

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Glisan Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 9750 NE Glisan Street Portland, OR 97220	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43691</p> <p>Based on interview and record review it was determined the facility failed to reorder a medication in a timely manner resulting in missed medications for 1 of 3 residents (# 7) reviewed for medication administration. This placed residents at risk for increased pain. Findings include:</p> <p>Resident 7 was admitted to the facility in 5/2022 with diagnoses including chronic pain.</p> <p>An 11/14/24 Physician Order included 5 mg of oxycodone scheduled to be administered three times a day to assist with pain reduction.</p> <p>Review of 11/14/24 through 12/15/24 Narcotic Book records for oxycodone revealed Resident 7 did not receive her/his scheduled evening dose on 12/4/24 and scheduled morning dose on 12/5/24.</p> <p>A 12/2/24 Pharmacy fax stated the pharmacy was unable to dispense the medication because no refill was available and new orders were required to receive Resident 7's oxycodone medication.</p> <p>Physician orders were placed on 12/4/24 at 9:00 PM to continue Resident 7's oxycodone at 5 mg three times a day to assist with pain reduction.</p> <p>On 3/19/25 at 12:14 PM Resident 7 stated two doses of her/his scheduled oxycodone was not provided to her/him. Resident 7 stated she/he was told is was not available and the facility needed the provider to write new orders.</p> <p>On 3/19/25 at 12:47 PM Staff 7 (CMA) stated Resident 7 did not receive oxycodone as ordered on 12/4/24's evening dose as a refill was not available and new orders had not been signed. Staff 7 stated medications were requested to be refilled or reordered when ten doses remained.</p> <p>On 3/19/25 at 2:20 PM Staff 5 (Resident Care Manager/LPN) stated information was received from the pharmacy which stated no refill for oxycodone was available two days prior to Resident 7's last available dose. Staff 5 confirmed Resident 7 did not receive her/his oxycodone medication for the evening dose on 12/4/24 and the morning dose on 12/5/24 as new orders were not placed until Resident 7's supply of oxycodone pills was depleted.</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
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