

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 12/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review it was determined the facility failed to ensure physician orders were followed for 1 of 3 sampled residents (#1) reviewed for medication. This placed residents at risk for adverse medication side effects. Findings include: Resident 1 admitted to the facility in 2025 with diagnoses including obesity and diabetes. The 9/23/25 physician order indicated Resident 1 was to receive semaglutide (Ozempic) injection once weekly. On 12/23/25 at 11:47 AM, Resident 1 stated that she/he missed several doses of Ozempic due to the medication not being ordered. A review of Resident 1's 10/2025, 11/2025 and 12/2025 MARs and TARs indicated she/he did not receive semaglutide on the following dates:-12/16/25-10/30/25-10/23/25-10/16/25-10/9/25-10/2/25 Resident 1's Progress Notes indicated that Staff 2 (LPN) administered medication to Resident 1 on 10/2/25, 10/9/25, 10/16/25, 10/23/25 and 10/30/25, but did not administer semaglutide for the following reasons: medication was not filled last week, a new order was needed, the prescription had ended, the resident requested a prescription, or the notes were left blank. On 12/23/25 at 1:19 PM, a message was left for Staff 2. A return call was not received. On 12/23/25 at 2:31 PM, Staff 3 (LPN) stated she did not administer Ozempic on 12/16/25 because she thought it had to be refrigerated and she was not aware it was kept in the medication cart once opened. On 12/23/25 at 2:52 PM, Staff 1 (DNS) acknowledged Resident 1 did not receive semaglutide as ordered on the identified dates.</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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