STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385044	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menlo Park Post Acute	745 NE 122nd Avenue Portland, OR 97230

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined the facility failed to follow physician orders for 1 of 3 sampled residents (#6) reviewed for medications. This placed residents at risk for unmet care needs. Findings include:Resident 6 admitted to the facility on [DATE] with diagnoses including end stage renal disease, unspecified conjunctivitis, perforated corneal ulcer, and dependence on renal dialysis.Resident 6's 2/8/26 comprehensive MDS assessment documented Resident 6 had a medically complex condition including perforated corneal ulcer in her/his right eye and conjunctivitis with bacterial agents as the disease. Resident 6's Care Plan initiated on 2/12/26 documented Resident 6 was at risk for complications related to a bilateral eye infection. Erythromycin (an antibiotic) eyedrops were initiated on 2/12/26. Resident 6's 2/12/26 Physician Orders included erythromycin ophthalmic ointment 5 mg to apply in left eye five times a day. Resident 6's 2/2026 MAR documented the following:-On 2/16/26 at 11:00 AM, medication was not given as resident was at dialysis by Staff 18 (CMA).-On 2/17/26 at 11:00 AM, medication was not given as resident was at dialysis by Staff 18.-On 2/18/26 at 11:00 AM, medication was not given as resident was at dialysis by Staff 18.-On 2/23/26 at 11:00 AM, medication was not given as resident was at dialysis by Staff 18.-On 2/23/26 at 1:00 PM, medication was not given as resident was absent from home by Staff 19 (CMA).-On 2/25/26 at 11:00 AM, medication was not given as resident was absent from home by Staff 19.-On 2/25/26 at 1:00 PM, medication was not given as resident was absent from home by Staff 19.-On 2/27/26 at 11:00 AM, medication was not given as resident was absent from home by Staff 19.There was no documented evidence Resident 6's provider was notified regarding the missed antibiotic eye medication.On 5/19/26 at 10:30 AM, Resident 6 stated she/he did not receive his/her eyedrops as ordered.On 5/21/26 at 11:06 AM, Staff 18 stated if any medications were due while Resident 6 was out of the facility for dialysis she would document on the MAR that Resident 6 was out of the facility. Staff 18 stated she did not communicate with the nurse about missing the antibiotic eye medication.On 5/21/26 at 12:01 PM, Staff 19 stated she could not recall if she notified the nurse the medications were due while Resident 6 was out of the facility for dialysis and was unsure whether the physician knew Resident 6 had missed doses of their antibiotic eye medication.On 5/21/25 at 1:00 PM and 5/22/26 at 9:34 AM, attempts were made to contact Staff 21 (LPN) were unsuccessful.On 5/22/26 at 10:19 AM, Staff 4 (LPN) stated Staff 18 and Staff 19 did not communicate with her on 2/16/26, 2/23/26 or 2/27/26 that Resident 6 had missed her/his antibiotic eye medication due to being out of the facility for dialysis. Staff 4 stated the medication aides should have communicated with her so she could contact the provider.On 5/22/26 at 10:48 AM, Staff 20 (RNCM) stated the CMAs should have communicated with the nurse about Resident 6 missing doses of the eye drops due to being out of the facility.On 5/22/26 at 11:14 AM, Staff 2 (DNS) stated the CMAs should have notified the charge nurse and charge nurse should have coordinated with the RNCM and provider to adjust Resident 6's medication schedule.

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