

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Willamette View Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13145 SE River Road Milwaukie, OR 97222	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>46053</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure residents were assessed for self administration of medications for 1 of 1 sampled resident (#1) reviewed for medication administration. This placed residents at risk for adverse medication related consequences. Findings include:</p> <p>The facility's 8/2024 Self-Medication policy outlined the following criteria for a resident to self-administer medications:</p> <ul style="list-style-type: none"> <li>-The resident must successfully pass the Medication Self-administration Safety Screen;</li> <li>-Their primary care physician must approve their request to self-administer medications; and</li> <li>-They must consistently secure their medications out of the reach of others.</li> </ul> <p>Resident 1 was admitted to the facility in 2/2025 with diagnoses including left leg fracture and amnesia.</p> <p>A review of Resident 1's 2/18/25 Admission MDS revealed she/he had moderately impaired vision and required cueing for recall.</p> <p>On 3/11/25 at 10:36 AM, Resident 1 was observed to have the following medications on her/his bedside table:</p> <ul style="list-style-type: none"> <li>-Two tubes of Benadryl itch stopping cream.</li> <li>-One tube of Benadryl extra strength itch stopping gel.</li> <li>-One tube of GC dry mouth gel.</li> <li>-Three tubes of Systane night time eye lubricant gel.</li> <li>-Two bottles of TheraTears lubricant eye drops.</li> </ul> <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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/11/25 at 10:36 AM, Resident 1 stated the medications on the bedside table were her/his and she/he applied the Benadryl and TheraTears herself/himself several times each day. Resident 1 also stated she/he did not remember the last time she/he used the Systane.</p> <p>On 3/11/25 at 11:16 AM, Staff 4 (RN) stated residents were allowed to self administer medications with a physician's order and successful completion of an evaluation. Staff 4 stated the resident needed to name the medication, its use, and when it was given. Staff 4 acknowledged Resident 1 did not complete the evaluation and did not have an order from her/his physician for medication self administration.</p> <p>On 3/11/25 at 11:30 AM, Staff 3 (DNS) stated she expected residents to have a physician order and complete an assessment to self administer medications.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>41458</p> <p>Based on interview and record review it was determined the facility failed to ensure the Direct Care Staff Daily Report (DCSDR) postings were accurate for 35 of 39 days reviewed for staffing. This placed residents and visitors at risk for inaccurate staffing information. Findings include:</p> <p>The facility's Nursing Staffing Plan policy, dated 1/9/24, indicated that staffing information on the Daily Staff Public Posting form must be an accurate reflection of the actual staff working each shift.</p> <p>A review of the facility's DCSDRs revealed the following:</p> <p>From 2/1/25 through 3/10/25, 39 days were reviewed and revealed 35 days when licensed nursing staff hours were inaccurate on 2/2/25, 2/3/24, 2/4/25, 2/5/25, 2/6/25, 2/7/25, 2/8/25, 2/9/25, 2/10/25, 2/11/25, 2/12/25, 2/13/25, 2/14/25, 2/15/25, 2/16/25, 2/17/25, 2/19/25, 2/20/25, 2/21/25, 2/22/25, 2/23/25, 2/24/25, 2/26/25, 2/27/25, 2/28/25, 3/1/25, 3/2/25, 3/3/25, 3/4/25, 3/5/25, 3/6/25, 3/7/25, 3/8/25, 3/9/25 and 3/10/25.</p> <p>On 3/11/25 at 11:18 AM, Staff 2 (Assistant Administrator) reviewed the 2/1/25 through 3/10/25 DCSDRs and verified the reports were inaccurate on the days identified. Staff 2 stated she was currently responsible for ensuring the accuracy of the reports and expected the DCSDRs to accurately reflect the correct hours licensed nursing staff worked each shift.</p>

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<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>39632</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure biologicals were stored securely and not accessible to unauthorized individuals for 1 of 1 sampled medication room reviewed for medication storage. This placed residents at risk for unauthorized access to drugs and biologicals. Findings include:</p> <p>The facility's 8/2024 Medication Management Policy &amp; Procedure specified refrigerated medications were kept in a locked, secure refrigerator and all medications were stored in rooms accessible to authorized personnel.</p> <p>On 3/11/25 from 9:05 AM through 10:02 AM the unit's skilled nursing office door was propped open. During this time, various staff members went in and out of the room, and non-staff construction workers walked by the room. A white refrigerator and a silver refrigerator were observed inside the office.</p> <p>On 3/11/25 at 10:02 AM, Staff 4 (RN) reviewed the contents of the refrigerators. The silver refrigerator was empty and the white refrigerator contained an Aplisol vial (used for tuberculosis testing). Staff 4 stated the white refrigerator was used to store drugs and biologicals.</p> <p>On 3/11/25 at 10:18 AM, Staff 4 stated the refrigerator was not routinely locked. Staff 4 confirmed the office door was open and unlocked since 9:00 AM and the contents of the unlocked refrigerator were accessible to unauthorized staff and personnel. Staff 4 stated the office door should be locked at all times since the refrigerator remained unlocked.</p> <p>On 3/11/25 at 3:53 PM, the office door was observed open and no staff were in the office.</p> <p>On 3/12/25 at 8:22 AM, the office door was observed open and no staff were in the office.</p> <p>On 3/12/25 at 9:29 AM, Staff 3 (DNS) stated the office refrigerator was used to store drugs and biologicals. Staff 3 was notified the office door was unlocked and accessible to unauthorized personnel on 3/11/25 and 3/12/25 and the refrigerator was left unlocked. At 9:37 AM, Staff 3 observed the unlocked refrigerator and stated the door to the office and the refrigerator were to be locked at all times.</p>		