

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>380007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>12/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEGACY EMANUEL MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2801 N GANTENBEIN AVENUE</b> <b>PORTLAND, OR 97227</b>		
(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) COMPLETION DATE	
{A 000}	<p><b>INITIAL COMMENTS</b></p> <p>This report reflects the findings of the unannounced complaint revisit survey completed on 12/04/2020 for the findings identified during the 04/20/2020 complaint investigation for complaint #s OR21405, OR21531, and OR22358 at the Legacy Emanuel Medical Center's (LEMC) off-campus satellite behavioral health inpatient and outpatient facility, the Unity Center for Behavioral Health (UCBH).</p> <p>The hospital was determined to have implemented its plan of correction and no deficiencies were identified. The hospital was determined to be back in compliance with the following Conditions of Participation:</p> <ul style="list-style-type: none"> <li>* CFR 482.12 - CoP Governing Body</li> <li>* CFR 482.13 - CoP Patient's Rights</li> <li>* CFR 482.21 - CoP Quality Assessment and Performance Improvement</li> <li>* CFR 482.23 - CoP Nursing Services</li> </ul>	{A 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.