System (AIS) specifically designed for ambulatory infusion/chemotherapy treatment centers or radiation therapy treatment centers ... Each infusion nurse is scheduled for approximately 15 hours of infusion each day and will maintain an AIS acuity of 10 points, in general, at any given time throughout the day ... Adjustments to staffing when patient acuity or intensity changes is managed by the infusion manger [sic] ... Intensity will be assigned at the time of scheduling by the Infusion Coordinator who works directly with infusion nurses. AIS scores are reviewed weekly by nurse manager to ensure acuity is matched with appropriate staffing." OPIC NSP lacked a clear system for how patient acuity and nursing care intensity was evaluated, calculated and determined over time.
4. During interview with ACNO and OPIC INM on 06/01/2022 beginning at 1510, they confirmed Finding 3.

E 640 NSP: Minimum Numbers on Specified Shifts

- (2) The staffing plan:
  - (f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts ...  
Stat. Auth.: ORS 413.042 & 441.155  
Stats. Implemented: ORS 441.155
- (OAR 333-510-0110(2)(f))
- This Rule is not met as evidenced by:
- Based on interview and review of unit NSPs for 2 of 2 units (OPIC and FBC), it was determined that the hospital failed to implement a hospital-wide NSP that established minimum numbers of nursing staff required on specified shifts.
- Findings include:
  1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(f). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.
  2. Review of OPIC HNPS Unit Questionnaire, completed and signed by OPIC DC Unit Representative and OPIC INM on 06/01/2022, reflected OPIC NSP included minimum numbers of NSMs on specified shifts.
  3. During OPIC onsite tour on 06/01/2022 beginning at 1125, OPIC DC RN stated there were "nine chairs" in OPIC. He/she did not know what the minimum numbers of NSMs would be if there were nine patients in the unit and stated they would "pull from" the attached Hematology/Oncology clinic if needed.
  4. Review of OPIC NSP, approved by NSC on 02/07/2022, lacked minimum numbers of OPIC NSMs on specified shifts.
  5. During interview with ACNO and OPIC INM on 06/01/2022 beginning at 1510, they confirmed Finding 4.
  6. Revisit Survey: Review of FBC HNPS Unit Questionnaire, completed and signed by FBC DC Unit Representative and FBC NM on 06/01/2022, reflected FBC NSP included minimum numbers of FBC NSMs. It further specified that "minimal staffing is one primary RN and one second RN." FBC HNPS Unit Questionnaire did not reflect for how many patients that was "minimal staffing."
  7. Revisit Survey: During FBC onsite tour, FBC DC RN stated that if there were one patient in labor, one post-partum patient and one newborn in the unit at the same time, the minimum numbers of NSMs would be two RNs. It was not clear what the minimum number of NSMs would be if there were more patients on the unit.
  8. Revisit Survey: Review of FBC NSP, approved by NSC on 02/07/2022, reflected the following related to minimum numbers of FBC NSMs on specified shifts:  
\* "Staffing will be sufficient at all times to meet the needs of patients in the FBC. This will provide 24-hour coverage with qualified Labor

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and Delivery (L&D) nurses ..."

\* "Minimum of two nurses scheduled per shift ... -L&D Primary RN: Responsible to laboring patients, postpartum, nursery, NICU and triage.

- Second RN: RN-responsibility as second nurse in a delivery, postpartum, nursery and NICU patients. Second nurses who have completed the Advanced Fetal Monitoring course may assist with triage patients. -Third RN: Responsible for postpartum and nursery."

\* "Staffing Adjustments: ... Three times each 12 hour shift patients are classified by acuity level and FBC staffing accordingly. See FBC Staffing Guidelines."

\* "Level of Care: Primary patient care is provided by RNs in conjunction with ancillary services. LPNs trained in postpartum and nursery are utilized as third person. CNAs may be utilized as third person as support for the RN during high census times."

FBC NSP did not clearly identify the minimum numbers of FBC NSMs on specified shifts. Although FBC NSP reflected a "minimum of two nurses scheduled per shift," it did not clearly reflect how many RNs were required on specified shifts and whether FBC required different numbers of "Primary RN," "Secondary RN," and "Third RN," when there were more patients on the unit. It was also not clear when FBC required a CNA or LPN, nor how many CNAs and LPNs would be required on specified shifts.

9. Revisit Survey: During interview with ACNO and FBC NM on 06/02/2022 beginning at 1020, they confirmed Finding 8 and acknowledged that FBC NSP did not establish minimum numbers of FBC NSMs required on the unit for specified shifts.

E 642 NSP: Minimum In the Unit

(2) The staffing plan:

(f) Must [provide] ... that no fewer than one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(f))

This Rule is not met as evidenced by:

Based on interview and review of unit NSPs for 2 of 2 units (OPIC and FBC), it was determined that the hospital failed to implement a hospital-wide NSP that established at least one RN and one other NSM would be on duty in a unit when a patient was present.

Findings include:

1. Review of OPIC NSP, approved by NSC on 02/07/2022, reflected it did not establish a minimum of one RN and one other NSM on duty in OPIC when one patient was present.

2. During interview with ACNO and OPIC INM on 06/01/2022 beginning at 1500, they confirmed Finding 1.

3. Revisit Survey: Review of FBC NSP, approved by NSC on 02/07/2022, reflected the following related to minimum numbers of NSMs on duty in a unit when a patient was present:

\* "Minimum of two nurses scheduled per shift... -L&D Primary RN: Responsible to laboring patients, postpartum, nursery, NICU and triage. - Second RN: RN-responsibility as second nurse in a delivery, postpartum, nursery, and NICU patients. Second nurses who have completed the Advanced Fetal Monitoring course may assist with triage patients. -Third RN: Responsible for postpartum and nursery."

Although FBC NSP established a "minimum of two nurses scheduled per shift," it did not clearly establish that a minimum of one RN and one other NSM would be on duty in the unit when a patient was present.

E 646 NSP: Tasks Unrelated to Providing Direct Care

(2) The staffing plan:

(h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(h))

This Rule is not met as evidenced by:

Based on interview and review of unit NSPs for 2 of 2 units (OPIC and FBC) and timekeeping records for 2 of 10 NSMs (NSMs 2 and 10), it was determined the hospital failed to implement a hospital-wide NSP that was developed to consider for each unit meal breaks, rest breaks, and other tasks not related to direct patient care and that NSMs received breaks as required. The NSP did not provide for additional NSMs to maintain the minimum staffing required in the NSP during these tasks, creating the possibility that the units did not meet minimum staffing required for the duration of tasks not related to direct patient care.



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Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(h). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected noncompliance in FBC and OR/PACU units.
2. During OPIC onsite tour, OPIC DC RN stated that rest breaks were not scheduled and that OPIC NSMs took rest breaks when they were able to. He/she did not know if OPIC maintained minimum numbers of NSMs required in OPIC NSP during breaks.
3. Review of OPIC NSP, approved by NSC on 02/07/2022, reflected the following related to meal and rest breaks: "Breaks are provided by infusion center staff, if needed for high acuity day, unit manager will assist with break coverage." OPIC NSP did not clearly reflect how meal and rest breaks were covered and did not clearly ensure NSMs received breaks as required. Additionally, OPIC NSP provided no assurance that minimum numbers of NSMs were met during meal and rest breaks.
4. Review of timekeeping records revealed 1 of 5 OPIC NSMs (NSM 2), lacked documentation that OPIC NSMs received all meal and rest breaks as required. For example:  
\* Timekeeping records for OPIC NSM reflected that a meal break was not received on 04/25/2022.
5. Revisit Survey: During FBC onsite tour, FBC DC RN stated that FBC NSMs cover each others' patients during breaks. He/she stated that there were occasions in the last six months when only one RN was on FBC when a patient was present because other FBC NSM(s) were on break.
6. Revisit Survey: Review of FBC NSP, approved by NSC on 02/07/2022, reflected the following related to meal and rest breaks: "Nurses will be provided three 15 minute breaks and one 30 minute break during a 12 hour shift. They will be relieved by a competent nurse ..." FBC did not clearly reflect how meal and rest breaks were covered and did not clearly ensure NSMs received breaks as required. Additionally, FBC NSP did not ensure minimum numbers of staff during meal and rest breaks.
7. Revisit Survey: Review of timekeeping records revealed 1 of 5 FBC NSMs (NSM 10), lacked documentation that FBC NSMs received all meal and rest breaks as required. For example:  
\* Timekeeping records for FBC NSM 10 reflected that a meal break was not received on 04/18/2022.
8. Revisit Survey: During interview with ACNO and FBC NM on 06/02/2022 beginning at 1020, FBC NM stated that there were "challenges" providing meal and rest breaks for NSMs while maintaining minimum numbers of NSMs on the unit.
9. In NSM interviews completed between 05/24/2022 and 06/07/2022, 10 of 24 respondents indicated that the unit is short staffed when a NSM is on a meal or rest break, that the unit uses a buddy system to cover for NSMs on meal or rest breaks, or they do not know whether the unit has the required staffing when NSMs are on meal or rest breaks.
10. In NSM interviews completed between 05/24/2022 and 06/07/2022, 12 of 24 respondents indicated that in the past year they experienced one or more shifts in which they missed meal and or/rest breaks because there was not sufficient staff to cover that time.

E 670 NSM Overtime Policy

- (8) Each hospital must have a policy and procedure in place to ensure, at minimum, that:
- (a) Mandatory overtime, when required, is documented in writing; and
  - (b) Mandatory overtime policies and procedures are clearly written, provided to all new nursing staff and readily available to all nursing staff.
- Statutory/Other Authority: ORS 413.042, 441.166 & 441.168  
Statutes/Other Implemented: ORS 441.166 & 441.168

(OAR 333-510-0130(8))

This Rule is not met as evidenced by:

Based on observation and interview, it was determined the hospital failed to develop a written policy for MOT that was provided to all new nursing staff and readily available to all nursing staff.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0130(8). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 10/03/2017. The previous citation reflected the hospital had failed to develop a written policy for MOT that ensured:  
\* Mandatory overtime is documented in writing as required by subsection (8)(a); and  
\* Mandatory overtime policies are clearly written (8)(b).
2. During OPIC onsite tour on 06/01/2022 beginning at 1125, OPIC NSMs indicated that they did not know where to locate the hospital's

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14-0728</b>	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE <b>GRANDE RONDE HOSPITAL</b> <b>900 SUNSET DRIVE</b> <b>LA GRANDE, OR 97850</b>	X3) DATE SURVEY COMPLETED  <b>06/10/2022</b>
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written Nurse Staffing Mandatory Overtime policy. The policy was not readily available to all nursing staff.

3. During FBC onsite tour on 06/01/2022 beginning at 1210, FBC NSMs indicated that they did not know where to locate the hospital's written Nurse Staffing Mandatory Overtime policy. The policy was not readily available to all nursing staff.

4. In NSM interviews completed between 05/24/2022 and 06/07/2022, 7 of 24 respondents indicated that they did not know where the hospital's mandatory overtime policy was available.