Facility	Date	Type of Survey	Findings	Outcome	<b>Civil Penalty</b>
West Valley	02/10/2012	CAH Recert /Relicensure Nurse Staff/SB	1. Hospital staffing plan not consistent with professional organization staffing standards	POC acceptable	None
Pioneer Memorial Hospital	03/02/2012	CAH Recert/Relicensure Nurse Staff/SB	1. Staffing plan lacked documentation that RNs could request assistance from HCQRI if staffing committee could not resolve staffing concerns; 2. Plan lacked documentation that RN could not place patient at risk by leaving assignment during a scheduled shift; 3. Hospital did not post approved staffing variance	POC acceptable	None
Blue Mtn Hospital	04/20/2012	CAH Recert/Relicensure Nurse Staff/SB	1. Staffing plan did not document Staffing Committee responsibilities; 2. Staffing Committee neglected to conduct annual evaluation of staffing plan effectiveness; 3. Staffing plan lacked documentation that RNs could request assistance from HCQRI if staffing committee could not resolve staffing concerns; 4. Plan did not identify limitation of work week hours; 5. Hospital lacked plan to document mandatory overtime; 6. Plan lacked documentation that RN could not place patient at risk by leaving assignment during a scheduled shift; 7. Hospital neglected to post notice summarizing staffing rule; 8. Hospital did not post staffing variance	POC acceptable	None
Kaiser Sunnyside	04/20/2012	Complaint	Not substantiated	Not applicable	None
Harney Cty District	05/11/2012	CAH Recert/Relicensure Nurse Staff/SB	1. Hospital failed to base staffing plan on qualification of staff; 2. Plan not consistent with professional organization standards; 3. Staffing plan lacked documentation that RNs could request	POC acceptable	None

## Nurse Staffing Log – FY 2012

Facility	Date	Type of Survey	Findings	Outcome	<b>Civil Penalty</b>
			assistance from HCQRI if staffing committee could		
			not resolve staffing concerns		
Wallowa	07/16-	САН	1. Staffing plan neglected to identify how/when	POC acceptable	None
Memorial	19/2012	Recert/Relicensure	meetings are scheduled/how staff notified and		
Hospital		Nurse Staff/SB	how staff input obtained; 2. Plan lacked formal		
			process for limiting admissions; 3. Plan lacked		
			documentation that RNs could request assistance		
			from HCQRI if staffing committee could not		
			resolve staffing concerns; 4. Plan lacked		
			limitations to work time; 5. Hospital failed to have		
			mandatory overtime policy; 6. Plan lacked		
			documentation that RN could not place patient at		
			risk by leaving assignment during a scheduled		
			shift; 7. Hospital failed to post notice summarizing staffing rule.		
Lower Umpqua	11/05-09/12	САН	1. Staffing committee failed to have	POC acceptable	None
Hospital	11/05-09/12	Recert/Relicensure	representative from each specialty unit; 2. Plan	FOC acceptable	None
District		Nurse Staff/SB	filed to identify how staff were notified of		
District			meetings, how meetings conducted, how staff		
			could provide input; 3. Committee neglected to		
			evaluate/monitor effectiveness of staffing plan; 4.		
			Plan was not consistent with National Specialty		
			Organizations; 5. Plan lacked formal process for		
			limiting admissions to hospital; 6. Hospital plan		
			lacked documentation that RNs could request		
			assistance from HCQRI if staffing committee could		
			not resolve staffing concerns; 7. Plan lacked		
			limitations to work as mandated by rule; 8.		
			Hospital lacked a mandatory overtime policy; 9.		
			Hospital failed to post Staffing Plan variance in		

Facility	Date	Type of Survey	Findings	Outcome	<b>Civil Penalty</b>
			prominent place.		
Cedar Hills Hospital	11/28-29/12	RN Complaint	1. Staffing committee failed to have representative from each specialty unit; 2. Staffing	POC acceptable	None
			Plan lacked documentation of how the input of each member in decision making is assured; 3. Staffing plan lacked documentation of effective quality indicators and proof of an effective annual evaluation process; 4 Hospital failed to implement a formal process for evaluating and initiating limitations on admission or diversion of patients to		
			another acute care facility; 5. Staffing plan failed to document the assistance available through the Authority.		