STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385010	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurelhurst Post Acute & Rehabilitation	3060 SE Stark Street Portland, OR 97214

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interview and record review it was determined the facility failed to ensure a safe discharge for 1 of 3 sampled residents (#1) reviewed for discharges. This placed residents at risk for an unsafe discharge and potential rehospitalization. Findings include:Resident 1 was admitted to the facility on 4/2024, with diagnoses including fibular fracture.Resident 1's 4/15/24 Discharge Care Plan indicated the resident was anticipated to discharge home. Social Services was to arrange support services such as home health (HH) caregiver support, PT, and OT.A 6/12/24 Physician Note revealed the resident would benefit from HH, PT, and OT after discharge.A 6/12/24 Social Services Note revealed a referral was sent to a Home Health agency.A 6/14/24 Social Services Note revealed Resident 1 decided to remain at the facility and had paid for two weeks in advance.Resident 1's 6/19/24 Discharge Summary revealed the resident was discharged from the facility on 6/19/24 without a HH referral.On 9/5/25 at 1:57 PM, Staff 16 stated she did not recall what happened with the Home Health referral for Resident 1.On 9/8/25 at 9:38 AM, Witness 10 (Home Health) stated the agency received a referral for Resident 1 on 6/12/24 with the discharge planned for 6/14/24. The agency called Staff 16 on 6/14/24 as the referral was not complete and was informed that Resident 1 was no longer planning to discharge and to cancel the referral.On 9/8/25 at 12:25 PM, Resident 1 stated Staff 16 knew she/he planned to discharge home on 6/19/24. Resident 1 stated she/he was without caregiver supports until she/he arranged services and supports through her/his physician. Resident 1 stated her/his family member had to quit two jobs in order to provide ADL care until home health caregiver support services were in place. On 9/8/25 at 1:45 PM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged Resident 1 discharged home without a home health referral for caregiver support, PT, and OT services.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE