

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2025
NAME OF PROVIDER OR SUPPLIER  Porthaven Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5330 NE Prescott Street Portland, OR 97218	

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)
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on interview and record review it was determined the facility failed to ensure a safe discharge from the facility for 1 of 3 sampled residents (#5) reviewed for discharge. This placed residents at risk for an unsafe discharge. Findings include: Resident 5 was readmitted to the facility in 2/2025, for congestive heart failure and delusional disorders. On 8/4/25 at 2:40 PM and 8/5/2025 at 4:01 PM, Witness 1 (Primary Physician) stated Resident 5 was discharged unsafely to the resident's family home, which had no running water, rats, and no heat in the winter. Witness 1 further stated the facility had never included them in any discharge planning nor had the facility informed them that Resident 5 was discharged. On 8/6/2025 at 4:20 PM, Witness 2 (former Social Services Director) stated Resident 5 was really discouraged from returning to his/her family home due to unsafe situations, including a rat infestation, no running water, and no electricity. Resident 5's clinical records indicated an IDT meeting was held on 11/17/2024, which stated it was unsafe to discharge Resident 5. Resident 5's Social History Review dated 5/9/2025 indicated Resident 5 wanted to discharge back to her/his family home, which was an unsafe discharge. Resident 5's Discharge Summary, signed on 5/20/2025, indicated the resident was discharged on 5/21/2025 at 11:00 AM to their home/community. There was no documented evidence that the facility's interdisciplinary team met to ensure Resident 5 was safely discharged on 5/21/2025. On 8/7/2025 at 1:01 PM, Staff 2 (Administrator), Staff 5 (Director of Nursing), and Staff 6 (Regional RN Consultant) were informed of Resident 5's unsafe discharge and no additional information was provided.</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 385045
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