PUBLIC HEALTH DIVISION, Center for Health Protection Health Care Regulation and Quality Improvement Section Health Facility Licensing and Certification Program

Tina Kotek, Governor



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# Nurse Staffing Report

Facility Name: Legacy Good Samaritan Medical Center Report Publication Date: March 30, 2023 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 (<u>HB 2697</u>) 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

800 NE Oregon Street, Suite 465 Portland, Oregon 97232 971-673-0540 971-673-0556 (Fax)

March 27, 2023

Kevin O'Boyle Hospital Administrator Legacy Good Samaritan Medical Center 1015 NW 22nd Avenue, W121 Portland, OR 97210

Kitty Rogers Chief Nursing Officer Legacy Good Samaritan Medical Center 1015 NW 22nd Avenue, W121 Portland, OR 97210

Jeff Goerner Nurse Staffing Committee Co-Chair Legacy Good Samaritan Medical Center 1015 NW 22nd Avenue, W121 Portland, OR 97210

Kristin Beck Nurse Staffing Committee Co-Chair Legacy Good Samaritan Medical Center 1015 NW 22nd Avenue, W121 Portland, OR 97210

RE: Nurse Staffing Survey

Dear Mr. O'Boyle, Ms. Rogers, Mr. Goerner and Ms. Beck:

On December 15, 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 <u>thirty (30) business days</u> 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.

Please note that due to the number of findings for some tags, our office was required to prepare the report in the format used for Cycle 1. The content of the report is not impacted by this format change. The hospital is still welcome to complete the Plan of Correction on a separate Word document Adobe PDF, Excel spreadsheet or other format, as desired by the hospital. Additionally, the hospital administrator is still required to complete the report cover sheet included with the report.

The Plan of Correction must include the following information for <u>each</u> 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.

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

#### Health Care Regulation and Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 000 Initial Comments E 000 This report reflects the findings of a full nurse staffing survey that was initiated on 12/05/2022 and concluded on 12/15/2022. 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 of the full nurse staffing survey that was initiated on 04/30/2018 and concluded on 05/10/2018. The deficiencies identified during the revisit 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: STATE OF OREGON

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Obstetric and Neonatal Nurses         BLS - Basic Life Support         BSN - Bachelor's of Science in Nursing         CAUTI - Catheter-associated urinary tract         infection         CCU - Cancer Care Unit         CHT - Certified hospital technician         CL - Catheterization Laboratory         CN - Charge Nurse         CNA - Certified nursing assistant         CNA - Certified nursing assistant, acute care         CNE - Clinical Nurse Educator         CNN - Charge Registered Nurse         CVL - Cardiovascular Laboratory         DC - Direct care         DO - Direct cobservation         DPCS - Director of Patient Care Services         ED - Emergency Department         EKG - Flexitocardiogram         FBC - Family Birth Center         FY - Fiscal year         GNO - General Nursing Orientation         GS - Good Samaritan         HNSC - Hospital Nurse Staffing Committee         HNSP - Hospital Nurse Staffing Plan         ICD - International Classification of Diseases         IUE - Intermitional Classification of Diseases		ANM - Assistant nu	irse manager				
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BSN - Bachelor's of Ścience in Nursing         CAUTI - Catheter-associated urinary tract         infection         CCU - Cancer Care Unit         CHT - Certified hospital technician         CL - Catheterization Laboratory         CNA - Certified nursing assistant         CNA2 - Certified nursing assistant, acute care         CNA - Certified nursing assistant, acute care         CNA - Certified nursing officer         CRN - Charge Registered Nurse         CVL - Cardiovascular Laboratory         DC - Direct care         DO - Direct observation         DPCS - Director of Patient Care Services         ED - Emergency Department         EKG - Electrocardiogram         FBC - Family Birth Center         FY - Fiscal year         GNO - General Nursing Orientation         GS - Good Samaritan         HNSC - Hospital Nurse Staffing Committee         HNSP - Hospital Nurse Staffing Plan         ICD - International Classification of Diseases         IUE - Interim Unit Educator		-					
CAUTI - Catheter-associated urinary tract infection CCU - Cancer Care Unit CHT - Certified hospital technician CL - Catheterization Laboratory CN - Charge Nurse CNA - Certified nursing assistant CNA2 - Certified nursing assistant, acute care CNE - Clinical Nurse Educator CNO - Chief Nursing Officer CRN - Charge Registered Nurse CVL - Cardiovascular Laboratory DC - Direct care DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - Interim Unit Educator							
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CNA2 - Certified nursing assistant, acute care CNE - Clinical Nurse Educator CNO - Chief Nursing Officer CRN - Charge Registered Nurse CVL - Cardiovascular Laboratory DC - Direct care DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator							
CNO - Chief Nursing Officer CRN - Charge Registered Nurse CVL - Cardiovascular Laboratory DC - Direct care DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator							
CRN - Charge Registered Nurse CVL - Cardiovascular Laboratory DC - Direct care DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator		CNE - Clinical Nurs	e Educator				
CVL - Cardiovascular Laboratory DC - Direct care DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator							
DC - Direct care DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator							
DO - Direct observation DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator			lar Laboratory				
DPCS - Director of Patient Care Services ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator			- 4:				
ED - Emergency Department EKG - Electrocardiogram FBC - Family Birth Center FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator							
EKG - ElectrocardiogramFBC - Family Birth CenterFY - Fiscal yearGNO - General Nursing OrientationGS - Good SamaritanHNSC - Hospital Nurse Staffing CommitteeHNSP - Hospital Nurse Staffing PlanICD - International Classification of DiseasesIUE - Interim Unit Educator							
FBC - Family Birth Center         FY - Fiscal year         GNO - General Nursing Orientation         GS - Good Samaritan         HNSC - Hospital Nurse Staffing Committee         HNSP - Hospital Nurse Staffing Plan         ICD - International Classification of Diseases         IUE - Interim Unit Educator							
FY - Fiscal year GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator							
GNO - General Nursing Orientation GS - Good Samaritan HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator		5					
HNSC - Hospital Nurse Staffing Committee HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator			rsing Orientation				
HNSP - Hospital Nurse Staffing Plan ICD - International Classification of Diseases IUE - Interim Unit Educator		GS - Good Samarit	an				
ICD - International Classification of Diseases IUE - Interim Unit Educator							
IUE - Interim Unit Educator							
LLGS - Legacy Good Samaritan Medical Center							
			a Samaritan Medical Center				

(X2) MULTIPLE CONSTRUCTION

Health Care Regulation and Quality Improvement

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ZICG11

If continuation sheet 3 of 107

TATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
FGACY	GOOD SAMARITAN		22ND AVENU			
		PORTLA	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 BE THE APPROPRIATE	(X5) COMPLET DATE
E 000	Continued From pa	ge 3	E 000			
E 600	NM - Nurse manag NOC - Night shift NS - Nurse staffing NSC - Nurse Staffin NSM - Nursing staf NSP - Nurse Staffir OAR - Oregon Adm OHA - Oregon Hea ONS - Oncology Nu OR - Operating Roo ORI - Orientation PCU - Progressive POC - Point of care PRN - As needed RN - Registered nu RNS - Registered nu RNS - Registered nu RNS - Registered nu SDCSS - Senior Di Services SL - Skill Iab SLM - Self-learning SPO - Special Proc SS - Surgical Servic SSU - Short Stay U UC - Urgent Care VS - Vital signs VT - Verbal test WWP - Wilcox Wor OAR 333-510-0045 Notice	ctical nurse tant I/Surgical vee Orientation ucator & Practice Specialist er ng Committee f member ng Plan ninistrative Rule Ith Authority ursing Society om Care Unit care Unit module rector of Clinical Support module redures Observation ces nit	E 600			

STATE FORM

Health (	are Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			LETED
		14-0027	B. WING		C 12/1	; 5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		22ND AVEN ND, OR 9721	-		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
E 600	Continued From pa	ige 4	E 600			
	to 441.177;	e provisions of ORS 441.152				
	phone number, ele	to the public; and thority's complaint reporting ctronic mail address and				
	website address. Stat. Auth.: ORS 4 <sup>-</sup> 441.173 & 441.185	13.042, 441.155, 441.169,				
		1: ORS 441.155, 441.169,				
	This Rule is not mo (OAR 333-510-004					
	This Rule is not me	et as evidenced by:				
		ion, it was determined the ost an accurate complaint I information.				
	Findings include:					
	with the requirement 333-510-0045(1). OHA previously cite noncompliance with survey initiated on 0	ed the hospital for n this rule in the nurse staffing 04/30/2018. The previous				
		e hospital failed to ensure it nt notice with required				
	beginning at 1236, observed posted in "Oregon Health Aut printed "Oregon He	ite tour on 12/05/2022 NS complaint notice was CCU. Under the heading, thority website address", was ealth Authority" underlined and ed OHA's website address.				

## PRINTED: 03/27/2023 FORM APPROVED

	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
	14-0027	B. WING			15/2022
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
GOOD SAMARITAN	MEDICAL CENTE		-		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	ge 5	E 600			
at 1445, NS compla posted to the right of Under the heading, website address", w Authority" underline OHA's website add 4. During PCU onsi beginning at 1400, observed posted in of PCU NM's office. Health Authority we "Oregon Health Aut	aint notice was observed of double doors outside CL. "Oregon Health Authority was printed "Oregon Health d and in blue print. It lacked ress. te tour on 12/05/2022 NS complaint notice was PCU in a public area outside . Under the heading, "Oregon bsite address", was printed hority" underlined and in blue				
beginning at 1230, observed posted in entrances to the un Health Authority we "Oregon Health Aut	NS complaint notice was SSU in a public area near it. Under the heading, "Oregor bsite address", was printed hority" underlined and in blue	n			
beginning at 1445, observed posted in "Oregon Health Aut printed "Oregon He	NS complaint notice was WWP. Under the heading, hority website address", was alth Authority" underlined and				
(2) A hospital shall a notice on the premi (a) Summarizes the 441.183, 441.184 a	also post an anti-retaliation ses that: provisions of ORS 441.181, nd 441.192;	E 602			
	GOOD SAMARITAN I SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa 3. During CL onsite at 1445, NS complat posted to the right of Under the heading, website address", w Authority" underline OHA's website addd 4. During PCU onsi beginning at 1400, observed posted in of PCU NM's office. Health Authority we "Oregon Health Authority we beginning at 1445, observed posted in "Oregon Health Authority we I oregon Health Author	GOOD SAMARITAN MEDICAL CENTE       1015 NW PORTLA         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 5         3. During CL onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted to the right of double doors outside CL. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.         4. During PCU onsite tour on 12/05/2022 beginning at 1400, NS complaint notice was observed posted in PCU in a public area outside of PCU NM's office. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.         5. During SSU onsite tour on 12/05/2022 beginning at 1230, NS complaint notice was observed posted in SSU in a public area near	GOOD SAMARITAN MEDICAL CENT       1015 NW22ND AVENUE         SUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX         REGULATORY OR LSC IDENTIFYING INFORMATION)       E 600         SUMMARY STATEMENT of DEFICIENCIES       E 600         Continued From page 5       E 600         3. During CL onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted to the right of double doors outside CL. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority website address.         4. During PCU onsite tour on 12/05/2022 beginning at 1400, NS complaint notice was observed posted in PCU in a public area outside of PCU NM's office. Under the heading, "Oregon Health Authority website address.         5. During SSU onsite tour on 12/05/2022 beginning at 1230, NS complaint notice was observed posted in SCU in a public area near entrances to the unit. Under the heading, "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.         6. During WWP onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted in SUU in a public area near entrances to the unit. Under the heading, "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.       E 602         6. During WWP onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted in SUU in a public area near entrances to the unit. Under the heading, "Oregon Health Authority website address.	GOOD SAMARITAN MEDICAL CENTE         1015 NW 22ND AVENUE, W121 PORTLAND, OR 97210           SUMWARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF OC (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T) DEFICIENCY           Continued From page 5         E 600         E 600           3. During CL onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted to the right of double doors outside CL. Under the heading, "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address," was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address, was printed "Oregon beginning at 1400, NS complaint notice was observed posted in PCU in a public area outside of PCU NM's office. Under the heading, "Oregon Health Authority underlined and in blue print. It lacked OHA's website address.           5. During SSU onsite tour on 12/05/2022 beginning at 1230, NS complaint notice was observed posted in SUD in a public area near entrances to the unit. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.           6. During WWP onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted in WVP. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority website address.           0. During WWP onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted in WVP. Under the heading, "Oregon Health Authority website address.           0. An 333-510-0045 (2) Anti-Retaliation Notice         E 602	GOOD SAMARITAN MEDICAL CENT         1015 NW 22ND AVENUE, W121 PORTLAND, OR 37210           IsuMARY STATEMENT OF DEFICIENCES (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)           Continued From page 5         E 600           3. During CL onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted to the right of double doors outside CL. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address," was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.           4. During PCU onsite tour on 12/05/2022 beginning at 1400, NS complaint notice was observed posted in PCU in a public area outside of PCU NN's office. Under the heading, "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.           5. During SSU onsite tour on 12/05/2022 beginning at 1230, NS complaint notice was observed posted in SUI in a public area near entrances to the unit. Under the heading, "Oregon Health Authority underlined and in blue print. It lacked OHA's website address.           6. During WWP onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted in WWP. Under the heading, "Oregon Health Authority underlined and in blue print. It lacked OHA's website address.           0AR 333-510-0045 (2) 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

STATE FORM

ZICG11

If continuation sheet 6 of 107

Health C	are Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	СОМ	E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 97210	-		
(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 (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLETE DATE
E 602	Continued From pa	ge 6	E 602			
	displayed. Stat. Auth.: ORS 41 441.173 & 441.185 Stats. Implemented 441.173 & 441.185 This Rule is not me (OAR 333-510-004) This Rule is not me Based on observati units (CL), it was de ensure it clearly pos	5(2)) t as evidenced by: on and interview for 1 of 5 etermined the hospital failed to sted the anti-retaliation notice ices to employees are				
	Findings include:					
	at 1445, there were anti-retaliation notic notices to employed	tour on 12/05/2022 beginning no observations of the e posted in areas where es were customarily displayed pards in CL staff break room otices were posted.				
		with CL DC RN on 12/05/2022 site tour, they confirmed				
E 604	OAR 333-510-0045 Documentation	i (3) Nurse Staffing	E 604			
	necessary to demo 441.152 to 441.177 (a) Be maintained f	keep and maintain all records nstrate compliance with ORS . These records shall: or no fewer than three years; vided to the Authority upon				

STATE OF OREGON STATE FORM

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	i teulialiun and	Judiity	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FGACY	GOOD SAMARITAN	MEDICAL CENTE	V 22ND AVENU			
		PORTLA	AND, OR 97210	)		
(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 (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
E 604	request; and (c) Include, at minir (A) The staffing pla (B) The hospital nu (C) Staffing commit (D) Documentation the staffing commit (E) All complaints fit committee; (F) Personnel files fit that include, at mini- required licensure a and competencies fit assigned nurse spec (G) Documentation nursing staff in each unit; (H) Documentation by all nursing staff; (I) Documentation by all nursing staff; (J) Documentation hours, if any, requir hospital premises; (K) Documentation meeting, education were required of nu (L) The hospital's m procedure; (M) Documentation submitted to the Au (O) Documentation additional hours we circumstances and circumstances;	num: n; rse staffing committee charten the meeting minutes; showing how all members of tee were selected; iled with the staffing for all nursing staff positions imum, job descriptions, and specialized qualifications required for the individual's ecialty or unit; showing work schedules for h hospital nurse specialty or showing actual hours worked showing all work schedule lted in the use of replacement showing how many on-call ed nursing staff to be on the showing how many required and training hours, if any, ursing staff; nandatory overtime policy and showing how many, if any, e worked by nursing staff; of all waiver requests, if any, thority; showing how many, if any, ere worked due to emergency				

Health Care	Regulation	and Quality	/ Improvement
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Health C	are Regulation and	Quality Improvement	•		1	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE COMP	SURVEY PLETED
		14-0027	B. WING		( 12/1	) 5/2022
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY S	STATE, ZIP CODE		
		1015 NW	22ND AVENU			
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	ND, OR 9721			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
E 604	Continued From pa	ige 8	E 604			
	hospital updates its obtain replacement hospital determines (R) Documentation procedures for obta staff, including effor replacement staff; (S) Documentation efforts to seek repla (T) Documentation in which the hospital described in OAR 3 limitations on admis to another hospital; (U) All staffing com hospital administrat staffing plan. Stat. Auth.: ORS 41 441.173 & 441.185	showing how and when the list of on-call staff used to nursing staff and how the seligibility to remain on the list; showing the hospital's aining replacement nursing rts made to obtain showing the hospital's actual acement staff when needed; showing each actual instance al implemented the policy 333-510-0110(2)(g) to initiate ssion or diversion of patients and mittee reports filed with the tion following a review of the 13.042, 441.155, 441.169, 4: ORS 441.155, 441.169,				
	(OAR 333-510-004	5(3))				
	This Rule is not me	t as evidenced by:				
	Questionnaires and (CCU, CL, PCU, SS documentation of 1 records (NSMs 3, 4 21, 22 and 23), it w failed to maintain do specialized qualifica	and review of HNSP Unit I unit NSPs for 5 of 5 units SU and WWP) and 3 of 18 NSM personnel I, 6, 9, 10, 11, 13, 16, 17, 18, as determined the hospital ocumentation showing the ations and competencies for by subsection (c)(F).				

Health C	Care Regulation and	Quality Improvement			FORM	IAPPROVE
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
						С
		14-0027	B. WING		12/	15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1015 NW	22ND AVENU	IE, W121		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 9721	0		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLETE DATE
1/10		,	1/10	DEFICIENC		
E 604	Continued From pa	ade 9	E 604			
2 00 1		ige o	2001			
	Findings include:					
	1 This citation rofle	ects repeated noncompliance				
	with the requirement					
	333-510-0045(3).					
	OHA previously cite	ed the hospital for				
		h this rule in the nurse staffing				
		04/30/2018. The previous				
		e hospital failed to maintain				
		wing the specialized				
		competencies for NSMs as				
	required by subsec					
	2. Review of CCU I	HNSP Unit Questionnaire,				
		ned by CCU DC Unit				
	Representative on	12/05/2022 and CCU NM on				
		ed the following qualifications,				
		trainings were required for				
	CCU CNA2s:	_Ms Competency Day				
		re Unit Checklist, E+ checklist				
		cometer SLMs Skills Day"				
		ng ORI Calendar for				
	Orientation Shifts	SLMs CAUTI Best				
	Practice Bundle Ne	w Hire Clostridium Difficile				
		t Practice Bundle Falls				
		actice Bundle Hazardous				
	0	Non-Nurse Labeling				
		ens Oral Care and Hospital ia Prevention Patient				
		essure Ulcer Prevention Best				
		SLM Restraint and Seclusion				
		Non-RN) - SLM Safe				
	Swallowing Strok	e Suicide Prevention				
	0	NA, MA and Techs Medical				
		Skills Checklist MyTime				
		luling Blood Transport				
		p 1.75 Glucose Meter 12				
		y POC.Nova StatStrip 1.75 al Training and Competency				
		a maining and competency	•			

# PRINTED: 03/27/2023 FORM APPROVED

STATEMEN	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
ECACY		MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LEGACI	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 97210	)		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE	(X5) COMPLET DATE
TAG	REGOLATORTORE		TAG	DEFICIENC		5, 11 2
E 604	Continued From pa	age 10	E 604			
	LH Interpreter Serv	vices Language Barriers and				
		harm.Controlled Suvstance				
		vention Welle Training				
		uct: NEO Conflict Disclosure				
		rillator Training LH.Stem				
		A Overview - SLM Gender				
		Care EPIC.Prelearning"				
	Cell Transplant CN	it Specific Training Stem				
		rson Skills and Competencies				
		CNA.CMT Skills Checklist				
	Competency Packe					
		tment Department Orientation				
		r Care Unit Checklist - CNA"				
		Restraint and Seclusion for				
		OC.Nova StatStrip WiFi				
	Glucometer Annual	I Competency				
	LH.System-Wide M	Andatory Education Module -				
	FY 2022"					
		d Competencies Bi-Annual				
		on needs & requests for skills				
	,	nd Seclusion for Patient Safety	1			
	(Non-RN) - SLM: C	Checklist"				
	3. Review of CCU I	NSP, approved by NSC on				
		ed the following related to				
		petencies, and trainings				
	required for CCU N					
	* "Staff are made a	ware and understand the				
		ents and opportunities on an				
		will be accountable for				
		taining required certifications				
		Indatory education. Individuals				
		Il certifications, mandatory and				
		E+. Each employee can meet				
		eir manager during their annua w department required training	·			
		ications All staff will have the				
		complete the required				
		nose who are on leave.				
	REGON					

Health (	are Regulation and	Quality Improvement			FORM	APPROVED
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
						С
		14-0027	B. WING			15/2022
NAME OF I	PROVIDER OR SUPPLIER					
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 9721	•		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE	COMPLETE DATE
IAG			IAG	DEFICIENCY		
E 604	Continued From pa	uge 11	E 604			
L 004	•	0	2 004			
		s identified in the Legacy				
		ation Plan FY23 will be				
		gh a variety of methods, and/or computer-based				
	learning."					
		anging established tube				
	feeding bags Adı	ministering bowel evacuation				
	suppositories Ad	ministering enemas"				
	1 During interview					
		with CNE conducted via email inning at 1524, they stated,				
		n of our cancer care unit				
		IAs upon hire." The email				
		ng three documents:				
		nt, titled "Cancer Care Unit				
		Checklist", which reflected				
		ired for CCU CNA2s,				
		Room (VS, gowns, toiletries, Safe patient identification				
		amily to their room and to the	•			
		Vital Signs and Weight"				
		nt, titled "Cancer Care Unit				
		Checklist", which reflected four				
		or CCU CNA2s, including: "				
		List Empty any drains a				
		ave Transport patient to arking lot, front lobby) when				
	family arrives"	and glot, nonclobby) when				
		nt, titled "CNA Orientation				
	Checklist", which re	eflected 71 trainings required				
	for CCU CNA2s, in	cluding: " Head Pads				
	•	Stat Strip Glucometer				
		er Lift Equipment Oral				
		aints Daily Foley care ent Blood products: picking				
		from blood bank Sitting with				
		odominal Hysterectomy				
		ctomy Prostatectomy				
	Flaps Lymphoma	a Cancer effects on wound				
	healing Wound v	acs"				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		14-0027	B. WING			C 12/15/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
ECACY		MEDICAL CENTE 1015 NW	22ND AVENU	E, W121			
LEGACT	GOOD SAMARITAN	PORTLA	ND, OR 97210	)			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET	
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE	
F 004	O antinua d Ename		E 004	2	,		
E 604	Continued From pa	age 12	E 604				
	5 Review of hospit	al policy, titled "Legacy Health					
		tment Orientation Checklist",					
		ing instructions: "Manager:					
		ended to assist you with the					
		v staff member into your	1				
		Once completed, which should 30 days, employee must returr					
		. Review, sign and then file	1				
		t file" The checklist included					
		s and trainings required for					
	CCU NSMs. Page 4 included spaces for						
		re" and "Date Completed", as					
	well as "Manager S	Signature" and "Date".					
		nnel records for CCU CNA2					
	NSM 3, hired on 05						
		all required qualifications,					
		trainings. For example:					
		tation packet, titled "Patient st", signed and dated by CCU					
		"Preceptor" on 05/05/2022,					
		ion that the following					
		been completed: "Prepare					
		wns, toiletries, urinal/hat,					
	socks)", "Safe pat	tient identification: Check your					
		at each point of care. Ensure					
		GS wristband (opposed to					
		or example)", "Add pink					
		riate", "Orient patient and					
		and to the unit", "Orient ochure", "Obtain Initial Vital					
		, "Always complete the Patient					
		nd "Review with your patient					
	the Patient Safety						
		tation packet, titled "Patient					
		st", signed and dated by CCU					
		"Preceptor" on 05/05/2022,					
		ion that the following					
	competencies had	been completed: "Always have					

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i icalili Gale	INEQUIATION	anu	Quality		

TATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		14-0027	B. WING		C 12/15/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
EGACT	GOOD SAWARITAN	PORTLA	ND, OR 97210	D		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		DATE
				DEFICIENC	Y)	
E 604	Continued From pa	age 13	E 604			
	patient confirm the	Patient Belongings List",				
		eeded with preparation for				
	discharge (change	of clothing, gathering				
	belongings and flow	vers)", "Empty any drains a				
		ave", and "Transport patient to				
		arking lot, front lobby) when				
	family arrives".					
		tation packet, titled "CNA				
		st", signed and dated by CCU				
		'Preceptor" on 05/05/2022,				
		ion that 24 of 71 competencies	5			
		d, including: "Bladder				
		trip Glucometer Incentive				
		equipment Oral suctioning ain assessment Restraints				
		Transurethral Resection of Prostatectomy Transurethral				
		ostate Melanoma Gastric				
		Myeloma Lymphoma"	,			
		cumentation provided which				
	reflected completio	•				
		ired in CCU NSP: "Changing				
		eding bags", "administering				
		uppositories", and				
	"administering ener					
	* "Legacy Health O	nboarding Department				
	Orientation Checkli	st" reflected it was signed by				
		on 05/12/2022. It lacked				
	"Manager Signature	e" and "Date".				
	7. Review of perso	nnel records for CCU CNA2				
		7/18/1995 and starting in CCU				
		ked documentation of all				
	required qualification	ons, competencies, and				
	trainings. For exam	iple:				
		cumentation provided which				
		n of CCU CNA2 orientation				
	packet, "Patient Ad					
	* There was no doo	cumentation provided which				
1		n of CCU CNA2 orientation				

Health C	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		СОМ	E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLETE DATE
E 604	Continued From pa	age 14	E 604			
	packet, "Patient Dis * There was no door reflected completio packet, "CNA Orier * The following train due date: "Pressure Practice Bundle - S 11/11/2022 and cor "Stem Cell Transpla reflected as due on 08/13/2022. 8. During interview 12/07/2022 beginni confirmed Findings * As it related to CO stated that the train tube feeding bags" evacuation suppose enemas" was "part that completion of s confirmed that ther reflecting those trai and stated, "I don't confirmed lack of n "Legacy Health On Orientation Checkli 9. Refer to Tag E63 qualifications, com	scharge Checklist". cumentation provided which n of CCU CNA2 orientation ntation Checklist". nings were completed after the e Ulcer Prevention Best SLM", reflected as due on npleted on 11/21/2022; and ant CNA Overview - SLM", 08/04/2022 and completed or with CCU NM and CNE on ing at 1330, they both 2 through 7. CU CNA2 NSM 3, CCU NM nings "changing established , "Administering bowel itories", and "Administering of skills day." CCU NM stated skills day was required. CNE e was no documentation nings had been completed see it." They both also nanager signature and date on boarding Department				
	10. Review of CL H	SC as part of CCU NSP.				
	reflected CL Charg assigned to the uni	d CL NM on 12/05/2022, e RNs and CL RNs were t.				
		Ns, it reflected the required "BSN State RN license". It				
ATE OF C						

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Health (	are Regulation and	Quality Improvement			FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:			E SURVEY PLETED
		14-0027	B. WING		C 12/15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-		
	1	PORTLAN	ND, OR 9721		DECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
E 604	Continued From pa	ge 15	E 604			
	reflected that the quand trainings requir Staff RN RN + Chareflected that requir list". * For CL RNs, it refl qualifications were BLS, ACLS within that the qualification trainings required up professional develo checklists". It reflect training was: "See I 11. Review of CL N 10/24/2022, reflected qualifications, comprequired for CL NSI * Under "Specialize Competencies", it reflected trainings required for CL NSI * Under "Specialize Competencies", it reflected for Healthcare Prov 12. Review of hosp titled "New Hire Cat trainings required for 13. Review of hosp titled "Legacy Health Development Plan reflected 35 training 14. Review of hosp titled "New Hire ICV trainings required for 7. Review of hospit "Legacy Health Sys Development Plan	Julifications, competencies, ed upon hire were "Same as rge orientation checklist". It red annual training was: "See lected the required "ADN min State RN license in 6 months of hire". It reflected ns, competencies, and pon hire were: "See pment plan, orientation ted the required annual ist". SP, approved by NSC on ed the following related to betencies, and trainings Ms: d Staff Qualifications and eflected, "BSN preferred state RN license AHA BLS riders. AHA ACLS required." ital online training module, th Lab RNs", reflected 45 or CL RNs. ital online training module, h System CVL Professional FY23 (4/1/22 - 3/31/23)", gs required for CL RNs. ital online training module, /R/SPO RNs," reflected 40				

#### Health Care Regulation and Quality Improvement STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 604 Continued From page 16 E 604 15. Review of hospital policy titled "Nursing Department Required Education", dated "Mar 2022", reflected the following related to competencies required for CL NSMs: \* "1. Ensure that new employees receive required education. Manager or designee should confirm the completion of the education." \* "3. ... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion." \* "5. When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate." 16. Review of personnel records for CL traveler RN NSM 6, starting on 09/13/2021, lacked documentation of all required gualifications, competencies, and trainings. For example: \* Their personnel files reflected they started working independently on 12/01/2021. \* "POC Training/Assessment Checklist - Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.31", lacked the "Trainer" signature and date. It was not clear whether CL traveler RN NSM 6 had completed required competencies prior to working independently and whether they had completed the educational requirement "specific to lab regulatory requirements ... within 30 days of assignment ... " \* "Restraint Training & Competency Checklist RN" reflected that all 13 items in the "Training Complete" columns were prefilled with "Yes" and all 13 items in the "Testing Method GNO (SL, DO, VT)" column were also prefilled. There were 11 items listed as "SL" (Skill Lab) which were assigned during GNO training; 5 of 11 items were STATE OF OREGON

STATE FORM

6899

ZICG11

If continuation sheet 17 of 107

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( )		(X3) DATE S COMPL	
		14-0027	B. WING		C	5/2022
					12/13	0/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-		
			ID, OR 9721			
(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 SHOUL) CROSS-REFERENCED TO THE APPROINDEFICIENCY)	D BE	(X5) COMPLETE DATE
E 604	Continued From pa	ge 17	E 604			
E 604	validated a second were only validated traveler RN NSM 6 09/14/2022, but the was blank and lack whether CL traveler the required compet lacked the required "GNO Trainer" sign * There was no doo completion of "POC Checklist - Hemoch 17. Review of perso 9, hired on 09/13/20 all required qualifica trainings. For exam * Their personnel fil working independer * "POC Training/As StatStrip Glucose 1 "1.21", lacked a dat signature. It was un had completed the working independer completed the educ to lab regulatory re of assignment." * "POC Training/As Hemochron ACT" w It lacked "Technical signature, and date RN NSM 9 had con competencies prior whether they had cor requirement "specif	time on the unit and 6 of 11 during GNO training. CL signed and dated the form on "Unit Trainer" signature line ed a date. It was also not clear RN NSM 6 had completed tencies because the form date of completion next to ature. cumentation provided to reflect C Training/Assessment from ACT" training. connel records for CL RN NSM 021, lacked documentation of ations, competencies, and ple: les reflected they started ntly on 12/01/2021. sessment Checklist - Nova .75 (GNO Use Only)", version te next to the "Trainer" iclear whether CL RN NSM 9 required competencies prior to ntly and whether they had cational requirement "specific quirements within 30 days sessment Checklist - vas completed on 11/04/2021. Consultant Review" name, . It was unclear whether CL npleted the required to working independently and ompleted the educational fic to lab regulatory	E 604			
		hin 30 days of assignment." sessment Checklist -				
	Avoximeter" was co lacked "Technical C	ompleted on 11/04/2021. It Consultant Review" name,				

STATE OF OREGON STATE FORM

Health Care Regulation and Quality Improvement

ZICG11

If continuation sheet 18 of 107

ealth Care Regulation and	Quality Improvement				
	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
ND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	14-0027	B. WING	B. WING		C 15/2022
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST		•	
	1015 NV	22ND AVENU			
EGACY GOOD SAMARITAN		ND, OR 97210	-		
(,,,),,,	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
E 604 Continued From pa	age 18	E 604			
	e. It was unclear whether CL				
	npleted the required				
	r to working independently and completed the educational				
	fic to lab regulatory				
	thin 30 days of assignment."				
	sessment of CL RN NSM 9's				
training on the "He	machron ACT" and red on 05/06/2022 and				
	tively. Both reassessment				
	ne "Technical Consultant				
Review" printed na	me, signature, and date.				
10, hired on 11/03/ all required qualific trainings. For exam * Their personnel fi working independe * "Administration of was completed on months after CL RI independently. The provided they had of requirement "speci requirements wit * There was no doo they had completed educational module Medications Mal Prevention Cath Competency Check * "Procedure Comp reflected 42 skills for	les reflected they started intly on 11/08/2021. If Blood and Blood Products" 04/11/2022, approximately 5 N NSM 10 had started working are was no documentation completed the educational fic to lab regulatory thin 30 days of assignment." cumentation provided to reflec d the following required online es: "Cardiac and Vasoactive ignant Hyperthermia Suicide Lab Circulator and Final klist Cath Lab General klist" betency RN Circulator Role" ollowed by initials, a month, itialed skills lacked the year in	f t			
19. Durina interviev	w with SDCCS and NSC NM				
Co-Chair on 12/07/					

TATEMEN	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	ECONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		14-0027	B. WING			C 12/15/2022	
AME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	IE, W121			
EGACT	GOOD SAWARITAN	PORTLA	ND, OR 9721	0			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE	
				DEFICIENC	CY)		
E 604	Continued From pa	ige 19	E 604				
	confirmed Findings	10 and 11.					
		traveler RN NSM 6, NSC NM					
	Co-Chair stated that	at "Hemochron" training was					
	"in progress" but "n	ot completed."					
	20 Refer to Tag Ef	630, which reflects that					
		petencies, and trainings					
		Ms were not reviewed and					
		SC as part of CL NSP.					
		Review of PCU HNSP Unit pleted and signed by PCU DC					
		e and PCU NM on $12/05/2022$ ,					
		were two NSM positions					
		Registered Nurse and Certified					
	Nursing Assistant.	There was no additional					
		on the form that described the					
		ons, competencies, and					
	trainings required in	or the two NSM positions.					
	22. Revisit Survey:	Review of PCU NSP,					
	approved by NSC of	on 10/24/2022, reflected the					
		qualifications, competencies,					
		red for PCU NSMs:					
		ed Staffing Qualifications and effected, "Education: BSN					
	•	ure: Current applicable state					
		d. AHA BLS for Healthcare					
		ency: On hire: RNs complete					
	the specialty (Med/	Surg) competency validation					
		ses who have worked in a unit					
		validation tool was					
		evidence of daily work provides					
		of competency. RNs with less ence hired since September					
		to participate in the Legacy RN					
		These nurses complete the					
	specialty competer						
	23 Revisit Survey	Review of PCU RN packet,					
	REGON	Review of FOO RIN Packel,					

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	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	······			
		14-0027	B. WING	B. WING		C 12/15/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
FGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-			
		PORTLA	ND, OR 97210	)		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
E 604	Continued From pa	ige 20	E 604				
	titled "General Orie included checklists Training/Assessme Glucose 1.75 (GNC and checklist titled Competency Check PCU RN packet list but did not include a These additional sk Epidural policy & C. zero Phillips Defi 24. Revisit Survey: titled "General Orie included checklist t Training/Assessme Glucose 1.75 (GNC checklist titled "Res Checklist C.N.A/CH" "2.2019"; and check peripheral Saline Lo Checklist", dated "N listed additional req accompanying check included, "Drain ma signs Foley care in the Workplace 25. Revisit Survey: titled "New Hire Ass RNs", reflected a lis modules, including, Blood Products", "F Patient Safety (RN) Competency".	ntation Competency Day RN", titled "LLS POC ant Checklist NOVA StatStrip D Use Only)", version "1.21", "New Hire Restraint Training & klist RN," dated 05/06/2021. ted additional required skills, accompanying checklists. kills included, "Alaris Pump ADD pump PCA Max brillator/AED & Code Blue." Review of PCU CNA2 packet, ntation Day CNA and Tech,"	ι				
	titled "New Hire Ass Med/Surg," reflecte	d a list of 20 required online "Restraint and Seclusion for					

#### Health Care Regulation and Quality Improvement STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 604 Continued From page 21 F 604 Patient Safety (non-RN)" and "Glucose Meter ... Competency". 27. Revisit Survey: Review of hospital policy titled "Nursing Department Required Education," dated "Mar 2022", reflected the following under "Leadership Responsibilities" section: \* "Ensure that new employees receive required education. Manager or designee should confirm the completion of the education." \* "... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion." \* "When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate." 28. Revisit Survey: Review of personnel records for PCU CNA2 NSM 16. hired on 03/14/2022. lacked documentation of all required gualifications, competencies, and trainings. For example: \* Their personnel files reflected they started working independently on 04/13/2022. \* "Restraint Training & Competency Checklist C.N.A./CHT/Technician" lacked the validation method used for the skill, "Demonstrates proper application of limb holder." Additionally, PCU CNA2 NSM 16 signed and dated the form on 05/17/2022, which was 34 days after they had begun working independently. It was not clear whether they had completed all required competencies prior to working independently. \* There was no documentation provided which reflected "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist" had been completed. STATE OF OREGON

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
				A. BUILDING:			
		14-0027	B. WING			C 12/15/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU				
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
E 604	Continued From pa	ge 22	E 604				
	for PCU RN NSM 1 documentation of a competencies, and * Their personnel fi working independe * "Administration of was completed on 0 began working inde * "Restraint Training RN" reflected that a Complete" columns all 13 items in the " VT)" column were a items listed as "SL" assigned during GN validated a second were only validated PCU RN NSM 17 a dated the form on 0 whether PCU RN N competencies and competencies were lacked the required "GNO Trainer" sign	Bood and Blood Products" 09/22/2022, 25 days after they ependently. g & Competency Checklist all 13 items in the "Training s were prefilled with "Yes" and Testing Method GNO (SL, DO also prefilled. There were 11 ' (Skill Lab) which were NO training; 5 of 11 items were time on the unit and 6 of 11 during GNO training. Both and "Unit Trainer" signed and 05/02/2022. It was not clear ISM 17 completed the required whether competencies GNO e completed because the form date of completion next to ature.	/ , d				
	for PCU traveler RI contract on 10/20/2 on 03/28/2022, lack required qualification trainings. For example		t				
	* Their personnel fi second contract, th independently on 0 * "Administration of	les reflected that for their ey started working	,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		14-0027	B. WING		C 12/1	; 5/2022
NAME OF PRO	VIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		MEDICAL CENTE 1015 NW	22ND AVENU	JE, W121		
LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLA			ID, OR 9721	0		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
E 604 C	ontinued From pa	ge 23	E 604			
	ad completed requ ther contract.	ired online modules during				
P(cc * - F` or "A "F ar * - F` m"F (n * / P(dc M cc at * / NI cc Pr int [tr ur hc re cc * - ar se cc fir tra	CU NM on 12/07/2 onfirmed Findings They stated that for Y23 - Med/Surg R aline modules were administration of B Restraint and Sector They stated that for Y23 - CNAs Med/S odules were required Restraint and Sector Y23 - CNAs Med/S odules were required Restraint and Sector Y23 - CNAs Med/S odules were required Restraint and Sector Y23 - CNAs Med/S odules were required to a stated that PCC CU NM stated that Documentation for [ ed/Surg competent ould verify that PC tended the training As it relates to PC M stated that PCL ompleted "Administ roducts" on 07/24/ dependently. PCL hey] completed the null September." M ospital would const esponded, "We wo omplete." As it relates to PC and PCU NM stated the pCU NM stated as it relates to PC and PCU NM stated as it contract. PCU for paylete RNS had th	or "New Hire Assignments Ns" checklist, only three e required for PCU RNs: blood and Blood Products", usion for Patient Safety (RN)", r Competency". or "New Hire Assignments Surg" checklist, only two ired for PCU CNA2s: usion for Patient Safety cose Meter Competency". U CNA2 NSM 16, IUE and t, "We don't have PCU CNA2 NSM 16's] ncy validation tool" but they U CNA 2 NSM 16 had g. U RN NSM 17, IUE and PCU J RN NSM 17, IUE and PCU J RN NSM 17 should have stration of Blood and Blood '2022, prior to working J NM stated, "It looks like e course, but did not test out /hen asked whether the ider that completed, PCU NM uld consider that not U traveler RN NSM 18, IUE d that they "may be unable to traveler RN NSM 18 had education modules during the NM confirmed that PCU				

Health Care Regulation and Quality Improvement

Health C	Care Regulation and	Quality Improvement				IAPPROVE	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED	
		14-0027	B. WING			C 2/ <b>15/2022</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
	GOOD SAMARITAN		22ND AVENU	-			
		PORTLA	ND, OR 97210				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
E 604	Continued From pa	age 24	E 604				
	orientation was difforientation for a horigraduated RN could an RN with experie eight weeks; and for could be three days 32. Revisit Survey: reflects that qualified trainings required for	RNs, but that the time for erent. PCU NM stated that spital-employed, newly d be as long as 18 weeks; for ence, orientation could be six to or a traveler RN, orientation s to two weeks. Refer to Tag E630, which cations, competencies, and or PCU NSMs were not oved by the NSC as part of					
	Questionnaire, com Unit Representative on 12/02/2022, refl qualifications, com * It reflected there v assigned to SSU: F * It reflected the qu RNs were: "Curren state of Oregon. BL to have ACLS." * It reflected the qu	alifications required for SSU t Nursing Licensure in the S for all staff CRNs required alifications required for SSU rent CNA2 license in the state					
	approved by NSC of following related to and trainings requir * Under "Specialize Competencies", it r (all staff), Blood Ad Restraints (direct c (direct care staff) ADN, BSN preferre	Review of SSU NSP, on 09/26/2022, reflected the qualifications, competencies, red for SSU NSMs: ed Staff Qualifications and eflected, "Annual System SLM ministration (RN only). are staff), and Glucometers . RN Qualifications: Education: ed Licensure: Current N license required. AHA BLS					

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Health (	Care Regulation and	Quality Improvement	•			-	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED	
		14-0027	B. WING			C 1 <b>5/2022</b>	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FGACY	GOOD SAMARITAN		22ND AVENU	-			
	Γ	PORTLA	ND, OR 97210				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
E 604	Continued From pa	ige 25	E 604				
	RNs complete the I tool. For those nursi before the specialty implemented, evide demonstration of co 1-year experience I participate in the Le These nurses co competency validat 35. Revisit Survey: titled "General Orie included checklists Training/Assessme Glucose 1.75 (GNC and checklist titled Competency Check SSU RN packet list but did not include a These additional sk Epidural policy & C	Review of SSU RN packet, ntation Competency Day RN",					
	titled "General Orie included checklist t Training/Assessme Glucose 1.75 (GNC checklist titled "Res Checklist C.N.A/CH "2.2019"; and check peripheral Saline Lo Checklist", dated "N listed additional req accompanying check included, "Drain ma signs Foley care	Review of SSU CNA2 packet, ntation Day CNA and Tech," itled "LLS POC ent Checklist Nova StatStrip D Use Only)", version "1.21"; straint Training & Competency 1T/Technician", dated klist titled "Discontinuing a ock CNA2 Competency Nov.2019." PCU CNA2 packet juired skills, but did not include cklists. These additional skills anagement Orthostatic vital and urine sample Violence . Phillips Defibrillator/AED."					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		14-0027	B. WING			C 15/2022
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FGACY	GOOD SAMARITAN	MEDICAL CENTE 1015 NV	22ND AVENU	E, W121		
LOVOI		PORTLA	ND, OR 97210	)		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE
TAG	· ·	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
				DEFICIENC		
E 604	Continued From pa	ige 26	E 604			
	37. Revisit Survey:	Review of online checklist,				
		signments FY23 - Med/Surg				
		st of 36 required online				
		two were required for SSU				
		on of Blood and Blood				
	<ul> <li>Products" and "Restraint and Seclusion for Patient Safety (RN)".</li> <li>38. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23- CNAs</li> </ul>					
		d a list of 20 required online				
	modules, of which only one was required for SSU CNA2s: "Restraint and Seclusion for Patient					
	Safety (non-RN)".					
		Review of personnel files for				
		1, hired on 08/01/2022, lacked	1			
		Il required qualifications,				
		trainings. For example: les included "Restraint				
		ency Checklist RN" instead of				
		& Competency Checklist				
		cian". All 13 items in the				
		were prefilled with "Yes", and				
		Testing Method GNO (SL, DO	,			
		prefilled. There were 11 items				
		Lab) which were assigned g; 5 of 11 skills were validated				
	0	ne unit and 6 of 11 skills were				
		g GNO. SSU CNA2 NSM 21				
	signed and dated th	ne form on 08/03/2022 and				
		ed and dated the form on				
		not clear whether SSU CNA2				
	NSM 21 had compl competencies and					
		e completed because the form				
		date of completion next to				
	"GNO Trainer" sign	ature.				
		g/Assessment Checklist Nova	1			
	StatStrip Glucose 1	.75 (GNO Use Only), version				

Health C	Care Regulation and	Quality Improvement				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					0	
		14-0027	B. WING			
		14-0027			12/1	5/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1015 NW	22ND AVEN	UE. W121		
LEGACY	GOOD SAMARITAN		ND, OR 9721	-		
			-			
(X4) ID PREFIX	-	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRC		DATE
				DEFICIENCY)		
E 604	Continued From pa	age 27	E 604			
E 001	-	-	2 00 1			
		'Trainer" signature and date to				
	verify completion of					
		peripheral Saline Lock CNA2				
		klist" lacked the required date				
		raining RN" name and				
	employee number.					
		Review of personnel files for				
		hired on 04/11/2022, lacked				
		all required qualifications,				
		l trainings. For example:				
		iles reflected they started				
		ently on 09/10/2022.				
		eclusion for Patient Safety				
		ed on 09/28/2022, which was				
		had started working				
	independently.	f Blood and Blood Products"				
		09/28/2022, which was 18				
	days after they had					
	independently.	i started working				
		g & Competency Checklist				
		all 13 items in the "Training				
		s were prefilled with "Yes" and				
		'Testing Method GNO (SL, DO,				
		also prefilled. There were 11				
		" (Skill Lab" which were				
		NO training; 5 of 11 skills were				
		time on the unit and 6 of 11				
		idating during GNO. SSU RN				
	-	d dated the form on				
		nit Trainer" signed and dated				
		2022. It was not clear whether				
	SSU RN NSM 22 h	nad completed the required				
		whether GNO competencies				
		ecause the form lacked the				
		mpletion next to "GNO				
	Trainer" signature.					
		ng/Assessment Checklist Nova				
		1.75 (GNO Use Only", version				
	DECON					

Health Care Regulation and Quality Improvement

Health (	Care Regulation and	Quality Improvement			FORM	1 APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						С
		14-0027	B. WING			15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN		22ND AVENU	-		
	I	PORILA	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
E 604	Continued From pa	nge 28	E 604			
	"1.21", lacked the " verify completion o	Trainer" signature and date to f competencies.				
TATE OF C	SSU traveler RN N on 03/21/2022 and 07/10/2022, lacked qualifications, comp example: * "Restraint Training RN" reflected that a Complete" columns all 13 items in the " VT)" column were a items listed as "SL' assigned during GN validated a second were only validated traveler RN NSM 2 on 03/23/2022 and dated the form on"3 whether SSU trave the required competiencies were lacked the required "GNO Trainer" sign * LLS POC Training StatStrip Glucose 1 "1.21", lacked "Trai necessary to verify * There was no doo they had completed Blood Products" trai 42. Revisit Survey: and SSU ANM on 1 they confirmed Fine * As it relates to SS NM and SSU ANM to access in E+ [on	g/Assessment Checklist Nova I.75 (GNO Use Only)", version ner" signature and date completion of competencies. cumentation provided to reflect d "Administration of Blood and				

Health C	Care Regulation and	Quality Improvement			FORM	IAPPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		14-0027	B. WING			C 15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LEGACT	GOOD SAMARITAN	PORTLA	ND, OR 9721	D		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETE DATE
				DEFICIENCY)		
E 604	Continued From pa	ige 29	E 604			
	travelers are gone.	" SSU NM stated that they				
		veler RN NSM 23 had				
		ired online learning but "can't				
		so stated that SSU traveler RN				
		equired to complete orientation				
	for the second contract starting on 07/10/2022.					
	43. Revisit Survey: Refer to Tag E630, which					
	reflects that qualifications, competencies, and					
	trainings required for SSU NSMs were not					
	reviewed and approved by the NSC as part of					
	SSU NSP.					
	44. Revisit Survey: Review of WWP NSP,					
		on 09/26/2022, reflected the				
		qualifications, competencies,				
		red for WWP NSMs:				
		hire: RNs complete the				
		Services competency				
		those nurses who have				
	worked in a unit before the specialty validation tool was implemented evidence of daily work					
		nstration of competency. RNs				
		ar experience hired since				
	September 2010 ar	re required to participate in the				
		cy program, which includes				
	0	Ity curriculum. These nurses				
	complete the speci- tool."	alty competency validation				
		tency: Competency and				
		ents and content is provided				
		r specialty professional				
		These nurses complete the				
	speciality competen	ncy validation tool in E+."				
	45. Revisit Survey:	Review of undated hospital				
		lire FBC Traveler RNs",				
	reflected 41 compe	etencies and trainings required				
		RNs, including: "AA.LWS.Unit				
	Safety Orientation 2	2014 CPS.Administration of				

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ZICG11

If continuation sheet 30 of 107

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED		
			A. BUILDING.			~		
		14-0027	B. WING		C 12/15/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE					
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121				
LEGACT	GOOD SAMARITAN	PORTLA	ND, OR 97210	)				
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
				DEFICIENCY)				
E 604	Continued From pa	ige 30	E 604					
	Blood and Blood Pr	roducts - SLM						
	<b>CPS.Epidural Pain</b>	Management - SLM						
	CPS.Falls Prevention	on Best Practice Bundle -						
	Nursing - SLM C	CPS.Informed Consent - SLM						
		boratory Specimens - SLM						
	CPS.OB Code Blue	e - SLM CPS.Pressure						
		est Practice Bundle - SLM						
		Waste Management - SLM						
		Inpatient Code Stroke For						
		LS BB Training - Blood						
		ire Prevention in the OR &						
		SLM LH.Women's						
	Services.Competer	ncy Checklists"						
	16 Dovioit Survov	Poviow of porconnol						
		Review of personnel /P RN NSM 11, hired on						
		documentation of all required						
		betencies, and trainings. For						
	example:	betencies, and trainings. For						
		cumentation provided which						
		e.General 1-SLM" had been						
		nic Learning/Curriculum						
		"91% Curriculum Progress."						
		Review of personnel						
		P traveler RN NSM 13,						
	5	022, lacked documentation of						
	trainings. For exam	ations, competencies, and						
		cumentation provided which						
		en's Services. Competency						
	Checklists" had bee							
		d trainings from "New Hire						
		reflected completion dates						
		eler RN NSM 13's start date:						
	•	I Waste Management - SLM,"						
	completed on 09/02							
		Code Stroke for Nurses -						
		n 09/02/2021; "LLS BB						
		ansport," completed on						

STATE OF OREGON STATE FORM

	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		14-0027	B. WING		C 12/15/2	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FGACY	GOOD SAMARITAN		22ND AVENU	-		
		PORTLA	ND, OR 97210	)		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
E 604	Continued From pa	age 31	E 604			
		LS.Fire Prevention in the OR & · SLM," completed on	k			
	NM on 12/06/2022 WWP RN NSM 11 "FBC Core.Genera	During interview with WWP beginning at 1630, they stated was required to complete I 1-SLM" and confirmed WWP ot completed this training.				
	NM and NEPS on they provided the for qualifications, com * They both confirm	During interview with WWP 12/07/2022 beginning at 1030, ollowing information related to petencies, and trainings: ned that WWP RN NSM 11				
	patients since 10/2 * As it relates to W NEPS stated that V	lently caring for postpartum 1/2022. WP traveler RN NSM 13, VWP traveler RNs are te "New Hire FBC Traveler				
	that there was no d "LH.Women's Serv had been complete	competencies. They confirmed locumentation that reflected rices. Competency Checklists" ed. Additionally, NEPS stated NSM 13 had worked at WWP				
	under contract at a from 08/10/2021 - WWP traveler RN	16/2022 - 11/28/2022 and nother Legacy system hospital 12/25/2021. They stated that NSM 13 had completed "New RNs" competencies and				
	trainings while at th WWP traveler RN redo "New Hire FB	ne other hospital and that NSM 13 was not required to C Traveler RNs" competencies n asked for a policy that				
	reflected competer while under contract	ncies and trainings completed of at another hospital would be C, they were unable to provide				
	50. Revisit Survey:					

Health C	are Regulation and	Quality Improveme	nt				
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL	IER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION N	IUMBER:	A. BUILDING:		COM	IPLETED
							С
		14-0027		B. WING			15/2022
		14-0027				12/	15/2022
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			1015 NW	22ND AVEN	JE, W121		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	PORTLAN	ND, OR 9721	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCI / MUST BE PRECEDED B SC IDENTIFYING INFORM	SY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
E 604	Continued From pa	ge 32		E 604			
	reflects that qualific trainings required for reviewed and appro WWP NSP.	or WWP NSMs wer	e not				
E 612	OAR 333-510-0105	5 (4)(a) NSC Compo	osition	E 612			
	(4) The staffing cor an equal number of direct care staff. Dir be selected as follo (a) The staffing cor one direct care regi hospital nurse spec unit is defined by th specialty or unit; Stat. Auth.: ORS 47 Stats. Implemented	f hospital nurse mai rect care staff mem ws: nmittee shall includ istered nurse from e ialty or unit as the s ie hospital to repres	nagers and bers shall e at least each specialty or sent that				
	This Rule is not me (OAR 333-510-010 This Rule is not me	5(4)(a))					
	Based on interview Composition Revie determined the hos NSC was clearly con nurse managers an represented all spe services were provi * The NSC was not numbers of hospital care staff, and * At least one RN fr unit was not include	w tool and NSC Ch pital failed to ensur omprised of equal n id direct care staff t cialties/units where ded. clearly comprised I nurse managers a com each hospital s	arter, it was re that the umbers of hat nursing of equal and direct pecialty or				

STATE OF OREGON STATE FORM

Health Care Regulation and Quality Improvement

ZICG11

If continuation sheet 33 of 107

Health C	are Regulation and	Quality Improvement				APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
						С
		14-0027	B. WING		- 12/15/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		1015 NW	22ND AVENU	E, W121		
LEGACY	GOOD SAMARITAN		ND, OR 97210	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	· ·	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	COMPLETE DATE
1/10		,	1/10	DEFICIEN		
E 612	Continued From pa	age 33	E 612			
2012			2012			
	Findings include:					
	1 This citation refle	ects repeated noncompliance				
		nt under OAR 333-510-0105(4	.)			
	(a).	Υ.	, i i i i i i i i i i i i i i i i i i i			
	OHA previously cite					
		h this rule in the nurse staffing				
	5	04/30/2018. The previous				
		e hospital failed to ensure the omprised of equal numbers of				
		nd direct care staff that				
		cialties/units where nursing				
	services were prov					
		t clearly comprised of equal				
		al nurse managers and direct				
	care staff, and					
		rom each hospital specialty or ed in the NSC membership.				
		ed in the NSC membership.				
	2. Review of NSC r	oster, dated 11/30/2022,				
	reflected the follow					
	membership:					
		I of 35 NSC members: 19				
		ho were labeled "Formal				
		ding Interim leaders)", and 16				
	Staff (1 vacant)".	re labeled "Formal Direct Care	;			
		ant position" reflected for				
		tment/Urgent Care".				
		presentative was noted on the				
		I 1-2023." There was no one				
		erim or alternate DC Unit				
		SSU during the leave of				
	absence.	ed there were unequal				
		d NM members on the NSC.				
		cted that SSU DC Unit				
		cted that SSU DC Unit s on a leave of absence and				
	Representative was					

STATE OF OREGON STATE FORM

	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						С
		14-0027	B. WING		12/	15/2022
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
EGACY	GOOD SAMARITAN	MEDICAL CENTE	/ 22ND AVENU ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLE DATE
E 612	Continued From pa	ge 34	E 612		,	
	3. Review of NSC of	charter titled "Legacy Good				
		ospital Nurse Staffing ", dated 09/26/2022, reflected				
	the following related	d to NSC membership:				
	as follows: The stat	membership shall be selected fing committee shall include a				
	least one direct car hospital specialty o	e registered nurse from each				
	* "2022 formal men	nbership for the LGS HNSC				
		ers 17 Direct Care Staff m positions) 2 open position				
	[sic] and 1 leader o	n LOA as of 7-12-2022)".				
		al policy titled "Nurse Staffing				
	related to NSC mer					
		rse Leaders: the chief nursing ctors, nurse managers and				
	assistant nurse ma	nagers. The chief nursing				
	are a registered nu	ctors, and nurse managers rses [sic] who have				
		urs a day, 7 days a week for a nits or hospital and who is not	l			
	replaced for short-t	erm scheduled or				
	unscheduled abser * "Hospital Nurse S					
	Requirements Ea	ach hospital shall a hospital nurse staffing				
	committee HNSC	C Membership The HNSC				
		of an equal number of ers and direct care staff				
		istered nurse from each				
		with NSC NM Co-Chair on				
	"Which units are re	ng at 1124, they were asked presented by direct care staff ' They responded, "All of				
		ome vacancies "due to people				

Health C	are Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		PLETED
		14-0027	B. WING			C 1 <b>5/2022</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 9721			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLETE DATE
E 612	Continued From pa	ge 35	E 612			
	leaving changing	roles."				
	NM Co-Chair, and C at 1620, they all con They all reported th Representative had since 10/19/2022, to NSC meetings held to confirm the numb confirmed that the to members as well as members was accu	I been on leave of absence but that there had not been any I during this time. When asked ber of NSC members, CNO total number of HNSC s the number of DC and NM urately reflected on the roster. al numbers of DC and NM				
E 628	OAR 333-510-0110	(1) NSP Requirement	E 628			
	hospital-wide staffir that is developed an nurse staffing comr	13.042 & 441.155				
	This Rule is not me (OAR 333-510-011					
	This Rule is not me	t as evidenced by:				
TATE OF C	of 5 units (CCU, CL was determined the hospital-wide NSP the NSC in accorda * NSPs were not fu	and review of unit NSPs for 5 ., PCU, SSU and WWP), it e hospital failed to implement a developed and approved by ance with these rules: Ily developed or complete.				

STATE OF OREGON STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
					C	
		14-0027	B. WING		12/	15/2022
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
EGACY	GOOD SAMARITAN		/ 22ND AVENU ND, OR 97210	-		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
E 628	Continued From pa	age 36	E 628			
	Findings include:					
	with the requirement 333-510-0110(1). OHA previously cite noncompliance with survey initiated on citation reflected no SPO, ED/UC, and 3 2. Refer to NSP fin- units were working clear. * For Tag E630 refe SSU and WWP. * For Tag E634 refe PCU, SSU and WW * For Tag E638 refe PCU, SSU and WW * For Tag E640 refe PCU, SSU and WW * For Tag E640 refe	ed the hospital for h this rule in the nurse staffing 04/30/2018. The previous oncompliance in WWP, PCU, SSU units. dings that reflect the NSPs the under were not complete or er to findings for CL, PCU, er to findings for CCU, CL, VP. er to findings for CCU. er to findings for CCU, CL, VP. er to findings for CCU, CL, VP. er to findings for CCU, CL,				
	3. Refer to Tag E69 deviated from NSP	90 which reflects the hospital for reasons not allowed under 01(1)(a) - (c) and failed to track curred.				
E 630	OAR 333-510-0110 and Competencies	) (2) (a) NSP: Qualifications	E 630			
	(2) The staffing pla (a) Must be based qualifications and c					

STATE FORM

ZICG11

If continuation sheet 37 of 107

	Tare Regulation and	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		14-0027	B. WING			C 15/2022
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S		1	
		1015 NW	22ND AVENU			
LEGACY	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 9721	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	FION SHOULD BE	(X5) COMPLET DATE
				DEFICIENC	CY)	
E 630	Continued From pa	age 37	E 630			
	competency necess is staffed to meet th patients; Stat. Auth.: ORS 4 Stats. Implemented		1			
	(OAR 333-510-011) This Rule is not me	0(2)(a))				
	Questionnaires and (CCU, CL, PCU, SS determined the hos hospital-wide NSP the qualifications an nursing staff for eac the skill mix and lev	and review of HNSP Unit d unit NSPs for 5 of 5 units SU and WWP), it was spital failed to implement a that was developed based on nd competencies needed by ch unit and that provided for vel of competency necessary nts' needs were met.				
	Findings include:					
	with the requirement (a). OHA previously cited noncompliance with survey initiated on (	h this rule in the nurse staffing 04/30/2018. The previous oncompliance in WWP, PCU,	)			
TATE OF C	completed and sigr Representative on 11/29/2022, reflecte qualifications, comp required for CCU C * "Completion of CI	HNSP Unit Questionnaire, ned by CCU DC Unit 12/05/2022 and CCU NM on ed the following related to petencies, and trainings CNA2s: NA2 Oregon license BLS"				

	Jare Regulation and	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI F	CONSTRUCTION	(X3) DATE	E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			C 12/15/2022	
		14-0027	B. WING				
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE			
FGACY	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121			
		PORTLA	ND, OR 97210	)		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
E 630	Continued From pa	ige 38	E 630				
	Orientation Shifts Practice Bundle Net Infection (CDI) Bes Prevention Best Pra- Drug Precautions - Laboratory Specim. Acquired Pneumon Identification Pre Practice Bundle - S for Patient Safety (I Swallowing Strok Medical Surgical CN Surgical CNA.CHT Staffing and Sched POC.Nova StatStrij Month Competency Glucose Meter Initia LH Interpreter Se Patient Safety P [sic] Diversion Prev Standards of Cond Statement Defib Cell Transplant CN Diversity in Patient * "Upon Hire In-Per Medical Surgical Competency Packet Onboarding Depart Checklist Cancet * "Annual Training Patient Safety P Glucometer Annual LH.System-Wide M FY 2022" * "Annual Skills and Skills Day - based of	ment Department Orientation r Care Unit Checklist - CNA" Restraint and Seclusion for OC.Nova StatStrip WiFi Competency landatory Education Module - d Competencies Bi-Annual on needs & requests for skills ad Seclusion for Patient Safety					

Health (	Care Regulation and	Quality Improvement			FURM	APPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
						С
		14-0027	B. WING	·····		
					•	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
LEGACY	GOOD SAMARITAN		/ 22ND AVENU .ND, OR 97210	-		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETI DATE
E 630	Continued From pa	age 39	E 630			
	3 Poviow of CCU	NSP, approved by NSC on				
		ed the following related to				
		petencies, and trainings:				
	* "Staff are made a	ware and understand the				
		ients and opportunities on an				
		will be accountable for				
		ntaining required certifications				
		indatory education. Individuals				
		Ill certifications, mandatory and				
		E+. Each employee can meet	•			
		eir manager during their annua	1			
		w department required training				
		ications as well as other				
		All staff will have the same				
		plete the required elements,				
		are on leave. Education for				
		the Legacy Care Center				
		23 will be implemented through	ן			
		ls, including hands-on and/or				
		arning." It was not clear which				
	•	cies and trainings were				
		ISMs since they were not				
		and version or date.				
	* "All nursing staff (	optional for CNAs): Aspira				
		Stem Cell Transplantation				
	program and nursir	ng care, PCA documentation,				
		ide Prevention, Care of				
		nts, CAN [sic] scope of				
	•	acs, Transdermal Medication				
		view, Ostomy care"				
		ng fluid to established post				
		y and gastronomy tube				
		established tube feeding				
		and resuming establishing				
		stomy and gastrostomy tube				
		personal care. Administering				
		suppositories Administering				
		ostomy care for established				
		bliance or bag. Changing				
	wound vac canister	rs. Comfort care. Obtaining				

Health Care	Regulation and	l Quality In	nnrovement
nealin Care	Requiation and	Quality In	Inervenient

STATEMEN	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		ATE SURVEY OMPLETED	
		14-0027	B. WING		C 12/15/2022		
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	JE, W121			
LEGACI	GOOD SAMARITAN	PORTLA	ND, OR 9721	0			
(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) COMPLET DATE	
E 630	Continued From pa	ge 40	E 630				
	urine specimen from Discontinuing Foley * "RN Qualifications registered nursing e either Legacy Healt nursing program that curriculum and dura * "Competency: On specialty (Medical S competency validat have worked in a un validation tool was i work provides the d RNs with less than September 2010 par residency program, specialty curriculum specialty curriculum specialty competen clear what type of u how long RNs woul worked in that unit, demonstrated competen clear what type of u how long RNs woul worked in that unit, demonstrated competen clear what type of u how long RNs woul worked in that unit of clear what type of u how long RNs woul worked in that unit of clear what type of u how long Competen specialty requirement based on the unit of development plan." * "Chemotherapy co [sic] 'Fundamentals of C Administration Rema addition, Legacy 'CA Certification SLM' a Certification Skills L Legacy 'CAN. Annu and Competency, A'	n port of catheter. catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters." catheters. Completent in content, ation." hire: RNs complete the Surgical/Oncology) ion tool. For those nurses who nit before the specialty mplemented evidence of daily lemonstration of competency. 1-year experience hired since articipate in the Legacy RN which includes general and n. These nurses complete the cy validation tool." It was not nit was meant by "in a unit", d have been required to have or what evidence of daily work betency. tency: Competencies and ents and content is provided r specialty professional competency: RNs completes of Chemotherapy ministration' initially and chemotherapy Immunotherapy ewal Course' bi-annually. In AN. Chemotherapy Initial nd 'CAN. Chemotherapy Initial al Chemotherapy Education dult Population - SLM' and s Annual Education 2021					
TATE OF O	•						

STATE FORM

STATEMENT AND PLAN C	ROVIDER OR SUPPLIER	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-0027	A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
(X4) ID PREFIX		14-0027				-
(X4) ID PREFIX		<b>14-0027</b> B. W			C 12/15/2022	
(X4) ID PREFIX	GOOD SAMARITAN	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
PRÉFIX		MEDICAL CENTE	22ND AVENU ND, OR 97210	-		
PRÉFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
E 630	Continued From pa	ge 41	E 630			
		CAN.Healthy Donor & Cell Transplant Patients Dilection' SLM'"				
	competencies, and NSMs. It lacked qua trainings required for include provisions f different competence than regularly schere CCU NSP did not in competencies and were referenced in Questionnaire as re- including BLS, SLM	learly reflect the qualifications, trainings required for CCU alifications, competencies, and or CCU float RNs and did not for CCU float RNs to have cy and training requirements duled CCU RNs. Additionally, nclude the qualifications, trainings for CCU CNA2s that CCU HNSP Unit equired for CCU CNA2s, is, upon hire in-person skills and bi-annual skills day.				
	on 12/07/2022 begi "This is a blank forr checklist for our CN included the followi * Undated documer Patient Admission ( eight trainings requ including: "Prepare urinal/hat, socks) Orient patient and f unit Obtain Initial There was no docu reflected the compe checklist had been NSC as part of CCI * Undated documer Patient Discharge ( trainings required for Patient Belongings	with CNE conducted via email inning at 1524, they stated, m of our cancer care unit JAs upon hire." The email ng three documents: nt, titled "Cancer Care Unit Checklist", which reflected ired for CCU CNA2s, Room (VS, gowns, toiletries, Safe patient identification family to their room and to the Vital Signs and Weight" mentation provided which etencies included in this reviewed and approved by the U NSP. nt, titled "Cancer Care Unit Checklist", which reflected four or CCU CNA2s, including: " List Empty any drains a ave Transport patient to				

If continuation sheet 42 of 107

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	· · · · · · · · · · · · · · · · · · ·		
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
EGACY	GOOD SAMARITAN		22ND AVENU	-		
			ND, OR 97210	PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
E 630	Continued From pa	age 42	E 630			
	included in this che approved by the NS * Undated docume Checklist", which re for CCU CNA2s, in Bladder Scanning Incentive Spiromete suctioning Restra EKG Lead placeme up blood products f a patient Total Al Whipple Nephre Flaps Lymphoma healing Wound w documentation pro- competencies inclu	ected the competencies ecklist had been reviewed and SC as part of CCU NSP. nt, titled "CNA Orientation eflected 71 trainings required icluding: " Head Pads er Stat Strip Glucometer er Lift Equipment Oral aints Daily Foley care ent Blood products: picking from blood bank Sitting with bdominal Hysterectomy ctomy Prostatectomy a Cancer effects on wound vacs" There was no vided which reflected the uded in this checklist had been oved by the NSC as part of				
	Onboarding Depart reflected the follow This checklist is int orientation of a new unit/department be within their first signed copy to you copy in department 81 orientation tasks CCU NSMs. Page "Employee Signatu well as "Manager S 6. Review of undate	tal policy, titled "Legacy Health tment Orientation Checklist", ing instructions: "Manager: sended to assist you with the v staff member into your Once completed, which should 30 days, employee must return . Review, sign and then file t file" The checklist included s and trainings required for 4 included spaces for ure" and "Date Completed", as Signature" and "Date". ed hospital policy, titled "FY23 U Resource Pool Annual	j n			

Health (	are Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		14-0027	B. WING		C 12/15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-		
LEGAGI		PORTLA	ND, OR 9721	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLETE DATE
E 630	Continued From pa	ge 43	E 630			
	Annual Education II Registered Nurse L Registered Nurse L Legacy System-Wie (FY23) Assigned to Fall E+ CPS.Res Patient Safety (RN) Administration of O * There were two "F "Stroke Skills Day" Day". There was no docu reflected the qualifi- trainings included in	Y23 Specific & On-going tems", including, "Oregon icense Washington icense BLS ACLS de Mandatory Education all employees annually in the straint and Seclusion for ) - SLM CAN.Safe ral Chemotherapy - SLM E+". FY23 Annual Skills Day" skills: and "Med/Surg RN Skills mentation provided which cations, competencies, and n this policy had been oved by the NSC as part of				
	beginning at 0930, through 6. As it relat that competencies of RNs were different RNs, stating, "For ed don't give chemo"; reflected in CCU NS that CCU float RNs completed "FY23 M Pool Annual Profes 8. During interview 12/07/2022 beginni float RNs were ass float RNs were ass float RNs were ass float RNs were not competencies and scheduled CCU RM RNs were not requi competencies "spe Surgical/Oncology)	with CRE on 12/07/2022 they confirmed Findings 2 ated to float RNs, they stated and trainings for CCU float than regularly scheduled CCU example, most float nurses however, this was not SP. Additionally, they stated were only required to Med/Surg and IMCU Resource sional Development Plan". with NSC NM Co-Chair on ng at 0930, they confirmed igned to CCU and that CCU required to complete the same trainings as regularly Ms. They stated that CCU float ired to complete CCU RN cialty (Medical competency validation tool" ntals of Chemotherapy				

## PRINTED: 03/27/2023 FORM APPROVED

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:		с		
		14-0027	B. WING	B. WING		12/15/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
EGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-			
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET DATE	
E 630	Continued From pa	age 44	E 630				
	"Fundamentals of C Administration Ren "Stem Cell Transple were reflected in C NM Co-Chair was a float RNs were not competencies and scheduled CCU RN and stated, "[They] don't see the speci wouldn't have to ha 9. During interview beginning at 1330, trainings "changing bags", "Administeri suppositories", and	ministration" initially, Chemotherapy Immunotherapy lewal Course" bi-annually, and ant competency" SLM, which CU NSP for CCU RNS. NSC asked if CCU NSP indicated required to complete the same trainings as regularly Ns. They looked at CCU NSP wouldn't have to do this. I fic wording that states they ave that." with CCU NM on 12/07/2022 they stated that CCU CNA2 established tube feeding ng bowel evacuation I "Administering enemas", d in CCU NSP, were "part of					
	12/07/2022 beginni	w with NSC NM Co-Chair on ing at 1330, they stated that ct patient contact are required					
	completed and sigr Representative and reflected CL Charg assigned to the uni	d CL NM on 12/05/2022, e RNs and CL RNs were					
	qualifications were reflected that the q and trainings requir Staff RN RN + Cha reflected that requir list."	"BSN State RN license." It ualifications, competencies, red upon hire were "Same as arge orientation checklist." It red annual training was: "See					
ATE OF C	•	lected the required "ADN min State RN license	e				

STATEME	Care Regulation and NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14-0027	B. WING			C 12/15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
EGAC	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
E 630	BLS, ACLS withi that the qualification trainings required u professional develo checklists." It reflect training was: "See I 12. Review of CL N 10/24/2022, reflected qualifications, comp required for CL NSI * Under "Specialize Competencies", it r Current applicable a for Healthcare Prov CL NSP did not clea qualifications, comp required for CL NSI specific qualification trainings were requ such as CL Charge Circulating RNs. CL provisions to allow different qualification trainings than hosp 13. Review of hosp titled "New Hire Cai training module had by the NSC as part 14. Review of hosp titled "Legacy Healt Development Plan	In 6 months of hire." It reflected ns, competencies, and upon hire were: "See opment plan, orientation cted the required annual list." ISP, approved by NSC on ed the following related to petencies, and trainings Ms: ed Staff Qualifications and reflected, "BSN preferred state RN license AHA BLS viders. AHA ACLS required." arly reflect which petencies, and trainings were Ms. It was not clear which ns, competencies, and lired for which CL NSM roles, e RNs, RN Monitors, and L NSP did not include CL traveler RNs to have ons, competencies, and ital-employed RNs. bital online training module, th Lab RNs", reflected 45 or CL RNs. There was no vided which reflected the d been reviewed and approved c of CL NSP. bital online training module, th System CVL Professional FY23 (4/1/22 - 3/31/23)", gs required for CL RNs. There					

Health (	are Regulation and	Quality Improvement			FORM	APPROVED	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED	
		14-0027	B. WING	B. WING		C 12/15/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
LEGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE	
E 630	Continued From pa	age 46	E 630				
	titled "New Hire ICN trainings required for documentation pro- training module had by the NSC as part 16. Review of hosp titled "Legacy Healt Development Plan reflected 38 training There was no docu reflected the trainin and approved by the 17. Review of hosp Department Requir 2022", reflected the competencies requir 2022", reflected the competencies requir * "1. Ensure that ne education. Manage the completion of th * "3 Key Point: E regulatory requirem administration) are within 30 days of as months from last co * "5. When attenda education are outsi management syste completed rosters a There was no docu reflected the requir hospital policy had by the NSC as part 18. During interview	ital online training module, th System ICVR Professional FY23 (4/1/22 - 3/31/23)", gs required for CL NSMs. imentation provided which ig module had been reviewed he NSC as part of CL NSP. ital policy titled "Nursing red Education", dated "Mar e following related to ired for CL NSMs: ew employees receive required or or designee should confirm the education." Education specific to lab thents (i.e. blood product required to be completed ssignment and less than 12 completion." nce rosters for required de of the learning im (LMS), unit leader will retain as appropriate." imentation provided which ed competencies in this been reviewed and approved to f CL NSP. w with SDCSS on 12/07/2022					
STATE OF C	beginning at 1342, through 17. Regard	they confirmed Findings 11					

STATE OF OREGON STATE FORM

ZICG11

If continuation sheet 47 of 107

Health (	are Regulation and (	Quality Improvement			FORMA	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		14-0027	B. WING		C 12/15/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1015 NW	22ND AVENU	JE, W121		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE PORTLAI	ND, OR 9721	0		
(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 (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
E 630	Continued From pa	ae 47	E 630			
E 630	NSP, SDCSS state Regarding the required competencies, and monitor nurses, SD all called out in the 19. Revisit Survey: Questionnaire, com Unit Representative reflected that there assigned to PCU: F Nursing Assistant. T information written required qualification trainings required for 20. Revisit Survey: approved by NSC of following related to and trainings require * Under "Specialize Competencies", it re preferred Licensu RN license required the specialty (Med/S tool. For those nurs before the specialty implemented [sic] e the demonstration of than 1-year experie 2010 are required to	betencies, and trainings in CL d, "No. It's not called out." ired qualifications, trainings for circulating and CSS stated, "Not seeing them NSP." Review of PCU HNSP Unit pleted and signed by PCU DC e and PCU NM on 12/05/2022, were two NSM positions Registered Nurse and Certified There was no additional on the form that described the ons, competencies, and or the two NSM positions. Review of PCU NSP, on 10/24/2022, reflected the qualifications, competencies, ed for PCU NSMs: d Staffing Qualifications and eflected, "Education: BSN ure: Current applicable state d. AHA BLS for Healthcare ency: On hire: RNs complete Surg) competency validation we who have worked in a unit validation tool was evidence of daily work provides of competency. RNs with less ince hired since September o participate in the Legacy RN These nurses complete the				
	competencies, and NSMs. It was uncle checklists PCU RN	learly reflect the qualifications, trainings required for PCU ar which competency s were required to complete lists were not referenced by				
STATE OF C		,	μ			1

## PRINTED: 03/27/2023 FORM APPROVED

Health C	Care Regulation and	Quality Improvement			FURIN	APPROVE	
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		14-0027	B. WING	B. WING		C 12/15/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
		1015 NW	22ND AVENU				
LEGACY	GOOD SAMARITAN		ND, OR 9721	-			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE	
				DEFICIENC	Y)		
E 630	Continued From pa	age 48	E 630				
	title and version or	date. PCU NSP did not reflect					
		competencies, and trainings					
		NA2s, who were assigned to					
		it did not reflect qualifications,					
		trainings required for PCU					
	traveler NSMs and	did not have provisions for					
		ave a different process to					
	validate required co	ompetencies.					
	21 Revisit Survey:	Review of position description					
		se", dated "January 2021",					
	reflected the follow						
		trainings were required for					
	PCU RNs:	5 1					
	* Under "Qualificati	ons", it reflected, "As required					
		strongly preferred. BSN may	1				
		cific assignments"					
		", it reflected, "Current					
	for Healthcare Prov	l license required. AHA BLS					
		ncies", it reflected, "If					
		required for this position					
		be identified and assessed by					
		ding to the required					
	timeframes."	<b>c</b>					
		ich competencies were					
		Ns and whether these					
		ld be reviewed and approved					
	by the NSC as part						
	22 Revisit Survey	Review of position description					
		sing Assistant - GS", dated					
		lected the following					
		petencies, and trainings were					
	required for PCU C	NA2s:					
		ons", it reflected, "Current					
	CNA 2 (Acute Care						
		ncies", it reflected, "If					
		required for this position					
ATE OF C		be identified and assessed by					

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING	B. WING		C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN		22ND AVENU	-		
LEGAG		PORTLA	ND, OR 9721	0		1
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
E 630	Continued From pa	age 49	E 630			
	It was not clear whi required for PCU C competencies woul by the NSC as part 23. Revisit Survey: titled "General Orie included checklists Training/Assessme Glucose 1.75 (GNC and checklist titled Competency Check PCU RN packet list but did not include These additional sk Epidural policy & C zero Phillips Defi There was no docu reflected the compo	Review of PCU RN packet, entation Competency Day RN", titled "LLS POC ent Checklist NOVA StatStrip D Use Only)", version "1.21", "New Hire Restraint Training & klist RN," dated 05/06/2021. ted additional required skills, accompanying checklists. kills included, "Alaris Pump ADD pump PCA Max ibrillator/AED & Code Blue." imentation provided which etencies included in PCU RN eviewed and approved by the	L L L L L L L L L L L L L L L L L L L			
	titled "General Orie included checklist t Training/Assessme Glucose 1.75 (GNC checklist titled "Res Checklist C.N.A/CH "2.2019"; and chec peripheral Saline L Checklist", dated "M listed additional rec accompanying che- included, "Drain ma signs Foley care in the Workplace There was no docu	Review of PCU CNA2 packet, entation Day CNA and Tech", itled "LLS POC ent Checklist Nova StatStrip D Use Only)", version "1.21"; straint Training & Competency HT/Technician", dated klist titled "Discontinuing a ock CNA2 Competency Nov.2019." PCU CNA2 packet quired skills, but did not include cklists. These additional skills anagement Orthostatic vital and urine sample Violence . Phillips Defibrillator/AED." imentation provided which etencies included in PCU				

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LEGACI	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 97210	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
E 630	Continued From pa	age 50	E 630			
		been reviewed and approved				
	titled "New Hire Ass RNs", reflected a lis modules, including, Blood Products", "F Patient Safety (RN) Competency". The provided which refl included in this che	Review of online checklist, signments FY23 - Med/Surg st of 36 required online , "Administration of Blood and Restraint and Seclusion for )", and "Glucose Meter re was no documentation ected the competencies ecklist were reviewed and SC as part of PCU NSP.				
	titled "New Hire Ass Med/Surg", reflecter modules, including Patient Safety (non Competency". Ther provided which reflection	Review of online checklist, signments FY23- CNAs ed a list of 20 required online "Restraint and Seclusion for I-RN)" and "Glucose Meter re was no documentation ected the competencies tocklist were reviewed and SC as part of PCU NSP.				
	Department Requir 2022", reflected the competencies requir * "1. Ensure that ne education. Manage the completion of th * "3 Key Point: E regulatory requirem administration) are within 30 days of as months from last co	Education specific to lab nents (i.e. blood product required to be completed ssignment and less than 12 ompletion." nce rosters for required				
STATE OF C	management syste completed rosters a	m (LMS), unit leader will retain				

Health (	are Regulation and	Quality Improvement			FORM APF	PROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DATE SUF	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
					С	
		14-0027	B. WING		12/15/2	2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	JE, W121		
LLGAUI	GOOD SAMARITAN	PORTLA	ND, OR 9721	0		
(X4) ID		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	-	(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPR		DATE
				DEFICIENCY)		
E 630	Continued From pa	age 51	E 630			
	There was no docu	mentation provided which				
		ed competencies in this				
		been reviewed and approved				
	by the NSC as part	of PCU NSP.				
	28 Revisit Survey:	During interview with PCU NM				
		ne time of qualifications,				
		trainings review, they				
	confirmed Findings					
		ew Hire Assignments FY23 -				
		ey stated that only three checklist were required for				
		stration of Blood and Blood				
		nt and Seclusion for Patient				
	Safety (RN)", and "					
	Competency".					
		ew Hire Assignments FY23 -				
		hey stated that only two ired for PCU CNA2s:				
		lusion for Patient Safety				
		icose Meter Competency".				
		During interview with PCU NM				
		Representative on 12/07/2022 they confirmed Findings 19				
	through 27.	they commed 1 mangs 15				
		Review of SSU HNSP Unit				
		npleted and signed by SSU DC				
	•	e on 12/05/2022 and SSU NM ected the following related to				
		petencies, and trainings:				
		were two NSM positions				
	assigned to SSU: F	RN and CNA2.				
		alifications required for SSU				
		t Nursing Licensure in the				
	to have ACLS."	S for all staff CRNs required				
		alifications required for SSU				
		ent CNA2 license in the state				
STATE OF C			μ			

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING.		-	
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LLGAUI	GOOD SAMARITAN	PORTLA	ND, OR 9721	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
E 630	Continued From pa	age 52	E 630			
	of Oregon. BLS rec	quired."				
STATE OF C	approved by NSC of following related to and trainings require * Under "Specialize Competencies", it r (all staff), Blood Ad Restraints (direct c (direct care staff) ADN, BSN preferre applicable state RM for Healthcare Prov RNs complete the tool. For those nurs before the speciality implemented, evide demonstration of c 1-year experience participate in the Le These nurses co competency valida SSU NSP did not of competencies, and NSMs. It was not c required because t title and version or qualifications, com different NSM posit RNs, SSU CNA2s, 32. Revisit Survey: titled "RN Charge N reflected the follow competencies, and SSU Charge RNs: * Under "Qualificati degree in nursing (	ed Staff Qualifications and reflected, "Annual System SLM ministration (RN only). are staff), and Glucometers . RN Qualifications: Education ed Licensure: Current N license required. AHA BLS viders Competency: On hire Med/Surg specialty validation ses who have worked in a unit y validation tool was ence of daily work provides the ompetency, RNs with less than hired since September 2010 egacy RN residency program omplete the specialty tion tool." Elearly reflect the qualifications, I trainings required for SSU lear which competencies were hey were not referenced by date. SSU NSP did not include petencies, and trainings for tions, such as SSU Charge and SSU traveler NSMs. Review of position description Nurse", dated "January 2022",				

Health (	are Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMF	E SURVEY PLETED
		14-0027	B. WING		C 12/15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 9721	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
E 630	Continued From pa	ge 53	E 630			
STATE OF C	applicable state RN * Under "Competencies are r competencies are r competencies will b the manager accord timeframes." There was no docu reflected the qualific trainings reflected in been reviewed and of SSU NSP. 33. Revisit Survey: titled "RN Staff Nur- reflected the followi competencies, and SSU RNS: * Under "Qualification by licensure. BSN . be required for spect * Under "Licensure" applicable state RN for Healthcare Prov * Under "Competencies are r competencies will b the manager accord timeframes." It was not clear whi required for SSU R competencies had by the NSC as part 34. Revisit Survey: titled "Certified Nur- 05/13/2005, reflected and competencies for * Under "Qualification CNA 2 (Acute Care * Under "Competencies"	I license required." acies", it reflected, "If equired for this position be identified and assessed by ding to the required mentation provided which cations, competencies, and n this position description had approved by the NSC as part Review of position description se", dated "January 2021", ng qualifications, trainings were required for ons", it reflected, "As required strongly preferred. BSN may cific assignments" ', it reflected, "Current I license required. AHA BLS iders." locies", it reflected, "If equired for this position be identified and assessed by ding to the required ch competencies were Ns and whether these been reviewed and approved of SSU NSP. Review of position description sing Assistant - GS", dated ed the following qualifications were required for SSU CNA2s ons", it reflected, "Current				

If continuation sheet 54 of 107

Health Care Regulation and Quali	tv Improvement
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	Care Regulation and IT OF DEFICIENCIES	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TIDI	E CONSTRUCTION	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			PLETED
					С
		14-0027	B. WING		
	PROVIDER OR SUPPLIER	STRFFT ΔΓ	DRESS CITY	STATE, ZIP CODE	
		1015 NW	22ND AVENU		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	ND, OR 9721	-	
(X4) ID				PROVIDER'S PLAN OF CORRECT	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI	COMPLETE DATE
-			_	DEFICIENCY)	
E 630	Continued From pa	ge 54	E 630		
	competencies are r	equired for this position			
		be identified and assessed by			
	the manager accord				
	timeframes."				
		ch competencies were			
		NA2s and whether these			
	by the NSC as part	been reviewed and approved			
	35. Revisit Survey:	Review of SSU RN packet,			
		ntation Competency Day RN",			
	included checklists				
		nt Checklist NOVA StatStrip			
		) Use Only)", version "1.21", "New Hire Restraint Training &			
		klist RN", dated 05/06/2021.			
		ed additional required skills,			
		accompanying checklists.			
		ills included, "Alaris Pump			
		ADD pump PCA Max			
	•	brillator/AED & Code Blue." mentation provided which			
		etencies included in SSU RN			
		viewed and approved by the			
	NSC as part of SSU				
		Review of SSU CNA2 packet,			
	included checklist t	ntation Day CNA and Tech,"			
		nt Checklist Nova StatStrip			
		Use Only)", version "1.21";			
		traint Training & Competency			
	Checklist C.N.A/CH	IT/Technician", dated			
		klist titled "Discontinuing a			
		bock CNA2 Competency			
		Nov.2019." PCU CNA2 packet			
		uired skills, but did not include cklists. These additional skills			
		anagement Orthostatic vital			
		and urine sample Violence			
		,	μ		

## PRINTED: 03/27/2023 FORM APPROVED

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		COM	E SURVEY PLETED	
		14-0027	B. WING			C 12/15/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
EGACY	GOOD SAMARITAN		/ 22ND AVENU ND, OR 97210	-			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
E 630	Continued From pa	ige 55	E 630				
	There was no docu reflected the compo- CNA2 packet had b by the NSC as part 37. Revisit Survey: titled "New Hire Ass RNs", reflected a lis modules, of which the RNs: "Administration Products" and "Res Patient Safety (RN) documentation pro- competencies inclu	Review of online checklist, signments FY23 - Med/Surg st of 36 required online two were required for SSU on of Blood and Blood straint and Seclusion for					
	titled "New Hire Ass Med/Surg", reflecter modules, of which of CNA2s: "Restraint a Safety (non-RN)". T provided which refle included in this che	Review of online checklist, signments FY23- CNAs ed a list of 20 required online only one was required for SSU and Seclusion for Patient There was no documentation ected the competencies cklist were reviewed and SC as part of SSU NSP.					
	Department Requir 2022", reflected the competencies requir * "1. Ensure that ne education. Manage the completion of th * "3 Key Point: E regulatory requirem administration) are	Education specific to lab nents (i.e. blood product required to be completed ssignment and less than 12					

Health C	Care Regulation and	Quality Improvement				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
			A. BUILDING.	·		
		14-0027	B. WING		C 12/1	5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		W 22ND AVEN	-		
LEGAUI	1	PORTI	AND, OR 9721	10	r	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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) COMPLETE DATE
E 630	Continued From pa	ige 56	E 630			
	<ul> <li>* "5. When attenda education are outsi management syste completed rosters a There was no docu reflected the require hospital policy had by the NSC as part</li> <li>40. Revisit Survey: on 12/06/2022 begi Findings 30 through qualifications, comp SSU NSMs were no NSP.</li> <li>41. Revisit Survey:</li> </ul>	nce rosters for required de of the learning m (LMS), unit leader will reta as appropriate." mentation provided which ed competencies in this been reviewed and approved of SSU NSP. During interview with SSU N inning at 1615, they confirme h 39 and acknowledged that betencies, and trainings for ot clearly described in SSU Review of WWP NSP,	ain d IM			
STATE OF C	approved by NSC of following related to and trainings: * "Competency: On specialty Women's validation tool. For worked in a unit be tool was implement provides the demon with less than 1-yea September 2010 at Legacy RN residen general and specia complete the specia tool." It was not clea curriculums were re because they were version or date. * "On-going compe specialty requirement based on the unit of development plan. specialty competent	on 09/26/2022, reflected the qualifications, competencies hire: RNs complete the Services competency those nurses who have fore the specialty validation ted evidence of daily work hstration of competency. RN ar experience hired since re required to participate in th cy program, which includes lty curriculum. These nurses alty competency validation ar which general and special equired as part of WWP NSF not referenced by title and tency: Competency and ents and content is provided r specialty professional These nurses complete the icy validation tool in E+." It w	s ne ty			

Health Care Regulation and Quality Improvement

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						С
		14-0027	B. WING		12/	15/2022
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
EGACY	GOOD SAMARITAN	MEDICAL CENTE	/ 22ND AVENU .ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
E 630	Continued From pa	ge 57	E 630			
	tool was required a	cialty competency validation s part of WWP because it was itle and version or date.	;			
	required for WWP competencies were not referenced by ti NSP did not include competencies and RNs and did not inc	petencies and trainings NSMs. It was not clear which a required because they were tile and version or date. WWP the qualifications, trainings for WWP traveler clude provisions to allow WWF re a different process to				
	document, titled "N reflected 41 WWP required for WWP f "AA.LWS.Unit Safe CPS.Administration - SLM CPS.Epic CPS.Falls Preve Nursing - SLM C CPS.Labeling La CPS.OB Code Blue Ulcer Prevention B LH.Pharmaceutical LH.Stroke Services Nurses - SLM LI Transport LLS.F Procedural Suites - Services.Competer There was no docu reflected these com	Review of undated hospital ew Hire FBC Traveler RNs", competencies and trainings traveler RNs, including ty Orientation 2014 of Blood and Blood Products lural Pain Management - SLM ntion Best Practice Bundle - CPS.Informed Consent - SLM uboratory Specimens - SLM e - SLM CPS.Pressure est Practice Bundle - SLM Waste Management - SLM Waste Management - SLM S.Inpatient Code Stroke For LS BB Training - Blood Fire Prevention in the OR & SLM LH.Women's ncy Checklists" mentation provided which spetencies had been reviewed e NSC as part of WWP NSP.				
	document, titled "Fl	Review of undated hospital BC Initial Professional - RN and Nurse Resident				

Health Care	Regulation	and Quality	y Improvement	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COM	E SURVEY PLETED C	
		14-0027	B. WING		12/	12/15/2022	
AME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S				
EGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
E 630	Continued From pa	ige 58	E 630				
	and trainings were * Under "Profession reflected five require "New Employee Or Nursing Orientation Competency Assess Welle Trainings in 2 * Under "New Hire Jack required competen "AA.LWS.Instruction Curriculum 2018 and Management Stewardship - SLM SLM Elsevier Ass Patients (Maternal Breastfeeding Educ LH.Women's Servic LLS.BB Training - E StatStrip 1.75 Gluc Competency" * "Under "New-Hire reflected 44 require "LWS.Antepartum H Test Women's Servic Competency Check Core.Nursing Care in the FBC LWS Surgical Items in th and transporting su Family Birth Center Speciment - SLM Exam Training for F Examination of Vag Competency AA Resuscitation Protoc	esment E+ Transition to 2022" Assignments", it reflected 43 cies, including ns for Women's Orientation . CPS.Adult Pain Assessment CPS.Antimicrobial CPS.Autimicrobial CPS.Surviving Sepsis - sessment: Postpartum - Newborn) Elsevier, cation (Maternal-Newborn) ces.Competency Checklists Blood Transport Nova ose Meter Initial Training and e Unit-Specific Items", it ed competencies, including Fetal Surveillance Competency Services Circulator clist Nov 2019 FBC of the Post Anesthesia Patient b.Prevention of Retained te FBC OR LWS.Cleaning irgical instruments in the form CPS.Care and Handling of LWS.Sterile Speculum RNs POC.Fern Test jinal Fluid 6 Month AP Advanced Neonatal					

STATE FORM

Health C	Care Regulation and	Quality Improvement			FURI	APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED
		14-0027	B. WING		C 12/15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		1015 NW	22ND AVENU	E, W121		
LEGACY	GOOD SAMARITAN		ND, OR 97210	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	E APPROPRIATE	COMPLETE DATE
				DEFICIENCY)		
E 630	Continued From pa	age 59	E 630			
	44. Revisit Survey:	Review of undated hospital				
	document, titled "F	BC Core Curriculum -				
		Nurse Resident FY2023",				
		uired competencies and				
		"Postpartum/Newborn Periop Training for the FBC				
		I FBC staff Core.General 1				
		ral 2 Labor Training"				
	There was no docu	imentation provided which				
		npetencies and trainings had				
		approved by the NSC as part				
	of WWP NSP.					
	45. Revisit Survey:	During interview with WWP				
		nd NEPS on 12/07/2022				
	<b>U</b>	they all provided the following				
		qualifications, competencies				
		red for WWP NSMs: WWP traveler RNs were not				
		te the same competencies and				
		al-employed RNs, even though				
		were required to complete the				
		pital-employed RNs.				
		WWP traveler RNs were				
		te "New Hire FBC Traveler nat the hospital expected				
		ne with an initial competency				
		eted by their contracting				
	agency.	, ,				
	* They confirmed the					
		trainings required for WWP				
		not included in WWP NSP. 'FBC Initial Professional				
		- RN and Nurse Resident				
		alent to "specialty professiona	1			
		in WWP NSP. They stated				
	that all new WWP	RNs were required to complete				
		nal Development Plan"				
	trainings in "FBC Ir	nitial Professional Developmen	[ ]			

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEMEI	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
LEGAC	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 9721	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
E 630	Continued From pa	ae 60	E 630			
	the 43 "New Hire A Unit-Specific Items" Professional Develor Resident FY2023" per manager discret * They stated that " Transition RN and I	e Resident FY2023", but that ssignments" and 44 "New-Hire ' included in "FBC Initial opment Plan - RN and Nurse were "assigned to new hires etion". FBC Core Curriculum - Nurse Resident FY2023" was ialty curriculum" in WWP NSP.				
E 634	OAR 333-510-0110	(2) (c) NSP: Total Diagnoses	E 634			
		on total diagnoses for each e nursing staff required to diagnoses; I3.042 & 441.155				
	This Rule is not me (OAR 333-510-011					
	This Rule is not me	t as evidenced by:				
	Questionnaires and (CCU, CL, PCU, SS determined the hos hospital-wide NSP	and review of HNSP Unit I unit NSPs for 5 of 5 units SU and WWP), it was pital failed to implement a that was developed based on each unit and the nursing staff e those diagnoses.				
	Findings include:					
TATE OF C	with the requiremen (c). OHA previously cite noncompliance with	ects repeated noncompliance nt under OAR 333-510-0110(2) ed the hospital for n this rule in the nurse staffing				

STATE OF OREGON STATE FORM

(X3) DATE SURVEY

	OF CORRECTION	IDENTIFICATION NUMBER:	. ,			PLETED
		14-0027	B. WING			C 15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
		1015 NV	V 22ND AVEN	,		
LEGACI	GOOD SAMARITAN	PORTLA	AND, OR 9721	10		
(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 (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
E 634	Continued From pa	ge 61	E 634			
E 034	survey initiated on 0 citation reflected no SPO, ED/UC and S 2. Review of CCU H completed by CCU 12/05/2022 and CC reflected the resport total diagnoses liste for this unit, and ho determined", was "I here are the top 10 Malignant neoplasm unspecified organis Malignant neoplasm Encounter for antine Multiple myeloma n Encounter for att Malignant neoplasm prostatic hypertroph symptoms Malig quadrant of left fem oncology unit, patie cancer, active canc unit." 3. Review of CCU N 09/26/2022, reflected diagnoses: * "Patient Populatio rule out cancer I Chemotherapy H	24/30/2018. The previous oncompliance in WWP, PCU, SU units. HNSP Unit Questionnaire, DC Unit Representative on CU NM on 11/29/2022, has to the question, "State the ed in the Nurse Staffing Plan w the diagnoses were Not listed in NSP. However ICD 10 Diagnoses n of prostate Sepsis sm Transsecualism [sic] n of endometrium eoplastic chemotherapy n of endometrium eoplastic chemotherapy n of rectum Benign hy with lower urinary track [sic pant neoplasm of upper-oute hale breast As a designate ents w/ suspicious, history of cer patients are admitted to the NSP, approved by NSC on ed the following related to tota on Diagnosis of cancer or Undergoing treatment Hematopoietic Progenitor Cel insplant) Radiation	e			
	Breast, colorectal, h urology cancer surg Robotic surgery, ind Minimally Invasiv Radio Frequency A procedures related	ery: a) Staging procedures nepatobiliary, gynecologic, gery Gender Affirmation cluding gynecological oncolog ve Surgery (MIS), including blation Other surgical to the malignancy Post				

(X2) MULTIPLE CONSTRUCTION

Health Care Regulation and Quality Improvement

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMEN	VT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 97210	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
E 634	Continued From pa	ge 62	E 634			
	Dehydration Intr vomiting disorders Altered fluid/electro problems Anem Pulmonary toxicitie mental status - sec etc Bowel probl Obstruction C diarrhea Comfor compression Su CCU NSP lacked to procedures and tre 4. During interview beginning at 1530, 5. Review of CL HN completed and sign Representative and reflected no respon total diagnoses liste how the diagnoses 6. Review of CL NS 10/24/2022, reflecte CL. There were no 7. During interview SDCSS on 12/07/2 review, they confirm	with CCU NM on 12/07/2022 they confirmed Finding 3. ISP Unit Questionnaire, ned by CL DC Unit I SDCSS on 12/05/2022, se to the question, "State the ed in the NSP for this unit, and were determined." SP, approved by NSC on ed it lacked total diagnoses for diagnoses listed in CL NSP. with NSC NM Co-Chair and 022 at the time of CL NSP ned Findings 5 and 6. NSC d, "The total diagnoses have				
	Questionnaire, com Unit Representative reflected the respon total diagnoses liste	Review of PCU HNSP Unit apleted and signed by PCU DC e and PCU NM on 12/05/2022, nse to the question, "State the ed in the Nurse Staffing Plan w the diagnoses were				

Health C	Care Regulation and	Quality Improvement			FURIN	APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		44.0007	B. WING			C
		14-0027	B. WING		12/	15/2022
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
LEGACY	GOOD SAMARITAN		/ 22ND AVENU ND, OR 97210	-		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETI
E 634	Continued From pa	age 63	E 634			
	from financial prog	30 diagnosis [sic], as pulled ram manager." It was unclear es were considered in the CU NSP.				
	by NSC on 10/24/2 "Appendix B (comm list of 30 diagnoses codes. It was uncle	Review of PCU NSP, approved 2022, reflected under non diagnosis [sic] for PCU)" a s listed by ICD10 Diagnosis ear how these 30 diagnoses the development of PCU				
	Unit Representative they confirmed Fine diagnoses for PCU "Case Mix Index if	During interview with PCU DC e and PCU NM on 12/07/2022, ding 9 and stated that the total unit was referred to as the available" under "Acuity and However, there were no that section.	,			
	Questionnaire, con Representative on 12/02/2022, reflect question, "State th Nurse Staffing Plan diagnoses were de Joint Replacement weight loss surgery Podiatry, Gen abd life care, GI disorde management/PCA, psychiatric disorde oncology overflow procedures and ge	Review of SSU HNSP Unit npleted by SSU DC Unit 12/05/2022 and SSU NM on ed the response to the ne total diagnoses listed in the n for this unit, and how the termined", was "Orthopedic s, Hip Fracture, Bariatric /, Nero [sic]/Spine surgery, surgery. Insulin drips, end of ers, respiratory conditions, pair , complicated wound care, rs, general med/surg and " The listed items were neral nursing care tasks and s of SSU patient populations.	n			
ATE OF C	12. Revisit Survey: approved by NSC of	Review of SSU NSP, on 09/26/2022, reflected the				

STATE FORM

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		14-0027	B. WING		C 12/15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S			
		1015 NW	22ND AVENU			
LEGACI	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 97210	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
E 634	Continued From pa	ige 64	E 634			
STATE OF 0	patient population/c primarily: Bariatric, Orthopedic joint rep Neurology/Spine, p abdominal surgery Stable patients requ monitoring End- disorders including obstruction Puln respiratory isolation management includ medication adminis care and ostomy m patients Overflor patients Overflor patients Overflor patients Overflor patients SSU NS only listed unit proc and patient populat 13. Revisit Survey: Questionnaire, com DC Unit Represents NM on 12/05/2022, question, "State the Nurse Staffing Plan diagnoses were dei items, some of white as, "Care of the hig Postpartum dilation Newborn interver circumcision, frener lactation and newbo lactation services It included, "See nu diagnosis [sic]."	Review of WWP HNSP Unit appleted and signed by WWP ative on 12/06/2022 and WWF reflected the response to the total diagnoses listed in the for this unit, and how the termined", was a list of 20 ch were not diagnoses, such h-risk obstetric patient & curettage Tubal ligation ntions - IV, phototherapy, ctomies Care of the orn feeding Outpatient Care of the surgical patient". Trse staffing plan for additional Review of WWP NSP, on 09/26/2022, reflected the				

		Quality Improvement				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 12/15/2022	
		14-0027				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FGACY	GOOD SAMARITAN		V 22ND AVENU	-		
		PORTLA	ND, OR 97210	)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLET	
E 634	Continued From pa	age 65	E 634			
	procedures and oth Induction and augn Pregnancy monitor Postpartum dilation * "Care of the surgi in reference docum * "Resource docum Diagnosis Codes" WWP NSP did not for WWP. 15. Revisit Survey: RNS on 12/06/2022 stated FY19 Primate	bint items that included ner activities, such as, " nentation of labor ing and assessment a & curettage Tubal ligation" ical patient Total diagnoses nents." nents FY19 Primary clearly reflect total diagnoses During interview with WWP 2 beginning at 1500, they ry Diagnoses Codes were not SC and were not in WWP				
E 636	Recognized Evider (2) The staffing pla (d) Must be consist evidence-based sta established by prof organizations such American Associati American Operatin American Society of (ASPAN); Stat. Auth.: ORS 4 Stats. Implemented	n: tent with nationally recognized andards and guidelines essional nursing specialty as, but not limited to: The ion of Critical Care Nurses, g Room Nurses (AORN), or of Peri-Anesthesia Nurses 13.042 & 441.155 d: ORS 441.155 et as evidenced by: 0(2)(d))	E 636			

STATE OF OREGON STATE FORM

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If continuation sheet 66 of 107

Health C	are Regulation and	Quality Improvement			FORM	IAPPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 12/15/2022			
		14-0027						
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE				
		1015 NW	22ND AVENU	E, W121				
LEGACY	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 9721	)				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C		(X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)				
E 636	Continued From page 66		E 636					
	Questionnaires and unit NSPs for 1 of 5 units							
		mined the hospital failed to						
	implement a hospital-wide NSP that was							
	developed to reflect for each unit consistency with		ו					
	current, nationally-recognized evidence-based standards and guidelines established by							
	professional nursing specialty organizations.							
	Findings include:							
	1. This citation reflects repeated noncompliance							
	with the requirement under OAR 333-510-0110(2)		)					
	(d).							
	OHA previously cited the hospital for							
	noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous							
	citation reflected noncompliance in PCU, SPO							
	and SSU units.							
		HNSP Unit Questionnaire,						
	completed by CCU DC Unit Representative on							
	12/05/2022 and CCU NM on 11/29/2022,							
	reflected the following related to nationally-recognized evidence-based standards							
	and guidelines:							
	* The response to t	the question, "Does the Nurse						
	Staffing Plan use evidence-based standards",							
	was "Yes."							
		the question, "If yes, list the						
	organization", was "ONS Each standard is checked & updated by system's CPS oncology							
	educator."	, source of o choology						
	* It included, "Not listed in NSP. However here							
		10 Diagnoses Malignant						
		te Sepsis unspecified						
		secualism [sic] Malignant netrium Encounter for						
		notherapy Multiple						
		g achieved remission						
		ition to ileostomy Malignant						

Health (	Care Regulation and	Quality Improvement						
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         14-0027		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		B. WING			C 15/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE				
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 97210	-				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF				
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE DATE			
E 636	Continued From page 67		E 636					
	REGULATORY OR LSC IDENTIFYING INFORMATION)							

Health C	are Regulation and	Quality Improvement						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		. ,		(	(X3) DATE ( COMPL	
		14-0027		B. WING			C 12/1	; 5/2022
NAME OF F	PROVIDER OR SUPPLIER	S	TREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
I FGACY	GOOD SAMARITAN			22ND AVENU				
LEGAGI		P	ORTLAN	ID, OR 9721				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIC		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD	BE	(X5) COMPLETE DATE
E 638	Continued From pa	ge 68		E 638				
E 638	OAR 333-510-0110 Nursing Care Intens	(2) (e) NSP: Patient Ad sity	cuity &	E 638				
	(2) The staffing plan (e) Must recognize and nursing care in Stat. Auth.: ORS 41 Stats. Implemented	differences in patient a tensity; I3.042 & 441.155	cuity					
	This Rule is not me (OAR 333-510-0110							
	This Rule is not me	t as evidenced by:						
	Questionnaires and (CL, CCU, PCU, SS determined the hos hospital-wide NSP	and review of HNSP U I unit NSPs for 5 of 5 un SU and WWP), it was pital failed to implemen that was developed to unit differences in patie care intensity.	nits nt a					
	Findings include:							
	with the requirement (e). OHA previously cite noncompliance with survey initiated on (	n this rule in the nurse s 04/30/2018. The previo oncompliance in WWP,	0110(2) staffing us					
	completed and sign Representative on 11/29/2022, reflected	HNSP Unit Questionnai ned by CCU DC Unit 12/05/2022 and CCU N ed the following related	IM on					

patient acuity and nursing care intensity:

\* The response to the question, "According to the

Health Care Regulation and Quality Improvement

(X3) DATE SURVEY

COMPLETED С 12/15/2022

Health Care Regulation and	Quality Improvement	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:
	14-0027	B. WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

# 1015 NW 22ND AVENUE, W121

LEGACY		22ND AVEN ID, OR 972		
(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
E 638	Continued From page 69	E 638		
	<ul> <li>Nurse Staffing Plan, is a tool used to assess acuity and intensity", was "No."</li> <li>* The response to the question, "If a tool is not used, how does the unit determine acuity and intensity", was "Charge Nurse assesses acuity during a shift. CRN receives full report from off going CRN. Factors reported: diagnosis, isolation, chemo/treatments, specialty-specific needs, skill mix, psycho-social issues."</li> <li>* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change?" was "CRN is aware of current acuity in the department. If acuity increases suddenly CRN is the first to request more help, re-think assignments and access ANM, RN educator and/or RN Mgr. CRN, house supervisor, ANM &amp; RN Mgr. can make changes."</li> <li>3. Review of CCU NSP, approved by NSC on 09/26/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example:</li> <li>* "Acuity and Nursing Intensity Acuity: [checked box] High [checked box] Average Nursing Intensity: [checked box] Average Charge nurses also consider the unique characteristics of the patient, the nurses' competencies, and the resources available when making staffing decisions (AACN, 2015) Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers and discharges on a unit the greater the nursing intensity. Patient acuity and related nursing care intensity and vary day to day, shift to shift or more frequently."</li> </ul>			
STATE OF C		6899	ZICC11 If continuation	n sheet 70 of 107

	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		14-0027	B. WING			C 15/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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	Continued From pa	ge 70	E 638			
	document, dated "2 "Acuity Quick Gland criteria: "Acuity Qui spaces next to: "Ch MUPIT: Comfort Complex Psychoso Sitter needs >th Preceptors/Oriente Admissions: Oth documentation prov patient acuity and n included in this doc approved by the NS	d CCU staff assignment 2022", reflected it included an ce Chart" with the following ck Glance Chart" with blank nemo: ASCT: DIEP: t Care: Total Care: ocial Issues: Behavioral an average meds and IVs es Expected Direct ners". There was no vided which reflected the nursing care intensity criteria ument had been reviewed and SC as part of CCU NSP.	ł			
	Matrix (September, following related to care intensity: * It included a matri rows. The top of the "2245 Days" and "2 Days", there were f "RN", "CRN", "CNA Nights", there were "CRN", "CNA2", an the "Census", "RN" columns had a num "Productivity" colum example, the first ro reflected for "Censu "CNA2" 0, and "Pro * Below the matrix, "Oncology Specific Rituxan: 1:1, High I	document titled "FY23 - 6W 2022 version)", reflected the patient acuity and nursing ix with nine columns and 30 e matrix had two headings, 245 Nights." Under "2245 ive columns titled, "Census", 2", and "US". Under "2245 four columns titled, "RN", d "Productivity". Each row in , "CRN", "CNA2", and "US" nber. Each row in the nn had a percentage. For bw under "2245 Days" us" 8; "RN" 1, "CRN" 1, oductivity" 102%. CCU document reflected, Staffing First Taxol and Dose VP 16:1:1, DIEP=3:1 ASCT Day 0 reinfusion: 1:1				

STATE FORM

TATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
EGACI	GOOD SAMARITAN	PORTLA	ND, OR 97210	)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
E 638	Continued From pa	age 71	E 638			
	reflected the patient acuity criteria included in this document had been reviewed and approved by the NSC as part of CCU NSP.					
	beginning at 1530, assignment docum section that was co Matrix (September, documents were us determine patient a intensity. CCU NM was included in CC	with CCU NM on 12/07/2022 they stated that CCU staff ent included an acuity tool ombined with "FY23 - 6W , 2022 version)", and both sed by CCU Charge RN to acuity and nursing care stated that neither document CU NSP. Regarding patient care intensity, CCU NM stated very generic."				
	at 1508, CL DC RN patient acuity and r staff every case, w very complex, the s patient acuity was I DC RN stated that terms of staffing. W intensity was last m	e tour on 12/05/2022 beginning I stated the following related to nursing care intensity: "We hether it is very simple or same." When asked when ast monitored on the unit, CL it was not really monitored in /hen asked when nursing care nonitored on the unit, CL DC t it was not really monitored on staffing.				
	completed and sign Representative and reflected the follow and nursing care in * The response to to overall acuity and in was "N/A."	d CL NM on 12/05/2022, ing related to patient acuity itensity: the question, "How often is the ntensity for the unit reviewed",				
	process for changing	the question, "What is the ng the overall acuity and t? Who is allowed to make this ."	5			

STATE FORM

### STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 638 Continued From page 72 E 638 9. Review of CL NSP, approved by NSC on 10/24/2022, reflected the following related to patient acuity and nursing care intensity: \* There were checkboxes for "Acuity High ... Average ... Low". The boxes next to each acuity rating were checked. \* There were checkboxes for "Nursing Intensity" "High .. Average ... Low". Only the box next to "High" was checked. \* It reflected: "Additional Details ... Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers and discharges. The more complex the patient illness the more intense the required nursing care or the more admissions, transfers, and discharges on a unit the greater the nursing intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently." CL NSP did not clearly reflect how acuity and nursing care intensity was objectively evaluated, calculated, and determined for individual patients. 10. During interview with NSC NM Co-Chair and SDCSS on 12/07/2022 at the time of CL NSP review, they both confirmed Findings 7 through 9. SDCSS stated, "The total amount of RNs available determines the number of patients that can be seen. The skill mix in the [Cath] Lab depends on how acute the patient is and which RNs/teams are assigned. We flex up if higher acuity, bring in additional staff and shift people around based on skills or comfort level." When asked who makes that decision, SDCSS responded, "The Charge nurse in consultation with the Nurse Manager." 11. Revisit Survey: During PCU onsite tour on 12/05/2022 beginning at 1410, PCU DC RN STATE OF OREGON

STATE FORM

Health Care Regulation and Quality Improvement

ZICG11

If continuation sheet 73 of 107

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	FLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
FGACY	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LGACI	GOOD SAMARITAN	PORTLA	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVEREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ACTION SHOULD BE CON TO THE APPROPRIATE D	
E 638	Continued From pa	age 73	E 638			
	acuity and nursing a specific tool, but to ongoing and update updated throughour during handoff are intensity of the unit nurse who rounds to formal update at er will communicate wo other charge nurse once during night s in [patient] condition on the unit most ap needs." * PCU DC RN was patient acuity and r reflected in the staff onsite tour. PCU DC anywhere." It was not clear dur NSP was used to o and nursing care in 12. Revisit Survey: Questionnaire, corr Unit Representative reflected the follow and nursing care in * The response to to unit determine acui charge nurse review throughout the shift from staff." * The response to to	ess for monitoring patient care intensity: "We don't have the strategy is to have an ed assignment sheet which is t the shift. Patient details passed along. Acuity and is monitored by the Charge throughout the shift and gets a nd of shift. The charge nurse <i>vith</i> the house supervisor and s twice during day shift and hift. They will discuss changes n and will try to place patients propriate for their level of care unable to demonstrate how nursing care intensity was fing for the shift during PCU C RN stated, "This isn't written ing PCU onsite tour how PCU bjectively determine acuity tensity for individual patients. Review of PCU HNSP Unit npleted and signed by PCU DC e and PCU NM on 12/05/2022, ing related to patient acuity itensity: the question, "How does the ity and intensity", was "Unit ws acuity on handoff & t & with end of shift handoff the question, "How often is the ntensity for the unit reviewed",				
ATE OF C	was "Ongoing." * The response to t process for changir intensity for the unit	ntensity for the unit reviewed", the question, "What is the ng the overall acuity and t? Who is allowed to make this	;			

### STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 638 Continued From page 74 E 638 change", was "Charge RN in conjunction with nursing supervisor & staff." It was not clear from PCU HNSP Unit Questionnaire whether PCU NSP had a system for how acuity and nursing care intensity was objectively evaluated, calculated, and determined for individual patients. 13. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example: \* Under the section titled "Acuity and Nursing Care Intensity", it reflected, "Charge nurses consider the unique characteristics of the patient, the nurse's competencies, and the resources available when making staffing decisions (AACN, 2015)," Additionally, PCU NSP reflected, "Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers, and discharges. The more complex the patient's illness the more intense the required nursing care or the more admissions, transfers, and discharges on a unit the greater the nursing care intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently." 14. Revisit Survey: During interview with PCU DC Unit Representative and PCU NM on 12/07/2022 beginning at 1120, they both confirmed Findings 11 through 13. PCU NM stated that the "Charge nurse has the ability to determine staffing needs based on patient acuity and intensity as well as skill level and mix of direct care RNs. Direct care RNs round with the charge nurse and provide input to the charge nurse." 15. Revisit Survey: During SSU onsite tour on STATE OF OREGON

Health Care Regulation and Quality Improvement

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LLGAU	GOOD SAMARITAN	PORTLAI	ND, OR 97210	)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
E 638	Continued From pa	ge 75	E 638			
STATE OF 0	12/05/2022 beginni explained the proce and nursing care in staffing by matrix. A Charge nurse. We Charge nurse does so the Charge nurse experience. It's a C Sometimes the nur because they know other units and will assignments for the nurse does this for Charge nurse does asked how often ac monitored, SSU DC responded, "Every 0600 and 1800." SS there used to be a ' to assist in monitor but that it was retire * When asked to sf was reflected in the SSU DC RN explain for acuity and inten- staffing. Nurses on before end of shift, shared drive." They had access to these input. SSU DC RN "longboard for devia It was not clear dur NSP was used to o and nursing care in 16. Revisit Survey: Questionnaire, com Unit Representative on 12/02/2022, refue patient acuity and n	ng at 1252, SSU DC RN ess for assessing patient acuity tensity: "Two parts - we have Assignments are made by the have a small unit and the n't usually care a patient load, e uses their knowledge and harge nurse judgment. sing supervisor is involved what types of patients are on consider this when making e next shift. The NOC Charge day shift and the day shift this for NOC shift." When cuity and intensity was C Unit Representative 12 hours at end of shift SU DC RN also stated that "Patient Classification System" ing patient acuity and intensity ed in 2021. now how acuity and intensity e staffing for the current shift, ned that the unit "uses a report sity in decisions regarding the unit update the report and the reports are on a v stated that the Charge RN e reports and used SSU nurse also stated there was a				

TATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		14-0027	B. WING			C 15/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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E 638	Continued From pa	age 76	E 638			
	* The response to t	the question, "How does the				
		ity and intensity", was "The				
		patient care assignments for				
		patient acuity. The Charge RN	1			
		] skill, is there CNA support,				
		e expected for the shift, and				
		t needs. Patient care issues				
	such as Medication	ls, mobility issues are all taken				
		when making assignments."				
		the question, "How often is the				
		overall acuity and intensity for the unit reviewed",				
	was "Once per shift when staffing the					
		be considered throughout the				
		come and go from the				
	department."	In a second data and the second second				
	•	the question, "What is the				
		ng the overall acuity and t? Who is allowed to make this				
		t to shift acuity or in general				
		ucture of what acuity we take."				
	It was not clear from					
		ther SSU NSP had a system				
		nursing care intensity was				
		ed, calculated, and determined				
	for individual patier	nts.				
	17. Revisit Survey:	Review of SSU NSP,				
		on 12/06/2022, reflected it				
		nod, system, or criteria for				
		ning acuity and nursing care				
		ual patients. For example:				
		titled, "Acuity and Nursing				
		ed, "Surgical Specialties software-based patient				
		m (PCS) that was based on				
		ation to determine hours of				
		ed for an individual patient.				
		d 2021, new tool being				

	NT OF DEFICIENCIES	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DENTIFICATION NONDER.	A. BUILDING:			
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET DATE
E 638	Continued From pa	ge 77	E 638			
	competencies, and making staffing dec care intensity is driv acuity as well as we admissions, transfe complex the patien required nursing care transfers, and disch the nursing care int related nursing care day, shift to shift or description for nurs	ics of the patient, the nurses' the resources available when bisions (AACN, 2015). Nursing ven by the level of patient orkload generated by ers, and discharges. The more t illness the more intense the re or the more admissions, harges on a unit the greater ensity. Patient acuity and e intensity may vary day to more frequently." The ing care intensity reflected in consistent with the definition ensity in OARs.				
	on 12/05/2022 begi confirmed Findings Charge RNs look a admissions dischar factors to make ass nurses communica their patients' acuity and intensity is high	evisit Survey: During interview with SSU NM 2/05/2022 beginning at 1615, SSU NM rmed Findings 15 through 17 and stated that ge RNs look at the patient population, ssions discharges and transfers, and other rs to make assignments. They stated, "The es communicate with the charge nurse about patients' acuity and intensity. If the acuity ntensity is high, the charge nurse can ask for staff and adjust staffing due to acuity				
	Questionnaire, com DC Unit Represent NM on 12/05/2022, to patient acuity and * The response to t Nurse Staffing Plan acuity and intensity * The response to t used, how does the	Review of WWP HNSP Unit ppleted and signed by WWP ative on 12/06/2022 and WWP reflected the following related d nursing care intensity: he question, "According to the the question, "According to the the question, "According to the the question, "If a tool is not e unit determine acuity and cox Women's Pavilion utilizes				

#### Health Care Regulation and Quality Improvement STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 638 Continued From page 78 E 638 Standards for Professional Registered Nurse staffing for perinatal unit guidelines. Competency and specialty requirements and content is provided based on the unit or specialty professional development plan. These nurses utilize the tiered communication process to escalate acuity changes. The charge nurse will determine the acuity and intensity of patient care on the unit. Charge nurse reference AWHONN standards, reassess to maintain safe staffing throughout the shift. Frequent communication with bedside nurse to be aware of any changes or deterioration of patient condition." \* The response to the question, "How often is the overall acuity and intensity for the unit reviewed", was "The acuity and intensity for the unit is reviewed at shift change, admission, transfer time, and ongoing throughout the shift. The acuity and intensity is evaluated at shift change, and continues throughout the day." \* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change", was "The Charge nurse is empowered to make acuity changes based on the intensity of the nursing care anytime throughout the shift. The Charge RN makes changes PRN throughout the day as acuity/[patient condition] changes." 20. Revisit Survey: Review of WWP NSP, approved by NSC on 09/26/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example: \* "Acuity and Nursing Intensity" section reflected "Acuity [checked box] High [checked box] Average ... Wilcox Women's Pavilion utilizes our professional organization 2011 AWHONN Guidelines for Professional Registered Nurse Staffing for Perinatal Units guidelines ... Wilcox

	are Regulation and	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
		14-0027	B. WING			C 15/2022	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		12/10/2022		
		1015 NW	/ 22ND AVENU				
LEGACY	GOOD SAMARITAN		ND, OR 97210				
(X4) ID PREFIX TAG	ÉFIX (EACH DEFICIENCY MUST BE PRECEDED		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
E 638	Continued From pa	ige 79	E 638				
	nursing documenta nursing care neede Charge nurses also characteristics of th competencies, and making staffing dec Nursing care intens patient acuity as we admissions, transfe complex the patient required nursing car transfers and disch nursing intensity. Pa nursing care intens shift or more freque nursing care intens	n system that is based on tion to determine hours of d for individual patient o consider the unique he patient, the nurse the resources available when cisions (AACN, 2015) sity is driven by the level of ell as workload generated by ers and discharges. The more t illness the more intense the ure or the more admissions, arges on a unit the greater the atient acuity and related ity may vary day to day, shift to ently." The description for ity reflected in WWP NSP was the definition for nursing care	5				
E 640	Numbers on Specif (2) The staffing plan (f) Must establish m staff, including licer certified nursing as shifts Stat. Auth.: ORS 47 Stats. Implemented	n: ninimum numbers of nursing nsed practical nurses and sistants, required on specified 13.042 & 441.155 I: ORS 441.155	E 640				
	This Rule is not me (OAR 333-510-011)	0(2)(f))					
	This Rule is not me	as evidenced by:					
	Based on interview Questionnaires and	and review of HNSP Unit					

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If continuation sheet 80 of 107

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		14-0027	B. WING			15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
E 640	Continued From pa	age 80	E 640			
	(CCU, CL, PCU, SSU and WWP), it was determined the hospital failed to implement a hospital-wide NSP that established minimum numbers of nursing staff required on specified shifts.					
	Findings include:					
	with the requirement (f). OHA previously cite noncompliance with survey initiated on	h this rule in the nurse staffing 04/30/2018. The previous photometry provides the previous photometry of the photometry				
	beginning at 1340, document titled, "F 2022 version)" and numbers and then acuity." They stated met on the current the unit had 34 pati minimum number of	ite tour on 12/05/2022 CCU DC RN provided a Y23 - 6W Matrix (September, stated, "These are minimum we go up depending on d minimum numbers were not shift because "this morning" tents and 9 RNs, and the of RNs for 34 patients should C RN stated, "We were down ng."				
	(September, 2022) following related to on specified shifts: * It included a matr rows. The top of the "2245 Days" and "2 Days", there were f "RN", "CRN", "CNA Nights", there were	tool, titled "FY23 - 6W Matrix version)", reflected the minimum numbers of NSMs ix with nine columns and 30 e matrix had two headings, 2245 Nights." Under "2245 five columns titled, "Census", 22, and "US". Under "2245 four columns titled, "RN", d "Productivity". Each row in				

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If continuation sheet 81 of 107

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		14-0027	B. WING			C 15/2022
ME OF PRO	VIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
EGACY GO	OOD SAMARITAN I	MEDICAL CENTE	22ND AVENU ND, OR 97210	-		
X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRE	CTION	(X5)
RÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLET DATE
E 640 Co	ontinued From pa	ge 81	E 640			
co "P ex re "C * E "C Ri (D (ir du Tr re	<ul> <li>E 640 Continued From page 81</li> <li>the "Census", "RN", "CRN", "CNA2", and "US" columns had a number. Each row in the "Productivity" column had a percentage. For example, the first row under "2245 Days" reflected for "Census" 8; "RN" 1, "CRN" 1, "CNA2" 0, and "Productivity" 102%.</li> <li>* Below the matrix, CCU document reflected, "Oncology Specific Staffing First Taxol and Rituxan: 1:1, High Dose VP 16:1:1, DIEP=3:1 (Days) 4:1 (Nights) ASCT Day 0 reinfusion: 1:1 (infusion duration) IP chemo: 1:1 (infusion duration)". There was no documentation provided which reflected this tool had been reviewed and approved by the NSC as part of CCU NSP.</li> </ul>					
09 re sp * ( RI  pa de as pa	0/26/2022, reflected lated to minimum becified shifts: Under "Unit Minim N/# patients", it re 3 RNs: 13-18 pat 5 RNs: 16-30 patients Staffing esignated to accor ssignment. If a new atient is transferre	NSP, approved by NSC on ed the following information numbers of NSMs on num Staffing Expressed as flected, "2 RNs: 1-12 patients ients 4 RNs: 15-24 patients tients 6 RNs: 21-35 ratios on Cancer Care unit are mmodate a 3-5:1 patient care ed is higher than this the d to a higher level of care or high risk chemotherapy."				
nu wa mi Ns nu "F	umbers of NSMs r as not clear how s inimum numbers SP did not include umbers for CNAs.	learly reflect the minimum equired on specified shifts. It staffing ratios affected the reflected in the plan. CCU e specified shifts or minimum Additionally, it did not include (September, 2022 version)", staff the unit.				
5.	During interview	with CCU NM on 12/07/2022				

		Quality Improvement	1			APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
EGACT	GOOD SAMARITAN	PORTLAI	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
E 640	Continued From pa	ge 82	E 640			
	assigned to CCU a CNA2s were not inc	they confirmed CNA2s were nd that minimum numbers of cluded in CCU NSP. They also e were two 12-hour shifts for				
	completed and sign Representative and reflected the followin numbers of NSMs of * The response to t unit determine acuin "Consistent team sin case." * The response to t Nurse Staffing Plan staffing without donumber specified in unit", was "Case so staff, in insufficient It was not clear from Questionnaire whether	A SDČSS on 12/05/2022, ing related to minimum on specified shifts: he question, " how does the ty and intensity", was ize (4 staff, min. 1 RN) per he question, "According to the h, how does the unit adjust lropping below the minimum on the nurse staffing plan for the sheduling dependent on avail staff, cases do not proceed."				
	CL NSP. 7. Review of CL NS 10/24/2022, did not numbers of NSMs of example: * Under "Unit Minim table titled "Cath La columns titled "Reg (0600-1730)" and " Hours/Weekends/H Business Hours (06 RNs: 1-5 patients RNs: 9 patients	SP, approved by NSC on clearly reflect minimum on specified shifts. For num Staffing", there was a ab/SPO." It contained two jular Business Hours				

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Health Care Regula	ation and Quality Improvement	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		14-0027	B. WING			) 5/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-		
			ND, OR 9721			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETI DATE
E 640	Continued From pa	ge 83	E 640			
	patients 11 RNs: Hours/Weekends/H 2 AT: 1 patient." * It included: "At lear members are on du present." * Under "Unit Targe "RN" column and a two rows titled "Day column, it reflected call" for "Night." It a staffing is not desig staffing required bu workload (ADT, acu uncommon for st these factors. The r for which lunch cov considered. Two RI required to fill the for Monitor (RN or RT) only)) for all Diagnor Peripheral vascular cases. One RN and injection procedure	s: 15 patients 10 RNs: 16 17 patients." Under "(After lolidays)", it reflected: "2 RN + est two staff and two other staff ity in the unit when a patient is t", there was a table with an n "RT" columns, as well as d" and "Night". Under "RN" "2RN:1" for "Day" and "2 on lso reflected: "The target ned to reflect the minimum t the target for average patient ity intensity, etc.). It is not traffing to fluctuate based on number of nurses/staffs [sic] erage is required is always N's [sic] and two RTs are pur roles (Circulator (RN only), , Scrub (RN or RT), Tech (RT stic Interventional Cardiac and and interventional radiology t one RT are required for pain s (Monitor/Circulator (RN				
	CL's minimum num under "Unit Target", staffing "target" for was "2 RN:1 patien for "pain injection p one RT", which con minimum numbers section. Additionally	v "Unit Target" factored into bers of NSMs. For example, , CL NSP reflected that the an "average patient" workload t" care assignment and that rocedures" was "One RN and flicted with and was below the set in "Unit Minimum Staffing" y, it was not clear whether RTs le to count towards minimum				
	8. During interview	with NSC NM Co-Chair and				
ATE OF O			р I			1

	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		14-0027	B. WING			C 15/2022
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1015 NW	22ND AVENU	E, W121		
EGACI	GOOD SAMARITAN	MEDICAL CENTE PORTLA	ND, OR 9721	D		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLE DATE
				DEFICIENC	Y)	
E 640	Continued From pa	age 84	E 640			
	SDCSS on 12/07/2	022 beginning at 1647, they				
		6 and 7. NSC NM Co-Chair				
	stated, "If we can't	reach the target number of				
		doesn't open." SDCSS added,				
		a Charge nurse on at the same	e			
		ls," and that the unit "was				
		Charge nurse." SDCSS also				
		e were four RNs at a time ected both "Cath Lab" and				
		stated there are "2 RNs on and	4			
		r the Cath Lab and "2 RNs and				
		r SPO and that "each unit has				
	0	out use the same NSP.				
	9 Revisit Survey: F	Review of PCU NSP, approved				
		022, reflected the following				
		numbers of NSMs on				
	specified shifts:					
		num Staffing", it reflected, "2				
		3 RNs: 13-18 patients 4				
		s 5 RNs: 25-30 patients 6	5			
	RNs: 31-35 patient					
		is designed to accommodate a				
		assignment PCU has nurses ignments (charge) that are	<b>'</b>			
		ipport during coverage of				
		CNAs to monitor lights and				
		. The charge nurse may				
		esources as needed by				
		central staffing office and				
	nursing supervisor.					
		et", it reflected a table with an				
		"CNA2" column, as well as				
		y" and "Night." Under the RN I "1RN: 4pt" for "Day" and				
		ht." Under the CNA2 column, i	t			
		10" for "Day" and "1CNA2: 15"				
		nally, this section reflected,				
	"The target staffing	number of patients is not				
	designed to reflect	the minimum staffing required				

#### STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 640 Continued From page 85 E 640 but the target for average patient workload (ADT, acuity intensity, etc.). It is common for ... staffing to fluctuate based on these factors. The number of nurses for which lunch coverage is required is always considered." \* The "Appendix C (2023 PCU Matrix)", attached to PCU NSP, reflected a table containing several columns which included, "Census ... Unit Leadership ... Manager ... ANM ... Day ... RN ... CNA ... PT/RN ... NOC ... RN ... CNA ... PT/RN ... Total HRS ... Target Hours ..." The census numbers began at 14 and ended at 35. Under each column titled "RN ... CNA" were numbers corresponding to the census numbers. For example, when the census was 14, there was a "5" under RN and a "2" under CNA. PCU NSP did not clearly reflect minimum numbers of NSMs on specified shifts. It was not clear how the "Unit Target" factored into the unit's minimum numbers of NSMs. It was not clear whether the required minimum number of NSMs for 1, 11, or 12 patients were 2 RNs, since under "Unit Minimum Staffing", PCU NSP reflected that staffing was "designed to accommodate a 4-5:1 patient care assignment." PCU NSP did not clearly specify the minimum number of CNA2s, nor whether one RN and another NSM were on the unit when one patient was present. It was unclear why the "target" staffing matrix began at a census of 14 or how it was used in determining minimum staffing for the unit. 10. Revisit Survey: During interview with PCU DC Unit Representative and PCU NM on 12/07/2022 beginning at 1120, they confirmed Finding 9 and acknowledged that minimum numbers were not clearly stated in PCU NSP. When asked whether "Appendix C (2023 PCU Matrix)" was used to determine minimum numbers of NSMs, PCU NM

Health Care Regulation and Quality Improvement

#### Health Care Regulation and Quality Improvement STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 640 Continued From page 86 F 640 stated it was a "target" matrix. 11. Revisit Survey: Review of SSU NSP, approved by NSC on 09/26/2022, reflected the following related to minimum numbers of NSMs on specified shifts: \* Under "Unit Minimum Staffing", it reflected, "Staffing on Surgical Specialities are [sic] designed to accommodate a 4-5:1 patient care assignment ... Surgical Specialities has a charge nurse without a patient assignment that is available for support during lunches, additionally there are CNAs to monitor call lights, patient care needs, and phones. The Charge RN will take a partial patient assignment when census is below 13, and only one unit is open ... when both units are open minimum staffing will be maintained, taking into consideration the availability of the roaming Charge RN to provide lunch breaks." \* "2 RNs: 1-12 patients ... 3 RNs: 13-18 patients ... 4 RNs: 19-24 patients ... 5 RNs: 25-29 patients" \* "Minimum RN staff (when a patient is present): At least one staff RN and one other nursing staff member is on duty in the unit when a patient is present, this applies when patient census is less than minimum staffing ratio. There may be times when 1 RN and 1 CNA are used to maintain minimum staffing while units are being opened or closed." \* Under "Unit Target", it reflected a table with an "RN" column and a "CNA2" column, as well as two rows titled "Day" and "Night." Under the RN column, it reflected "1:4" for "Day" and "1:5" for "Night." Under CNA2 column, it reflected "1:16" for "Day" and "1:1" for "Night." Additionally, this section reflected, "Target staffing levels may vary day to night shift due to changes in nursing intensity with admissions/transfers and discharges."

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ZICG11

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			С
		14-0027	B. WING			15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	/ 22ND AVENU .ND, OR 97210	•		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
E 640	Continued From pa	age 87	E 640			
	numbers of NSMs was not clear how to the unit's minimum clear whether the re NSMs for 1, 11, or under "Unit Minimu reflected that staffin accommodate a 4- SSU NSP did not co number of CNA2s,	learly reflect minimum required on specified shifts. It the "Unit Target" factored into numbers of NSMs. It was not equired minimum number of 12 patients were 2 RNs, since m Staffing," SSU NSP ng was "designed to 5:1 patient care assignment." learly specify the minimum nor whether one RN and on the unit when one patient				
	on 12/06/2022 beg Finding 11 and ack numbers were not They explained, "M 12 patients with 2 F you aim for on a da assignment. I have no required minimu	During interview with SSU NM inning at 1615, they confirmed nowledged that minimum clearly stated in SSU NSP. linimum staffing allows up to RNs present. Target is what by to day basis for a full shift a target number for CNAs, bu um number. I don't have a for the CNAs because you can em."	t			
	Questionnaire, com DC Unit Represent Director on 12/05/2 the question, "Acco Plan, how does the dropping below the the nurse staffing p	Review of WWP HNSP Unit ppleted and signed by WWP ative on 12/06/2022 and WWF 022, reflected the response to ording to the Nurse Staffing a unit adjust staffing without minimum number specified in plan for this unit", was "The uni Standards as well as clinical y to adjust staffing."				
		Review of WWP NSP, on 09/26/2022, did not clearly				

	Care Regulation and I	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		14-0027	B. WING			C 15/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU ND, OR 97210	-		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
E 640	Continued From pa	ge 88	E 640			
		n numbers of NSMs required				
	on specified shifts.	For example: affing Family Birth (Wilcox				
		2 RNs: 1-2 adults or mother	r			
		RNs: 13-16 adults or mother RNs: 17-20 adults or mother				
		RNs: 21-23 couplets adults or				
	mother baby couple					
		specify which shifts the applied to, and it was not clea	r			
	how adults and mo	ther baby couplets affected				
	minimum numbers	of NSMs.				
		During interview with WWP				
		2 beginning at 1500, they 2-hour day and night shifts.				
E 642	OAR 333-510-0110 Unit	(2)(f) NSP: Minimum In the	E 642			
	(2) The staffing pla					
		that no fewer than one Id one other nursing staff				
	•	in a unit when a patient is				
	present;					
	Stat. Auth.: ORS 47 Stats. Implemented					
	This Rule is not me (OAR 333-510-011					
	This Rule is not me	as evidenced by:				
		and review of HNSP Unit				
		I unit NSPs for 3 of 5 units ), it was determined the				
		plement a hospital-wide NSP				
		ver than one RN and one othe	r 🛛			

STATE OF OREGON STATE FORM

Health C	Care Regulation and	Quality Improvement	-			IAPPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		СОМ	E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		22ND AVENU ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
E 642	Continued From pa	age 89	E 642			
	NSM be on duty in a unit when a patient is present.					
	Findings include:					
		ects repeated noncompliance nt under OAR 333-510-0110(2	)			
	OHA previously cite noncompliance with survey initiated on	ed the hospital for h this rule in the nurse staffing 04/30/2018. The previous oncompliance in WWP, PCU				
	not clearly specify v	10, which reflects CL NSP did whether there would be at leas her NSM on the unit when a t.	t			
	reflects PCU NSP of there would be at le	Refer to Tag E640, which did not clearly specify whether east one RN and one nit when a patient was				
	reflects SSU NSP of there would be at le	Refer to Tag E640, which did not clearly specify whether east one RN and one nit when a patient was				
E 646	OAR 333-510-0110 to Providing Direct	) (2) (h) NSP: Tasks Unrelated Care	E 646			
		asks not related to providing ng meal breaks and rest				

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STATEMEN	IT OF DEFICIENCIES	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		E SURVEY
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		14-0027	B. WING			C 15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		22ND AVENU ND, OR 9721	-		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
E 646	Continued From pa	age 90	E 646			
	Stats. Implemented: ORS 441.155					
	This Rule is not m (OAR 333-510-011	et as evidenced by: 0(2)(h))				
	This Rule is not met as evidenced by:					
	Break Practice Too units (CCU, CL, PC records for 8 of 8 N and 10), it was dete implement a hospit developed to consi- rest breaks, and ot patient care and the required. The NSP NSMs to maintain t in the NSP during t possibility that the t	and review of Meal and Rest Is and units NSPs for 4 of 5 CU and SSU) and timekeeping ISMs (NSMs 2, 3, 4, 5, 6, 8, 9 ermined the hospital failed to al-wide NSP that was der for each unit meal breaks, her tasks not related to direct at NSMs received breaks as did not provide for additional he minimum staffing required hese tasks, creating the units did not meet minimum r the duration of tasks not tient care.				
	Findings include:					
	with the requirement (h). OHA previously cite noncompliance with survey initiated on the	h this rule in the nurse staffing 04/30/2018. The previous phocompliance in WWP, PCU,				
ATE OF C	beginning at 1300, "cover each other" When asked wheth numbers while NSM breaks during that	ite tour on 12/05/2023 CCU DC RN stated that staff during meal and rest breaks. her the unit met minimum Ms were taking meal and rest shift, CCU DC RN stated, "I				

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Health C	Care Regulation and	Quality Improvement			FURM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LEGACI	GOOD SAMARITAN	PORTLA	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
E 646	Continued From pa	ige 91	E 646			
	had been taken dur cannot say conclus write on a white boar 3. During CCU onsibeginning at 1335, the nurse station ar handwritten on it. T times, or other infor	hen asked whether rest breaks ring that shift, they stated, "I ively." They also stated, "We ard when we go on breaks." ite tour on 12/05/2023 a white board was observed a rea with "Breaks/Lunches" There were no NSM names, rmation on the white board tha taken their meal or rest	t			
	09/26/2022, did not rest breaks were co minimum numbers breaks. For examp * "Break and Lunch of care required to considered at the ti designed for the pa presence of a charg within the department these nurses are qu coverage. Cancer O [sic] for meals and minimum staffing re It was not clear how covered, or how Ch	a Considerations The hours provide lunch and breaks are me the staffing levels are titient populations. The ge nurse and other nurses ent is also a consideration as ualified to provide lunch Care Unit maintains daily log breaks. Charge nurses ensure equirements are always met." v meal and rest breaks were narge RNs ensured minimum				
TATE OF C	CCU NSMs (NSMs documentation that and rest breaks as * Timekeeping reco documentation refle breaks were receiv * Timekeeping reco	eeping records revealed 4 of 4 2, 3, 4 and 5) lacked CCU NSMs received all meal required. For example: ords for CCU NSM 2 lacked ecting whether three rest				

STATEMEN	IT OF DEFICIENCIES	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		14-0027	B. WING			C 15/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1015 NM	22ND AVENU			
LEGACI	GOOD SAMARITAN	PORTLA	ND, OR 97210	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
E 646	Continued From pa	age 92	E 646			
	<ul> <li>10/18/2022, and 10</li> <li>* Timekeeping recordocumentation refletoreaks were receiv</li> <li>* Timekeeping recordocumentation refletoreaks were receiv</li> <li>6. During interview</li> <li>12/07/2022 beginnit</li> <li>Finding 5.</li> <li>7. During interview</li> <li>12/07/2022 beginnit</li> <li>stopped writing on went to the attestate reflected, "Cancer of [sic] for meals and consistent with the onsite interview.</li> </ul>	ords for CCU NSM 4 lacked ecting whether three rest red on 09/12/2022. ords for CCU NSM 5 lacked ecting whether three rest red on 09/14/2022. with NSC NM Co-Chair on ing at 0930, they confirmed with NSC NM Co-Chair on ing at 1000, they stated, "We the logs at the unit when we tion." However, CCU NSP still Care Unit maintains daily log breaks." This was also not process described in CCU				
	at 1508, CL DC RN meal and rest brea	e tour on 12/05/2022 beginning I stated the following regarding ks: "Either the room stops fore cases" or "extra staff" are	3			
		e tour on 12/05/2022, it was N missed their 15-minute				
	Tool, completed an Representative and reflected the follow breaks:	Meal and Rest Break Practice Id signed by CL DC Unit Id SDCSS on 12/05/2022, ing related to meal and rest				
TATE OF C	the unit maintains t specified in the unit	the question, " describe how he minimum number of NSMs t NSP during meal and rest				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
LEGACY	GOOD SAMARITAN		/ 22ND AVENU ND, OR 97210	-		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
E 646	Continued From pa	ige 93	E 646			
		es scheduled around meals am breaks) or unassigned out of rooms for				
	4 CL NSMs (NSMs documentation that and rest breaks as * Timekeeping reco documentation refle been received the v 09/17/2022. * Timekeeping reco that a rest break wa * Timekeeping reco	keeping records revealed 4 of 6, 8, 9 and 10) lacked CL NSMs received all meal required. For example: ords for CL NSM 6 lacked ecting whether rest breaks had week of 09/11/2022 - ords for CL NSM 8 reflected as missed on 09/14/2022. ords for CL NSM 9 reflected as missed on 09/14/2022. ords for CL NSM 10 reflected as missed on 09/15/2022. ords for CL NSM 10 reflected as missed on 09/15/2022.	1			
	it relates to meal ar SDCSS stated, "Th breaks. There are a	ned Findings of through TT. As nd rest break coverage, ne Charge nurse covers always two nurses on due to covering those breaks."				
	12/05/2022 beginni asked whether any during the shift. The "informal tracking a the meal breaks." F	During PCU onsite tour on ing at 1410, PCU DC RN was NSMs had taken breaks ey responded that there was at the RN station, but only for Regarding rest breaks, PCU e don't track that. They [NSMs] end of the shift."				
	12/05/2022 beginni	During PCU onsite tour on ng at 1430, two whiteboards ach RN tracking station on				

Health (	Care Regulation and	Quality Improvement			FORM	APPROVE
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
						С
		14-0027	B. WING		12/	15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	GOOD SAMARITAN	MEDICAL CENTE 1015 NW	22ND AVENU	E, W121		
LLOAU		PORTLA	ND, OR 9721	0		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION		(X5) COMPLETE
PREFIX TAG	· ·	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TH	HE APPROPRIATE	DATE
				DEFICIENCY	<i>(</i> )	
E 646	Continued From pa	age 94	E 646			
		contained the names of NSMs				
		as NSM phone number and a				
		les to be noted with a				
		vere no credentials next to the				
		unclear which NSMs were				
	reflected on the wh	iteboards. At 1430 and 1432,				
		vere completely empty of any				
	lunch times or cheo	ck marks.				
	15 Dovicit Survov	Poviow of PCLI Mool and Poo	+			
		Review of PCU Meal and Res I, completed and signed by	L			
		esentative and PCU NM on				
		ed the response to the				
		ribe how the unit maintains the				
		of NSMs specified in the unit				
	Nurse Staffing Plar	n during meal and rest breaks"	,			
		& charge RN collaborate to				
		num number of staff are				
	present on the unit	."				
	16 Revisit Survey	Review of PCU NSP,				
		on 10/24/2022, reflected the				
		meal and rest breaks:				
	* "Nurses are expe	cted to provide a brief SBARQ				
		nurse for lunches by				
	preparing their pati					
		) minutes while they are off the				
		here is an emergency with any				
		the staff can utilize the charge ing response team, or a rapid				
		rt urgent/emergent needs.				
		ithout patient assignments				
		vailable to help support during				
		es as well as CNAs to monitor				
	lights and patient c					
		n Considerations The hours				
		provide lunch and breaks are				
		ime the staffing levels are				
		atient populations. The				
TATE OF C		ge nurse and other direct care				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED C
	14-0027		B. WING			15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENUE ND, OR 97210			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET
E 646	Continued From pa	ge 95	E 646			
	as these staff mem lunch coverage. PC and breaks via Myti PCU NSP did not c rest breaks were co minimum numbers meal and rest break CNA2s meal and rest was also unclear w were maintain when RNs for meals and that patients should interventions for 30 17. Revisit Survey: and PCU DC Unit F beginning at 1120, f through 16. 18. Revisit Survey: 12/05/2022 beginni asked whether mea taken that shift. The breaks are tracked readers. It's built inf stated they were "n time keeping [syste would be to pull 'My other documentatio 19. Revisit Survey: 12/05/2022, severa whether meal or rest Approximately 8 of one break, but there attestations would r	learly reflect how meal and overed and failed to ensure of NSMs were met during ks. It was not clear how est breaks were covered. It hether minimum numbers in "another nurse" covered breaks since PCU NSP stated be prepared "to not require minutes." During interview with PCU NW Representative on 12/07/2022 they confirmed Findings 13 During SSU onsite tour on ng at 1252, SSU DC RN was al and rest breaks had been ey replied, "Meal and rest by clock out on the badge to the timekeeping." They ot keeping track. Only on the im]. The only way to verify r Time.' Otherwise, there is no				

Health (	Care Regulation and	Quality Improvement			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
						С
14-0027		B. WING			15/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1015 NW	22ND AVENU			
LEGACY	GOOD SAMARITAN		ND, OR 97210	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH		COMPLETE DATE
IAG			140	DEFICIENCY		
E 646	Continued From pa	200.06	E 646			
L 040	•	-	L 040			
		Review of SSU NSP,				
		on 09/26/2022, reflected the				
		meal and rest breaks: num Staffing", it reflected,				
		al Specialties are [sic]				
		modate a 4-5:1 patient care				
	0	gical Specialties has a charge				
		tient assignment that is				
		rt during lunches, additionally				
	there are CNAs to	monitor call lights, patient care				
		s. The Charge RN will take a				
		gnment when census is below				
		nit is open when both units				
		staffing will be maintained,				
		ration the availability of the				
		N to provide lunch breaks." Il immediate care needs and				
		completed prior to handing off				
		I. Nurses provide a brief				
		another nurse while they are				
	off the unit for lunc					
	* "Minimum RN sta	Iff (when a patient is present):				
	At least one staff R	N and one other nursing staff				
		in the unit when a patient is				
		s when patient census is less				
		fing ratio. There may be times				
		CNA are used to maintain				
	closed."	vhile units are being opened or				
		et", there was a table with an				
		i "CNA2" column as well as two				
		nd "Night." Under "RN" column				
		"Day" and "1:5" for "Night."	, I			
		Imn, it reflected "1:16" for				
		it reflected, "Target staffing				
		y to night shift due to changes				
		with admissions/transfers and				
	discharges."					
		Rest Break Considerations",				
	It reflected, "The ho	ours of care required to provide	•			

	are Regulation and T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
ID PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
	14-0027		B. WING			C 15/2022
ME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
GACY	GOOD SAMARITAN		22ND AVENU	-		
-0/10/1		PORTLA	ND, OR 97210			
X4) ID REFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
E 646	Continued From pa	ige 97	E 646			
	the staffing levels a population. The pre- other nurses within consideration as th provide lunch cover clock in and out for attestations for brea collaboration with o minimum staffing re SSU NSP did not o receive all meal and did not clearly deso CNA2s would be co unclear how the ch rest breaks when th point at which the "	aks are considered at the time are designed for the patient esence of a charge nurse and the department is also a ese nurses are qualified to rage. Staff utilize Simplicity to rest periods, they do ak [sic] Charge nurses, in eentral staffing, ensure equirements are met." learly ensure NSMs would d rest breaks as required. It tribe how lunch breaks for SSL overed. SSU NSP was also arge nurse covered meal and ne census was below 13, the Charge RN will take a partial " even when "only one unit				
E 654	on 12/06/2022 beg Findings 18 through numbers during me stated, "One RN ca there is somebody department can do	During interview with SSU NM inning at 1615, they confirmed h 20. With regard to minimum eal and rest breaks, SSU NM in watch for another RN. If available, another RN in the a brief handoff."				
	Factors (2) In reviewing the committee shall con (a) Patient outcome (b) Complaints rega complaints about a an absence of direc (c) The number of 1	staffing plan, the staffing nsider: es; arding staffing, including delay in direct care nursing or				

STATE FORM

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If continuation sheet 98 of 107

Health Care Regulation and	Quality Improvement
Tiealui Cale Regulation and	

	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		PLETED
		14-0027	B. WING		C 12/15/2022	
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
LEGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVEN ND, OR 9721			
(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) COMPLETE DATE
E 654	24-hour period; (d) The aggregate H worked by nursing s (e) The aggregate H worked by nursing s (f) The percentage for which staffing di by the staffing plan; (g) Any other matte committee to be ne hospital is staffed to of patients; and (h) Any report filed stating the nursing s hospital unit engage direct care nursing nonemergency care Stat. Auth.: ORS 41 Stats. Implemented This Rule is not me (OAR 333-510-011 This Rule is not me Based on interview Questionnaires for and WWP), it was of to ensure the hospi reviewed NSPs by of specified in the rule Findings include:	by the hospital unit during a nours of mandatory overtime staff; nours of voluntary overtime staff; of shifts for each hospital unit ffered from what is required if determined by the cessary to ensure that the o meet the health care needs by a nursing staff member staff member's belief that the ed in a pattern of requiring staff to work overtime for e. 13.042 & 441.156 I: ORS 441.156 et as evidenced by: 5(2)) and review of HNSP Unit 4 of 5 units (CCU, CL, SSU determined the hospital failed tal failed to ensure the NSC considering all of the factors es.	E 654			
	333-510-0115(2). OHA previously cite noncompliance with REGON	ed the hospital for n this rule in the nurse staffing				

STATE FORM

If continuation sheet 99 of 107

Health Care Regulation and Quality	v Improvement

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		14-0027	B. WING		- (12/*	
	PROVIDER OR SUPPLIER	MEDICAL CENTE 1015 NW	22ND AVENU			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ND, OR 9721 ID PREFIX TAG	0 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLET DATE
E 654	citation reflected no SPO units. 2. Review of CCU H completed and sign Representative on 11/29/2022, reflected annual review of CO * NSC completed a on 09/26/2022. * The response to t the unit provided th Nurse Staffing Com- review", was "No" fo Outcome Data N hours worked by nu- voluntary overtime Percentage of sh from the nurse staff Staffing Committee information." 3. During interview CCU NM on 12/06/ confirmed Finding 2 asked if the followin during annual revie Outcome Data N hours worked by nu- voluntary overtime Percentage of sh from the nurse staff Staffing Committee inform the nurse staff Staffing Committee inform the nurse staff Staffing Committee information."	2 D4/30/2018. The previous oncompliance in WWP and HNSP Unit Questionnaire, hed by CCU DC Unit 12/05/2022 and CCU NM on ed the following related to CU NSP: n annual review of CCU NSP he question, "Indicate whether e following data to the Hospital mittee for the plan's annual or the following: "Patient umber of mandatory overtime arsing staff Number of hours worked by nursing staff ifts for which staffing differed fing plan Did the Nurse ask for any additional with NSC NM Co-Chair and 2022 beginning at 1555, they 2. CCU NM stated "No" when ng were reviewed by the NSC w of CCU NSP: "Patient umber of mandatory overtime arsing staff Number of hours worked by nursing staff ifts for which staffing differed fing plan Did the Nurse ask for any additional SP Unit Questionnaire,				
TATE OF C	completed and sigr Representative and reflected the followi					

### Health Care Regulation and Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 14-0027 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NW 22ND AVENUE, W121 LEGACY GOOD SAMARITAN MEDICAL CENTE PORTLAND, OR 97210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PRÉFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 654 Continued From page 100 E 654 CL NSP: \* The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "Yes" for "Number of mandatory overtime hours worked by nursing staff." It included a handwritten note. "N/A.' \* The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "Yes" for "Number of voluntary overtime hours worked by nursing staff." It included a handwritten note, "Uncertain. Voluntary overtime dictated by length of procedures." \* The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "No" for "Percentage of shifts for which staffing differed from the nurse staffing plan." 5. During interview with SDCSS on 12/07/2022 beginning at 1645, they confirmed Finding 4. As it related to the percentage of shifts for which staffing differed from CL NSP, they stated the unit runs a four person team consisting of two RNs and two technicians: "It never changes. If we are down, we don't provide care ... It's not based off of the census." 6. Revisit Survey: Review of SSU HNSP Unit Questionnaire, completed and signed by SSU DC Unit Representative on 12/05/2022 and SSU NM on 12/02/2022, reflected the following related to annual review of SSU NSP: \* The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review," was "No" for the following: "Patient outcome data ... Number of mandatory overtime STATE OF OREGON

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		— c	
14-0027		B. WING			15/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	/ 22ND AVENU ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
E 654	Continued From pa	ge 101	E 654			
	voluntary overtime	ursing staff Number of hours worked by nursing staff hifts for which staffing differed fing plan."				
		Ouring interview with SSU NM Inning at 1641, they confirmed				
	<ul> <li>Finding 6.</li> <li>8. Revisit Survey: Review of WWP HNSP Unit Questionnaire, completed and signed by WWP DC Unit Representative on 12/06/2022 and WWI NM on 12/05/2022, reflected the following related to annual review of WWP NSP:</li> <li>* NSC completed an annual review of WWP NSF on 09/26/2022.</li> <li>* The response to the question, "Indicate whethe the unit provided the following data to the Hospita Nurse Staffing Committee for the plan's annual</li> </ul>	npleted and signed by WWP ative on 12/06/2022 and WWF reflected the following related WWP NSP: n annual review of WWP NSP he question, "Indicate whether e following data to the Hospita				
	of shifts for which s staffing plan Did ask for any additior	taffing differed from the nurse the Nurse Staffing Committee nal information."				
	review documentati documentation prov had reviewed:	During review of WWP annua ion, there was no vided which reflected the NSC atory overtime hours worked by				
	nursing staff * Number of volunta nursing staff	ary overtime hours worked by	y			
	from the nurse staf	ffing Committee ask for any				
	NM and WWP RNS	During interview with WWP S on 12/06/2022 beginning at ed Findings 8 and 9.				

Health C	are Regulation and	Quality Improvement				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
7.10101011		BERNI IO/TIONBER	A. BUILDING:			
		14-0027	B. WING		C 12/1	; 5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
I FGACY	GOOD SAMARITAN		22ND AVEN			
LEGAGI		PORTLAI	ND, OR 9721	0		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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) COMPLETE DATE
E 656	OAR 333-510-0115	5 (3) NSP Annual Report	E 656			
	staffing committee the hospital that inc plan ensures that the staffed and meets the patients. If the report the staffing commit plan as necessary to Stat. Auth.: ORS 47 Stats. Implemented This Rule is not me (OAR 333-510-011) This Rule is not me Based on interview Questionnnaires fo WWP), it was detent issue a report to interview	l: ORS 441.156 et as evidenced by: 5(3))				
	needs of patients. Findings include:					
	with the requirement 333-510-0115(3). OHA previously cite noncompliance with survey initiated on the citation reflected not SPO.	ed the hospital for n this rule in the nurse staffing 04/30/2018. The previous oncompliance in WWP and				
		4 which reflects the NSC did red factors during annual WWP NSPs.				
			1			

Health (	Care Regulation and	Quality Improvement				APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED
		14-0027	B. WING			C 15/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
	Y GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU			
	T	PORTLA	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
E 656	Continued From pa	ge 103	E 656			
	<ol> <li>3. During interview 12/06/2022 beginni there was no writte hospital following a</li> <li>4. Revisit Survey: D and WWP RNS on 1600, they confirmed</li> </ol>	with NSC NM Co-Chair on ng at 1555, they confirmed n report submitted to the nnual review of CCU NSP. During interview with WWP NM 12/06/2022 beginning at ed there was no written report spital following annual review				
E 690	OAR 333-510-0140	) NSP During an Emergency	E 690			
	<ul> <li>(1) A hospital is not plan developed and committee in the event (a) A national or state ORS 401.165 to 400 requiring the impler plan and crisis stand are defined in secting (b) Sudden and unit conditions; or</li> <li>(c) An infectious dist hospital staff.</li> <li>(2) No later than 300 hospital unit or hospital unit or hospital unit or hospital subsection (1)(a) of command shall rept hospital nurse staffing need state emergency designed (3) Upon receipt of (2) of this rule, either staffing committee</li> </ul>	ate emergency declared under 1.236 or 433.441 to 433.452 mentation of a facility disaster idards of care, as those terms on (7) of this rule; foreseen adverse weather sease epidemic suffered by 0 calendar days after any pital department first deviates e staffing plan under f this rule, the hospital incident ort to both co-chairs of the ing committee established 4 a written assessment of the s arising from the national or				

ATEMEN	T OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	
	14-0027		B. WING			C 15/2022
ME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE ZIP CODE		
			22ND AVENU			
EGACY	GOOD SAMARITAN		ND, OR 97210	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
E 690	Continued From pa	age 104	E 690			
	nurse staffing plan	to address the needs arising				
		y. The contingency nurse				
		align with the nursing services				
		is standards of care as				
	implemented.					
		deviation from the written				
		ng plan approved by the				
		ing committee may not be in				
		n 90 cumulative days without				
		spital nurse staffing committee	-			
		e staffing committee does not				
		ion by the 90th cumulative day eturn to the written nurse	,			
		oped and approved by the				
	hospital nurse staff					
		all maintain documentation				
		e with subsection (1)(a)				
	through section (4)					
		an emergency circumstance				
		ection (1) of this rule, either				
		fing committee may specify a				
		neet to review and potentially				
	•	plan in response to the				
	emergency circums					
		es of this rule, the following				
	definitions apply:	_				
	(a) ""Crisis standar	ds of care"" are policies or				
	standards adopted					
		g an emergency for objective				
		e, prioritization of patients, and				
		ces because of the declared				
		isis standards of care for				
		le include only those policies o	r			
		by the hospital that change				
	the nursing service					
		ter plan"" means a plan that is				
		It to 42 CFR 482.15 and is he health, safety and security				
	activated to meet th	he nearth, salety and security				1
	noodo of the facility	/, its staff, patient population				

	IT OF DEFICIENCIES OF CORRECTION	Quality Improvement (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		С	
		14-0027	B. WING		12/	15/2022
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
EGACY	GOOD SAMARITAN		/ 22ND AVENU ND, OR 97210	-		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
E 690	Continued From pa	age 105	E 690			
	and community dur	ing a declared emergency.				
	Stat. Auth.: ORS 4 Stats. Implemented	13.042 & 441.165 1: ORS 441.155 & 441.165				
	Based on interview	et as evidenced by: and review of HNSP Unit				
	failed to follow the l by the hospital nurs circumstances exc	vas determined the hospital NSP developed and approved se staffing committee in all ept for those described in OAF				
	333-510-0140(1). Findings include:					
	1. Review of WWP completed and sign Representative and 12/05/2022, reflected deviating from WW * The response to t implement a facility this unit within the p and "January 17, 20 * The response to t	ed the following related to (P NSP: the question, "Did the facility disaster plan that impacted past 12 months", was "Yes" 022". the question, "Did the unit uring the emergency", was				
	and WWP Director 1650, they provided related to deviating the NSC: * The hospital imple months of this surv * They stated the F 01/22/2022 through disaster that promp	with CNO, NSC NM Co-Chair on 12/07/2022 beginning at d the following information from full NSPs approved by emented its FDP within 12 ey. DP was initially implemented in 11/04/2022. They stated the oted implementation of FDP capacity challenges.	,			

STATE FORM

ZICG11

If continuation sheet 106 of 107

Health Care Regulation and Quality Improvement         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         14-0027		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NONDER.	A. BUILDING:			
		B. WING			C 12/15/2022	
IAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
EGACY	GOOD SAMARITAN	MEDICAL CENTE	22ND AVENU	-		
		PORTLA	ND, OR 97210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
E 690	Continued From page 106		E 690			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 106 declaration, they stated, "All clinical patient areas." * The response to the question, "Was the Nurse staffing plan suspended during this time", was "Yes, but we never went below our minimum staffing plans. They had to stretch capacity of number of patients per nurse on all units, and this occurred on different units and different times". * They stated the FDP was also implemented 01/22/2022 through this survey, and that the FDP had been implemented due to RSV, flu, and COVID. * They stated that the units affected by the second FDP declaration were the same as before, "All clinical patient areas". * The response to the question, "Was the Nurse staffing plans. They had to stretch capacity of number of patients per nurse on all units, and this occurred on different units and different times". It was not clear how the units were maintaining minimum numbers of NSMs when units increased censuses without adjusting staffing of NSMs. * They stated that the hospital had not implemented crisis standards of care during the first or second FDP implementation in 2022. The hospital deviated from approved NSPs for a reason that was not allowed in OAR 333-510-0140(1)(a) - (c). When the hospital deviated from approved NSPs, it was not clear which units were affected, how they were affected, and when they were affected.					