

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2025
NAME OF PROVIDER OR SUPPLIER  Cascade Terrace Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5601 SE 122nd Avenue Portland, OR 97236	

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 0757</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0757  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review it was determined the facility failed to ensure chemotherapy medications were administered as ordered for 1 of 1 resident (#2) reviewed for chemotherapy medications. This failure resulted in Resident 2 experiencing thrombocytopenia (a medical condition characterized by a lower-than-normal number of platelets in the blood), pancytopenia (a medical condition characterized by a low number red blood cells, white blood cells and platelets) and neutropenia (a condition where there is an abnormally low number of neutrophils in the blood which are a type of white blood cell that plays a crucial role in fighting infections), which caused the resident to require numerous blood transfusions, emergency department visits and hospitalizations. Findings include: The facility's 1/2023 Medication Administration General Guidelines Policy and Procedure indicated medications are administered in accordance with written orders of the prescriber. If a dose seems excessive considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnosis or condition, the nurse calls the provider pharmacy for clarification prior to the administration of the medication. If necessary, the nurse contacts the prescriber for clarification. This interaction with the pharmacy and the resulting order clarification are documented in the nursing notes and elsewhere in the medical record as appropriate. The U.S. Food and Drug Administration (FDA) Patient Information Fact Sheet for Temodar (temozolomide, a chemotherapy drug used to treat specific types of brain cancer, such as Glioblastoma), revised 9/2023, indicated there are two common dosing schedules for taking or receiving temozolomide depending on the type of brain cancer tumor, which include:-People with certain brain cancer tumors take or receive temozolomide one time each day for 42 to 49 days in a row, along with receiving radiation treatment. This is one cycle of treatment. After this, your healthcare provider may prescribe six more cycles of temozolomide as maintenance treatment. For each of these cycles, you take or receive temozolomide one time each day for five days in a row and then you stop taking it for the next 23 days. This is a 28-day maintenance treatment cycle.-People with certain other brain cancer tumors take or receive temozolomide one time each day for five days in a row only, and then stop taking it for the next 23 days. This is one cycle of treatment (28 days). Your healthcare provider will watch your progress on temozolomide and decide how long you should take it.The Patient Information Fact Sheet also indicated temozolomide can cause serious side effects, including decreased blood cell counts. Some people need to be hospitalized or need to receive transfusions to treat their decreased blood cell counts. Do not take more temozolomide than prescribed. If you take more temozolomide than prescribed, call your healthcare provider or get emergency medical help right away.Resident 2 was admitted to the facility in 11/2024 with diagnoses including a brain disorder. Resident 2's 2/13/25 Quarterly MDS revealed the resident was severely cognitively impaired.A 4/21/25 Neuro-Oncology Consult Encounter Note signed by Witness 2 (Medical Doctor) indicated the following:-Resident 2 had a diagnosis of Glioblastoma, experienced a left temporoparietal craniotomy for resection of mass (a removal of an abnormal growth from the areas of the brain located in the temporal and parietal lobes) in 10/2024 and was deemed not a radiation oncology candidate.-The resident's fourth cycle of chemotherapy was delayed due to thrombocytopenia and would resume following this encounter.-The resident's current medication list included 140mg and 250mg capsules of temozolomide for a total of 390mg. The capsules were to be taken once daily at bedtime and on days one to five of a 28-day treatment cycle. A 4/21/25 Chemotherapy Telephone Conversation Note completed by Witness 3 (Neuro-Oncology RN) revealed Witness 3 reviewed Resident 2's chemotherapy orders, which directed the resident to receive a total dose of 390mg temozolomide for the first five days of a 28-day cycle, with Staff 22 (Former LPN-Resident Care Manager). According to this note, Staff 22 confirmed understanding and did not have further questions. A 4/21/25 Progress Note revealed Resident 2 was placed on alert for the start of 140mg temozolomide that was to be taken at bedtime for 28 days. No additional evidence was found in Resident 2's clinical record that clarified the telephone conversation between Witness 3 and Staff 22 or that a physical order for the temozolomide was obtained. Resident 2's 4/2025 and 5/2025 Physician Orders directed the resident to receive 140mg and 250mg capsules of temozolomide once daily at bedtime for 28 days. This medication was to start 4/21/25.A review of Resident 2's 4/2025 and 5/2025 MARs revealed the resident received 390mg temozolomide once daily from 4/21/25 through 5/13/25, for a total of 23 doses. A 5/14/25 Progress Note written by Staff 23 (LPN) revealed she spoke with Witness 3 who informed her Resident 2's order for temozolomide was supposed to be discontinued on 4/26/25. The note</p>		