

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to maintain a homelike environment with comfortable sound levels and exercise reasonable care for the protection of resident's property from loss for 2 of 3 sampled residents (#s 5 and 87) reviewed for environment. This placed residents at risk for lack of a homelike environment, lost sleep and lost personal property. Findings include:1. The facility's 10/2024 Resident Personal Belongings Policy revealed the following:</p> <ul style="list-style-type: none"> -The facility will exercise reasonable care for the protection of the resident's property from loss or theft. -All resident possessions, regardless of their apparent value to others, will be treated with respect. <p>Resident 87 was admitted to the facility in 6/2025 with diagnoses including Parkinsonism unspecified (a group of symptoms that are similar to Parkinson's disease but do not have a definitive underlying cause).</p> <p>Resident 87's 7/4/25 admission MDS revealed the resident was cognitively intact.</p> <p>On 9/15/25 at 1:48 PM, Resident 87 was observed in her/his room in bed. Resident 87 stated she/he reported a number of missing personal items, which included dress shirts and dress pants, in 6/2025. Resident 87 stated she/he reported her/his missing items to multiple nursing staff at the facility.</p> <p>On 9/17/25 at 2:04 PM, Witness 4 (Family Member) stated Resident 87 was missing personal items, including dress shirts and dress pants, since 6/2025. Witness 4 stated staff at the facility were informed of the resident's missing clothing items and nothing had been done.</p> <p>On 9/18/25 at 9:07 AM, Staff 29 (CNA) stated she had not received any education or training on what to do when residents' personal property went missing. Staff 29 stated she looked in a resident's room and in the laundry room when a clothing item was reported as missing, and if she could not find the item, no further action was taken. Staff 29 further stated Resident 87 reported missing multiple shirts approximately a month ago and was unsure if the resident's missing items were ever found.</p> <p>On 9/18/25 at 1:33 PM, Staff 35 (CNA) stated he was aware Resident 87 was missing shirts and pants. Staff 35 stated he did not report the missing items to anyone as the staff who worked night shift were responsible for managing resident clothing.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/19/25 at 10:17 AM, Staff 38 (Housekeeping/Laundry Supervisor) stated the facility experienced constant staff turnover and the facility utilized lots of agency staff so resident personal belongings were frequently mixed up and items often did not go back to the correct resident. Staff 38 stated she was unaware of any missing personal items for Resident 87.</p> <p>On 9/19/25 at 10:37 AM, Staff 7 (Social Services Director) stated Resident 87 reported various missing personal items since the day she/he admitted to the facility but had difficulty articulating exactly what was missing. Staff 7 stated Staff 1 (Administrator) was the resident's contact person at the facility and spoke with the resident daily about her/his concerns.</p> <p>On 9/19/2025 at 10:48 AM, Staff 1 (Administrator) stated staff should report missing resident personal items, including clothing, to a supervisory staff, such as Staff 7 or Administrator, and the items should be returned or replaced within seven days. Staff 1 stated she was unaware of any missing personal items for Resident 87. Staff 1 further stated staff should have reported Resident 87's missing items and replaced them within seven days of receiving the report.</p> <p>2. Resident 5 was admitted to the facility in 5/2025 with diagnoses including gram-negative sepsis (an infection in the bloodstream that triggers an excessive immune response) and anxiety disorder.</p> <p>Resident 5's admission MDS dated [DATE] revealed she/he had moderate cognitive impairment. It was very important for Resident 5 to choose her/his own bedtime.</p> <p>Resident 75 was admitted to the facility in 3/2025 with a diagnosis of encephalopathy (a general dysfunction of the brain that affects cognitive function, consciousness and behavior).</p> <p>Resident 75's 3/11/25 admission MDS revealed she/he had moderate cognitive impairment and adequate hearing.</p> <p>Resident 75's care plan initiated for activities on 6/15/25 indicated she/he preferred to watch television and movies independently.</p> <p>On 9/15/25 at 11:38 AM Resident 75's television was audible in Resident 5's room with her/his door closed. Resident 5 stated her/his neighbor, Resident 75, watched television 24/7 and her/his television was mounted on the wall behind Resident 5's headboard. Resident 5 stated Resident 75 used headphones the facility provided to her/him for two weeks but then stopped using them. Resident 5 said, I don't look forward to going to bed but eventually passed out from exhaustion of waiting and said she/he now only slept about three hours per night because of the noise.</p> <p>On 9/16/25 at 10:05 AM Resident 75 was observed in her/his room watching television with the volume playing loudly. Resident 75 stated a CNA asked if she/he would lower the volume but stated she/he did not want to turn down the volume.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/18/25 at 1:08 PM in Resident 5's room, Resident 75's television was audible through the wall at the head of Resident 5's bed and in the bathroom. Resident 5 stated the television volume level was typical for Resident 75. Resident 5 stated she/he spoke to CNAs about the issue and Resident 75 lowered the volume for a few minutes at night but then raised it again. Resident 5 stated she/he asked Resident 75 to lower the volume because it was too loud. Resident 5 spoke with Staff 1 (Administrator) about the noise and was told, We can move you downstairs. Resident 5 stated, she/he did not want to move because this was her home and it was quiet before Resident 75 arrived.</p> <p>On 9/18/25 at 2:45 PM Witness 3 (Private Caregiver) stated Resident 75's television was audible in Resident 5's room especially when it was quiet at night time. Witness 3 stated she and Resident 5 reported the noise to CNAs but Resident 75 continued to play the television loudly. Witness 3 stated Resident 5 was very grouchy in the mornings because she did not sleep well due to the noise and sometimes Resident 5 stated she/he can't take it anymore.</p> <p>On 9/18/25 at 2:54 PM Staff 22 (CNA / CMA) stated Resident 5 complained to her twice about a month ago because of the television noise.</p> <p>On 9/18/25 at 2:59 PM Staff 23 (CNA) stated Resident 5 complained to him about Resident 75's television volume multiple times and Resident 75 turned the volume back up whenever he or other CNAs lowered it for her/him. Staff 23 stated he told an agency nurse about the issue but he did not remember their name. Staff 23 stated Resident 5 reported her/his concerns to the nurse most of the time.</p> <p>On 9/18/25 at 9:14 PM Resident 75's door was open, her/his television was on and the program was clearly audible in the hallway adjacent to Resident 5's room.</p> <p>On 9/18/25 at 9:24 PM Staff 23 exited Resident 75's room and left the door open. Resident 75's overhead light was on and she/he was seated in her/his recliner watching television. The television audio was loud and clearly audible in the hallway between Resident 75 and Resident 5's rooms.</p> <p>On 9/18/25 at 9:27 PM Staff 20 (CNA) stated Resident 5 called almost every night and was upset because she/he could not sleep due to the Resident 75's television volume being too loud. Staff 20 stated sometimes Resident 75 let staff lower the volume but she/he raised it once staff left her/his room. Staff 20 also stated Resident 75 occasionally declined lowering the television volume when her/his television was audible from outside her/his room. Staff 20 stated Resident 5 was happy when Resident 75 used headphones for about two weeks because the noise level was better and she/he slept better. Staff 20 stated Resident 75 stopped using the headphones and her/his television was loud again.</p> <p>On 9/18/25 at 9:52 PM Resident 5 was observed sitting in her/his wheelchair in her/his room. Resident 75's television was clearly audible in Resident 5's bedroom and in her/his bathroom with the doors to both residents' rooms closed. Resident 5 stated the volume of Resident 75's television was typical for that time of night and she/he planned to get into bed and wait until she/he passed out from exhaustion rather than falling asleep peacefully the way she/he preferred.</p> <p>On 9/22/25 at 12:14 PM Staff 1 (Administrator) stated she spoke with Resident 5 about the issue with Resident 75's television volume. Staff 1 stated she provided headphones to Resident 75 but she/he no longer wanted to wear them. Staff 1 stated she did not realize the extent of the noise problem at night and she expected quiet hours to be enforced so that all residents can get the sleep they needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review it was determined the facility failed to ensure a system was in place to receive, track and resolve resident and/or resident representative grievances for 1 of 1 sampled facility reviewed for Resident Council. This placed residents at risk for unreported and unresolved grievances. Findings include: The facility's Grievance policy revised in April 2017 stated the following: - Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designed to hear grievances (e.g., the State Ombudsman).- The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. - The Administrator has delegated the responsibility of grievance and/or complaint investigation to the Grievance Officer who is the Social Services Coordinator.- Upon Receiving a grievance and complaint report, the Grievance Officer will begin an investigation into the allegations.- The Grievance Officer will record and maintain all grievances and complaints on the Resident Grievance Complaint Log. - The results of all grievances filed, investigated and reported will be maintained on file for a minimum of three years from the issuance of the grievance decision.</p> <p>1. Review of the facility's 2025 Grievance binder revealed the following:- No grievance records for 6/2025, 7/2025 and 8/2025. - Four incomplete grievance records dated in 4/2025, 5/2025 and one undated. The Resident Council meeting on 9/17/25 at 2:00 PM revealed the following: - Residents were unclear how to file a grievance or the process for grievance resolution by the facility.- Resident 72 stated she/he filed a grievance two months ago without follow-up by the facility.</p> <p>On 9/18/25 at 9:07 AM Staff 29 (CNA) stated they did not receive instruction on grievances. Staff 29 stated they knew there was a box next to the elevator, but they had not been trained or informed on the process of residents filing a grievance.</p> <p>On 9/18/25 at 11:14 AM Staff 12 (CNA) stated they thought the grievance forms were kept at the front desk and if a resident expressed a concern, they would refer them to Staff 2 (DNS). Staff 12 stated boxes were located by the elevators and thought the grievance forms were for employees. Staff 12 stated family members who complained knew who to report concerns to.</p> <p>On 9/18/25 at 2:49 PM staff 31 (CNA) stated they did not fully understand grievance forms and assumed from the name they should offer the form if a resident had a repeated complaint. Staff 31 stated they had not received training on grievances and did not think it was part of a CNA's job.</p> <p>On 9/16/25 at 2:50 PM Staff 7 (Social Services) stated there was not a consistent way grievances were received. Staff 7 did not think residents and/or resident representatives knew how to turn in grievances. Staff 7 stated the system was broken down and there was currently no protocol for processing grievances or a tracking system in place for knowing which grievances had been addressed and resolved.</p> <p>On 9/17/25 at 4:30 PM Staff 1 (Administrator) acknowledged there was no clear system in place for tracking residents' grievances or knowing with certainty which concerns had been addressed or resolved</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident 89 was admitted to the facility in 8/2025 with diagnoses including diffuse large B-cell lymphoma (a fast-growing blood cancer that affects the body's immune system) and type 2 diabetes.</p> <p>Resident 89's 8/18/25 admission MDS revealed she/he had moderate cognitive impairment and required supervision or touching assistance to transfer from a seated position to standing.</p> <p>Resident 89's care plan initiated 8/14/25 indicated staff were to anticipate and meet her/his needs to reduce her/his risk of falls.</p> <p>On 9/16/25 at 9:47 AM Resident 89 stated she/he was out of the facility for an appointment shortly after she/he was admitted to the facility. Resident 89 stated the transportation company contracted through the facility took 20 hours to pick her/him up and bring her/him back to the facility. Resident 89 stated the transportation piece was terrible and she/he waited on a bench in a hallway at the hospital for the driver to pick her/him up.</p> <p>On 9/16/25 at 10:06 AM Resident 89 stated she spoke with Staff 21 (RN) about the delayed transportation issue. Resident 89 stated Staff 21 listened to her/him and said he was going to get the grievance paperwork but never came back.</p> <p>On 9/18/25 at 10:46 AM Resident 89 stated she/he expected Staff 21 to come back but he didn't and that was not the right thing to do. Resident 89 stated she/he wanted to submit a grievance so the transportation delay didn't happen to anyone else.</p> <p>On 9/18/25 at 11:13 AM Staff 21 acknowledged he did not provide a grievance form to Resident 89. He stated he took complaints very seriously and he talked to residents to understand what the problem was and usually tried to see if something could be done in the interim. Staff 21 stated he also referred residents to Staff 7 (Social Services), Staff 2 (DNS) or one of the Care Managers. Staff 21 stated he never provided the grievance form to a resident and did not know where to find the form.</p> <p>On 9/18/25 at 11:14 AM Staff 12 (CNA) stated they thought the grievance forms were kept at the front desk and if a resident expressed a concern, they would refer them to the Staff 2. Staff 12 stated boxes were located by the elevators and thought they were for employees. Staff 12 stated family members who complained knew who to report concerns to.</p> <p>On 9/18/25 at 11:21 AM Staff 14 (Lead CNA) stated there were no grievance forms located on the skilled halls but grievance forms were located on the long-term care halls.</p> <p>On 9/22/2025 at 12:25 PM Staff 1 (Administrator) stated she expected residents to have access to grievance forms whenever they wanted and staff were to assist them in completing a grievance if they were unable to complete it independently. Staff 1 stated a functioning grievance procedure was necessary to know when things were not working so they could be corrected before the issue became a system problem.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were free from unnecessary psychotropic medications for 1 of 5 sampled residents (#8) reviewed for unnecessary medications. This placed residents at risk for experiencing adverse side effects of medication. Findings include: The facility's 10/2024 Use of Psychotropic Medication(s) Policy revealed PRN orders for psychotropic medications, excluding antipsychotics (a class of drugs used to treat mental health conditions such as schizophrenia and bipolar disorder), shall be limited to no more than 14 days, unless the attending physician or prescribing practitioner believes it is appropriate to extend the order beyond the 14 days. The medical record should include documentation from the physician or prescriber for the rationale for the extended time period and indicate a specific duration. Resident 8 was readmitted to the facility in 6/2025 with diagnoses including hip fracture. Resident 8's 6/3/25 Physician Orders directed the resident to receive lorazepam (a medication used to relieve symptoms of anxiety) every four hours PRN for agitation and anxiety. A review of Resident 8's MARs revealed the resident received nine PRN doses of lorazepam in 6/2025, two in 7/2025, three in 8/2025 and one in 9/2025. No documentation was found in Resident 8's clinical record to indicate a physician rationale for extending the resident's PRN lorazepam beyond 14 days was provided. On 9/22/25 at 9:57 AM, Staff 2 (DNS), Staff 3 (RNCM) and Staff 4 (LPN Resident Care Manager) were present for an interview. Staff 4 stated a physician was required to re-evaluate PRN psychotropic medication orders at the end of the 14 days in order to determine medication appropriateness for the resident. Staff 2, Staff 3 and Staff 4 acknowledged Resident 8's order for PRN lorazepam was not re-evaluated by a physician at the end of 14 days and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interview and record review it was determined the facility failed to ensure the state Long Term Care Ombudsman's office was notified of facility transfers or discharges for 2 of 2 sampled residents (#s 93, and 95) reviewed for hospitalization and discharge. This placed residents at risk for lack of advocacy. Findings include: 1. Resident 93 admitted to the facility in 7/2025 with diagnoses including aftercare following surgery and lower left leg cellulitis (bacterial infection of the skin).An 8/2/25 progress note indicated Resident 93 was transferred to the hospital for nausea and vomiting.A 9/22/25 review of Resident 93's medical chart did not reveal any notification to the LTCO's (Long Term Care Ombudsman) office regarding her/his transfer to the hospital.On 9/22/25 at 12:52 PM, Staff 2 (DNS) stated she was unaware who oversaw the notification to the LTCO's office for resident transfers.On 9/22/25 at 2:07 PM, Staff 1 (Administrator) stated she was unaware notifying the LTCO was a requirement for resident transfers.2. Resident 95 admitted to the facility in 6/2025 with diagnoses including Alzheimer's Disease and metabolic encephalopathy (change in brain function due to chemical imbalance).A 7/9/25 progress note indicated Resident 95 was transferred to the hospital due to wound complications.A 9/22/25 review of Resident 95's medical chart indicated she/he discharged from the facility after going to the hospital, and did not reveal any notification to the LTCO's (Long Term Care Ombudsman) office regarding her/his transfer to the hospital or discharge from the facility.On 09/22/25 at 12:52 PM, Staff 2 (DNS) stated she was unaware who oversaw the notification to the LTCO's office for resident transfers and discharges.On 9/22/25 at 2:07 PM, Staff 1 (Administrator) stated she was unaware notifying the LTCO was a requirement for resident transfers and discharges.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure physician orders were followed, and failed to identify, assess, and treat a change in a resident's skin condition for 3 of 9 sampled residents (#s 19, 84 and 87) reviewed for unnecessary medications and skin conditions. This placed residents at risk for adverse medication effects and untreated and worsening skin impairments. Findings include: 1.The facility's Medication Administration policy revised 10/1/24 stated the following:- Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.</p> <p>Resident 84 was admitted to the facility in 8/2025 with diagnoses including Multiple Myeloma (a cancer of white blood cells).</p> <p>Resident 84's 8/11/25 admission MDS indicated the resident had moderate cognitive impairment.</p> <p>Resident 84's 8/2025 and 9/2025 MAR indicated the resident was to receive:- Venetoclax (a cancer medication) 100 mg, four tablets at 9:00 AM and 11:00 AM daily. Do not crush; swallow one whole at a time with applesauce.</p> <p>A time stamped Medication Administration Audit Report from 8/8/25 through 9/17/25 indicated the following:- Twenty-seven times Resident 84's Venetoclax was administered more than 60 minutes late.</p> <p>On 9/15/25 at 2:24 PM Witness 4 (Family Member) expressed concerns the resident was not receiving her/his cancer medication on time.</p> <p>On 9/17/25 at 10:01 AM Resident 84 stated she/he had not received her/his 9:00 AM dose of Venetoclax.</p> <p>On 9/17/25 at 10:17 AM Staff 30 (CMA) was observed administering Resident 84's 9:00 AM dose of Venetoclax. Staff 30 acknowledged administration was late and stated the resident required up to a half hour to take the medication and they did not have time to wait. Staff 30 stated they were told to administer Resident 84's Venetoclax at the end of medication pass due to the extended administration time needed.</p> <p>On 9/22/25 at 4:42 PM Staff 27 (LPN) stated facility policy allowed medications to be given within one hour before and after the scheduled time. Staff 27 stated Resident 84 took a long time to swallow her/his Venetoclax and sometimes refused the medication. Staff 27 stated she was aware during medication pass, the CMAs would attempt to administer Resident 84's medication first, but if she/he refused they moved on to other residents and returned later to reapproach her/him.</p> <p>On 9/22/25 at 8:46 AM Staff 2 (DNS) stated staff had reported they were unable to consistently administer Resident 84's Venetoclax on time due to the resident's difficulty swallowing and it could take up to an hour for the resident to finish. Staff 2 stated the facility was unable to commit to Resident 84 getting her/his Venetoclax "on the dot" due to the needs of other residents. Staff 2 was made aware of the number of late administrations for Resident 84's medication and acknowledged the medications were not given timely.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident 19 admitted to the facility in 8/2025 with diagnoses including epilepsy (seizure disorder) and right-side hemiplegia (paralysis).</p> <p>An 8/7/25 provider order for Lacosamide 100mg (an antiseizure medication) was instructed to be administered twice a day at 8:00 AM and 8:00 PM.</p> <p>Multiple progress notes from the morning of 8/8/25 indicated a script for Lacosamide was not sent with Resident 19 upon admission, the 8/7/25 8:00 PM administration was missed, the provider was contacted about the missed administration, and the provider wrote a new script for the medication.</p> <p>A progress note from 8/8/25 at 2:48 PM indicated the Lacosamide had arrived from the pharmacy. The note indicated the provider was contacted and gave permission for a late administration of the medication and instructed facility staff to administer the next dosages according to the set schedule.</p> <p>A review of the 8/2025 MAR indicated Resident 19 did not receive Lacosamide on 8/7/25, and received the 8/8/25 8:00 AM administration of Lacosamide late. No other administrations of Lacosamide were missed.</p> <p>A review of the 8/2025 Medication Admin Audit Report revealed the following:</p> <ul style="list-style-type: none"> - On 8/8/25 Lacosamide was given at 2:28 PM. - On 8/9/25 Lacosamide was given at 10:42 AM. - On 8/9/25 Lacosamide was given at 10:05 PM. - On 8/10/25 Lacosamide was given at 9:34 AM. - On 8/11/25 Lacosamide was given at 9:11 AM. - On 8/14/25 Lacosamide was given at 11:14 AM. - On 8/17/25 Lacosamide was given at 9:55 AM. - On 8/22/25 Lacosamide was given at 9:14 PM. - On 8/25/25 Lacosamide was given at 9:06 PM. - On 8/26/25 Lacosamide was given at 9:35 PM. - On 8/27/25 Lacosamide was given at 9:14 AM. <p>On 9/19/25 at 12:34 PM, Witness 5 stated Resident 19 had missed multiple doses of her/his Lacosamide, and received multiple doses of Lacosamide later than the provider instructed administration times during 8/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/22/25 at 4:26 PM, Staff 39 (CMA) stated she administered medications on all halls of the facility. She stated antiseizure medications were to be given at specific times to avoid poor outcomes for the residents.</p> <p>On 9/22/25 at 4:35 PM, Staff 40 (RN) stated she administered medications at the facility while Resident 19 was a resident, but did not remember her/him. She stated antiseizure medications were to be administered within one hour prior or one hour after the provider instructed time.</p> <p>On 9/22/25 at 11:05 AM, Staff 3 (RNCM) stated she remembered Resident 19 and the situation regarding the medication script not being sent upon admission. She stated the expectation for new admissions was to ensure all needed scripts were sent to the pharmacy, and all medications were administered according to provider instructions.</p> <p>On 9/22/25 at 1:03 PM, Staff 2 (DNS) acknowledged Resident 19's antiseizure medication was not given as the provider instructed. She stated the expectation for administering antiseizure medications was for them to be prioritized and administered within an hour before or an hour after the provider scheduled time.</p> <p>3. Resident 87 was admitted to the facility in 6/2025 with diagnoses including Parkinsonism unspecified (a group of symptoms that are similar to Parkinson's disease but do not have a definitive underlying cause).</p> <p>Resident 87's 6/28/25 admission Record indicated the resident had no known allergies.</p> <p>Resident 87's 7/4/25 admission MDS revealed the resident was cognitively intact.</p> <p>On 9/15/25 at 1:34 AM, Resident 87 was observed in her/his room in bed. Resident 87 stated she/he experienced constant itching on her/his back, shoulders and neck since she/he admitted to the facility. Resident 87 stated she/he scratched so much she/he frequently made her/himself bleed. Resident 87 stated she/he thought she/he was allergic to the material of the bedding, and she/he informed all of the CNAs but nothing had been done to relieve her/his itchiness.</p> <p>On 9/16/25 at 2:57 PM, Resident 87 was observed in her/his room in bed. Resident 87 did not wear a shirt and her/his robe was partially draped over her/his upper body. A bright red ring and scratch marks were observed around the resident's neck that spanned from shoulder to shoulder and was approximately six inches in width. A small spot of blood was observed in the center of her/his chest. Resident 87 stated she/he had been scratching and thought she/he was experiencing an allergic reaction.</p> <p>On 9/17/2025 at 2:04 PM, Witness 4 (Family Member) stated Resident 87 started to itch as soon as she/he moved into the 400 Hall. Witness 4 stated she reported the resident's itchiness to various staff but nothing had been done.</p> <p>On 9/17/25 at 3:26 PM, Staff 29 (CNA) stated Resident 87 complained about being itchy and allergic to the bedding for at least two months, and she observed the resident to itch daily. Staff 29 stated she did not report the resident's itchiness or possible allergy to a nurse but did report the resident's concerns to Staff 38 (Housekeeping/Laundry Supervisor). Staff 29 further stated she did not think anything had been done to alleviate the resident's itchiness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/18/25 at 2:49 PM, Staff 31 (CNA) stated when he worked with Resident 87 last week the resident talked a lot about being itchy and allergic to the bedding. Staff 31 stated he did not report these concerns to anyone as the resident stated she/he had already reported the concerns to upper management.</p> <p>On 9/19/25 at 6:44 AM, Staff 37 (CNA) stated Resident 87 had been scratchy for the past few months, the resident stated she/he thought it was an allergic reaction to the bedding and all the nurses were aware of her/his itchiness and possible allergy. Staff 37 stated some nurses put lotion on the resident when she/he was observed to itch but was unaware of any additional interventions tried to improve the resident's comfort.</p> <p>On 9/19/25 at 9:16 AM, Staff 18 (LPN) stated Resident 87 experienced itchiness on her/his back, and when she observed the resident to itch, she applied lotion. Staff 18 stated she had not informed the resident's resident care manager or physician of her/his itchiness.</p> <p>On 9/19/25 at 10:17 AM, Staff 38 stated she was questioned about the material of the facility's sheets a few weeks ago but was not informed about any concerns related to Resident 87.</p> <p>On 9/19/25 at 10:48 AM, Staff 1 (Administrator) stated Resident 87's physician should have been notified of her/his itchiness as soon as it was observed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review it was determined the facility failed to provide appropriate treatment and services to prevent further decreases in range of motion for 1 of 2 sampled residents (#49) reviewed for position and mobility. This placed residents at risk for worsening contractures (a permanent tightening of the muscle, tendons and skin causing the joint to shorten and stiffen) and conditions. Findings include: Resident 49 was admitted to the facility in 3/2022 with diagnoses including hemiplegia (a condition that causes paralysis or severe weakness on one side of the body). Resident 49's 7/2/25 Quarterly MDS revealed the resident was severely cognitively impaired and experienced upper extremity impairment on one side of her/his body. Resident 49's 7/23/25 Care Plan indicated the resident experienced contractures in her/his third, fourth and fifth fingers on her/his left hand and she/he was to work with RA to decrease the worsening of her/his contractures. Resident 49's 9/1/25 Physician Orders directed the following: -Staff were to place a contracture pillow (a specialized medical cushion designed to prevent or manage muscle and joint contractures) in her/his hand during the day and remove the pillow at night. -Staff were to roll a washcloth and place under the fingers on the resident's left hand during the day and remove the washcloth at night. No evidence was found in Resident 49's clinical record to indicate her/his contractures were comprehensively assessed, ongoing monitoring was provided or RA exercises were completed to prevent further declines. Random observations of Resident 49 from 9/15/25 to 9/18/25 between 7:42 AM to 4:33 PM revealed the resident to be in her/his wheelchair in the facility's common areas or in her/his room in bed. Resident 49 was not observed to have a contracture pillow or rolled washcloth placed in her/his left hand. On 9/15/25 at 12:00 PM Resident 49 was observed in the common area in the 400 Household and sat in her/his wheelchair. The third, fourth and fifth fingers on the resident's left hand were observed to firmly press in against the palm of the resident's hand. Resident 49 attempted but was unable to move any of these three fingers when verbally cued by the State Surveyor. Resident 49 stated the fingers on her/his left hand were frozen and she/he sometimes used a rolled washcloth in her/his left hand. Resident 49 was unable to articulate additional details about her/his contracture or interventions in place. On 9/17/25 at 2:57 PM, Staff 27 (LPN) stated nurses were responsible to place a rolled washcloth in Resident 49's contracted hand. Staff 27 stated she had never utilized a contracture pillow for Resident 49 as she was not sure what a contracture pillow was. On 9/17/25 at 3:19 PM, Staff 29 (CNA) stated CNAs were responsible to place a rolled washcloth in Resident 49's contracted hand in the morning and remove the washcloth at night. Staff 29 stated Resident 49 did not refuse the washcloths when they were offered. Staff 29 stated Resident 49 was offered a rolled washcloth maybe a couple of times a week and it was frequently overlooked. Staff 29 further stated therapy staff provided RA to residents and Resident 49 did not receive any RA services. On 9/18/25 at 12:25 PM, Staff 11 (CMA) stated she used to provide RA to residents but no longer did so because the facility needed her to pass medications instead. Staff 11 stated the last time she provided RA to Resident 49 was approximately three months ago. On 9/18/25 at 1:04 PM, Staff 6 (PT) stated the facility had one person designated to provide RA to residents and that person was currently on leave. On 9/18/25 at 1:43 PM, Staff 35 (CNA) stated Resident 49 never refused care. Staff 35 stated he washed the resident's left hand but had no additional responsibilities related to the resident's contracted fingers. Staff 35 stated he had never seen Resident 49 with a rolled washcloth or contracture pillow in her/his left hand. Staff 35 stated CNAs did not provide RA to residents as it was the responsibility of the designated RA. Staff 35 further stated he was unsure if the facility currently had an RA. On 9/18/25 at 2:07 PM, Staff 36 (CNA) stated Resident 49 never refused care or the placement of the rolled washcloth. Staff 36 stated the resident never removed the washcloth once it was placed. Staff 36 stated agency staff would sometimes forget to place the rolled washcloth in the resident's contracted hand. Staff 36 further stated Resident 49 did not receive RA. On 9/18/25 at 3:15 PM, Staff 42 (Agency LPN) stated she did not know anything about Resident 49's contractures and was unaware of any nursing responsibilities related to the resident's contractures. On 9/19/25 at 6:44 AM, Staff 38 (CNA) stated the rolled washcloth Resident 49 was supposed to use was never in place when she started her shift in the afternoons. On 9/19/25 at 2:07 PM, Staff 2 (DNS) and Staff 4 (LPN Resident Care Manager) were present for an interview. Staff 2 stated she expected Resident 49 to utilize a rolled washcloth or contracture pillow daily as ordered. Staff 4 stated neither ongoing monitoring of Resident 49's left-hand contractures nor RA was being provided to the resident and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure medications and biologicals were secured and only accessible to authorized persons for 1 of 4 Halls and 1 of 4 Households observed. This placed residents at risk for receiving unprescribed medications and drug diversion. Findings include:</p> <p>The facility's 10/2024 Medication Storage Policy revealed the following:-All drugs and biologicals will be stored in locked compartments, such as medication carts, cabinets, drawers, refrigerators and medication rooms.-Only authorized personnel will have access to the keys to locked compartments.-During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.</p> <p>1. Resident 31 was admitted to the facility in 8/2025 with diagnoses including Parkinsonism unspecified (a group of symptoms that are similar to Parkinson's disease but do not have a definitive underlying cause).</p> <p>Resident 31's 9/2025 Physician Orders directed the resident to receive carbidopa-levodopa (a medication used to increase dopamine levels in the brain) five times daily for Parkinson's disease and levothyroxine (a medication used to treat low thyroid activity) once daily for hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormones).</p> <p>On 9/17/25 at 5:59 AM, a small plastic cup was observed to sit on top of the medication cart in the 300 Household. The cup contained what appeared to be crushed medications mixed with a pudding-like substance. Staff 33 (Agency CNA) stated the nurse responsible for the medication cart was unavailable as he was in another Household on a different floor of the building.</p> <p>On 9/17/25 at 6:32 AM, Staff 34 (LPN) returned to the 300 Household. Staff 34 stated the plastic cup that sat on top of the medication cart contained Resident 31's carbidopa-levodopa and levothyroxine. Staff 34 stated he inadvertently left the cup that contained resident medications on top of the cart and the medications should have been locked in the cart while unattended.</p> <p>On 9/19/2025 at 2:02 PM, Staff 2 (DNS) stated all medications should be secured in the medication cart when unattended.</p> <p>2. On 9/17/25 from 5:09 AM to 5:32 AM, an unlocked and unattended treatment cart was observed at the end of the 700 Hall. CNA staff were in the area and the contents of the cart were accessible.</p> <p>On 9/17/25 at 5:32 AM, Staff 32 (RN) acknowledged the treatment cart was unlocked and unattended. Staff 32 reviewed the contents of the cart with the State Surveyor and confirmed the cart contained insulin and medicated creams. Staff 32 stated he typically left the treatment cart unlocked when agency staff worked because the facility did not have enough keys.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/17/25 at 5:53 AM, an unlocked and unattended treatment cart was observed in the 300 Household. The State Surveyor observed the cart contained insulin and medicated creams. Staff 33 (Agency CNA) stated the nurse responsible for this treatment cart was unavailable as he was in another Household on a different floor of the building.</p> <p>On 9/17/25 at 6:32 AM, Staff 34 (LPN) returned to the 300 Household. Staff 34 stated he inadvertently left the treatment cart unlocked and stated it should have been locked while unattended.</p> <p>On 9/19/2025 2:02 PM, Staff 2 (DNS) stated the treatment carts should have been locked while unattended.</p> <p>3. On 9/16/25 at 10:48 AM, the medication cart in the 900 Household was observed to be unlocked.</p> <p>On 9/16/25 at 10:49 AM, a staff member obtained some wires from the medication cart and walked away.</p> <p>On 9/16/25 at 10:53 AM, a staff member used the alcohol-based hand rub on top of the unlocked medication cart.</p> <p>On 9/15/25 at 10:55 AM, Staff 24 (RN) acknowledged the unlocked medication cart. She opened the medication cart to reveal resident prescribed medications. Staff 24 stated she should've locked the medication cart before walking away from the medication cart.</p> <p>On 9/22/25 at 2:21 PM, Staff 2 (DNS) stated she expected all staff members to ensure medication carts were securely locked before leaving them unattended.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>Based on observation, interview and record review it was determined the facility failed to provide occupational and physical therapy services as ordered for 3 of 4 sampled residents (#s 11, 22 and 89) reviewed for rehabilitation services. This placed residents at risk for a decline in functional abilities and diminished quality of life. Findings include: The facility's Specialized Rehabilitative Services policy dated 10/2024 included the following:</p> <ul style="list-style-type: none"> - The facility shall provide or obtain services from an outside resource for specialized rehabilitative services. These services will assist them in attaining, maintaining, or restoring their highest practicable level of physical, mental, functional, and psycho-social well-being. - Specialized rehabilitative services include but are not limited to physical therapy and occupational therapy. - Specialized rehabilitative services will be provided under the written order of a physician by qualified personnel. - Specialized rehabilitative services are considered a facility service and included within the scope of facility services. <p>1. Resident 11 was admitted to facility on 9/5/25 with diagnoses including chronic venous hypertension with ulcers of the bilateral lower extremities (a condition where high pressure in the leg veins prevent proper blood return, leading to swelling, skin changes, and open sores).</p> <p>A review of Resident 11's clinical record revealed there were physician's orders on 9/5/25 for physical therapy.</p> <p>A review of Resident 11's physical therapy notes revealed she/he was evaluated on 9/6/25 to receive physical therapy four to five times per week. There was no evidence found to indicate Resident 11 received physical therapy.</p> <p>On 9/18/25 at 11:21 AM, Staff 6 (Physical Therapist) confirmed Resident 11 was evaluated on 9/6/25 to receive physical therapy four to five times per week but did not receive the services as ordered.</p> <p>On 9/22/25 9:46 AM, Staff 5 (Physical Therapist Assistant & Director of Rehabilitation) stated although Resident 11 refused one session of physical therapy, she/her did not receive subsequent services as ordered.</p> <p>On 9/22/25 at 12:19 PM, Staff 1 (Administrator) stated she expected Resident 11 to be provided rehabilitation services per physician orders.</p> <p>2. Resident 22 admitted to facility in 4/2025 with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting dominant right side (stroke affecting right side).</p> <p>On 9/17/25 at 1:39 PM, Witness 2 (Family Member) stated Resident 22 had a physician's order for physical therapy, which the facility failed to provide.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 22's clinical record revealed there were physician's orders on 8/28/25 for physical therapy.</p> <p>A review of Resident 22's physical therapy notes revealed she/he was evaluated on 8/28/25 to receive physical therapy two times per week and she/he received services on 9/11/25.</p> <p>On 9/18/25 at 11:21 AM, Staff 6 (Physical Therapist) confirmed Resident 22 was evaluated on 8/28/25 to receive physical therapy two times per week and she/he had received services for one day on 9/11/25. Staff 6 stated Resident 22 had not been on his list of residents to see and was unsure as to why Resident 22 did not receive physical therapy as ordered.</p> <p>On 9/22/25 at 9:46 AM, Staff 5 (Physical Therapy Assistant & Director of Rehabilitation) confirmed Resident 22 only received one session of physical therapy on 9/11/25 and was unsure as to why she/he had not been receiving services as ordered.</p> <p>On 9/22/25 at 12:19 PM, Staff 1 (Administrator) stated she expected Resident 22 to be provided rehabilitation services per physician orders.</p> <p>3. Resident 89 was admitted to the facility in 8/2025 with diagnoses including diffuse large B-cell lymphoma (a fast-growing blood cancer that affects the body's immune system) and type 2 diabetes.</p> <p>Resident 89's 8/18/25 admission MDS revealed she/he had moderate cognitive impairment and required supervision or touching assistance to transfer from a seated position to standing and to walk.</p> <p>Resident 89's care plan related to falls and ambulation was initiated on 8/14/25 and indicated she/he used a walker, staff were to anticipate and meet her/his needs to reduce her/his risk of falls and staff were to encourage her/him to participate in activities that promoted exercise and physical activity for strengthening and improved mobility.</p> <p>A review of Resident 89's 9/4/25 signed physician orders revealed she/he was to be evaluated and treated by Physical Therapy (PT) and Occupational Therapy (OT).</p> <p>Resident 89's 9/5/25 PT evaluation indicated she/he was to receive PT three to five times each week between 9/5/25 and 10/4/25 to address her/his physical impairments and instruct her/him in the use of compensatory strategies to decrease her/his risk of falls and further decline in independence.</p> <p>Resident 89's 9/5/25 OT evaluation indicated she/he was to receive OT three to five times each week between 9/5/25 and 11/4/25 to address her/his physical impairments and provide instruction in adaptive strategies to decrease her/his reliance on caregivers.</p> <p>Resident 89's therapy schedule for the week of 9/7/25 through 9/13/25 revealed the following:-Received two PT sessions-Received two OT sessions</p> <p>Resident 89's therapy schedule for the week of 9/14/25 through 9/20/25 revealed the following: -Received two PT sessions-Received two OT sessions</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/16/25 at 9:40 AM Resident 89 stated she/he was frustrated because she/he admitted to the facility to improve her/his strength and then discharge home but did not receive the number of therapy sessions she/he was supposed to receive. Resident 89 stated PT and OT told her/him there was a gym in the facility but she/he did not see it. Resident 89 also stated PT and OT told her/him she had an appointment for therapy but it never happened.</p> <p>On 9/18/25 at 12:14 PM Staff 6 (Physical Therapy) stated residents were evaluated via telehealth and then received treatment in the facility by therapy staff. Staff 6 stated Resident 89 was supposed to receive three to five PT and OT sessions per week and there were no records of her/him refusing sessions. Staff 6 also stated the facility did not have enough staff to provide Resident 89 with the number of therapy sessions indicated on her/his PT and OT evaluations. Staff 6 stated residents' therapy sessions were scheduled by Staff 5 (Physical Therapy Assistant - Director of Rehabilitation) who worked offsite at a different building.</p> <p>On 9/22/25 at 9:45 AM Staff 5 stated she was in charge of scheduling therapy sessions for all residents at the facility. Staff 5 stated Resident 89 did not receive the number of PT and OT sessions indicated on her/his evaluations because the facility did not have enough therapy staff to cover the number of sessions residents were supposed to receive based on their evaluations.</p> <p>On 9/22/25 at 12:21 PM Staff 1 (Administrator) stated the facility census receiving therapy was so large the facility did not have enough therapy staff to cover the number of therapy sessions required. Staff 1 stated she expected residents to receive the number of therapy sessions indicated on their evaluation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SW Boundary Street Portland, OR 97221	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record record it was determined the facility failed to monitor for legionella in 1 of 1 facility reviewed for infection control. This placed residents at risk for infection from exposure to water borne pathogens. Findings include:The facility's Infection Prevention and Control Program policy and procedure dated 10/1/25 indicated:- A water management program has been established as part of the overall infection prevention and control program, - Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems, and- The Maintenance Director serves as the leader of the water management program. On 9/19/25 11:02 AM Staff 15 (Maintenance Technician) and Staff 39 (Maintenance Technician) stated that had not been trained on water borne pathogens and had not been instructed to monitor for legionella's presence in the facilities water system. On 9/19/25 at 11:13 AM Staff 40 (Maintenance Director) stated she was unaware of areas at risk for development of legionella in the facility and confirmed no monitoring had been performed to ensure legionella or any other water borne pathogens were not present in the facility.On 9/19/25 at 2:34 PM Staff 4 (LPN-Resident Care Manager/Infection Preventionist) stated an understanding legionella could develop in areas of standing water and stated she had not been involved in the identification of areas at risk for legionella or monitoring for legionella.</p>