STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385200	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willamette View Health Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review it was determined the facility failed to contact the physician when indicated by a physician order for 1 of 4 sampled residents (#12) reviewed for medications. This placed residents at risk for lack of needed treatment for a low heart rate. Findings include:Resident 12 was admitted to the facility in 4/2026 with diagnoses including heart failure and dependence on renal dialysis (a medical treatment that removes waste products from the blood when the kidneys are not working properly).The 4/26/26 admission MDS revealed Resident 12 had a BIMS score of 8 indicating the resident had moderate cognitive impairment.The 6/1/26 hospital re-admission physician orders revealed an order to call the covering provider if Resident 12's HR (heart rate) was greater than 100 bpm (beats per minute) or less than 55 bpm. A review of Resident 12's vital signs from 6/1/26 through 6/17/26 revealed her/his HR was out of range on the following dates:-6/5/26, HR 47 bpm-6/11/26, HR 53 bpmA review of Resident 12's progress notes and full medical record revealed no indication the provider was notified on 6/5/26 and 6/11/26 of the low HR reading.On 6/15/26 at 12:11 PM Staff 5 (CNA) stated she obtained Resident 12's vital signs on her shift and if the vital signs were out of range, she told the charge nurse who then rechecked the vital signs. On 6/16/26 at 1:38 PM Staff 6 (RN) stated the CNA or sometimes the nurse obtained vital signs and the nurse reviewed the vital signs to verify they were within normal range. Staff 6 stated the CNAs communicated with the nurse if there was an abnormal reading, and the nurse rechecked to verify the accuracy of the reading, then contacted the provider and documented in a progress note. On 6/16/26 at 2:24 PM Staff 7 (RN) stated the CNA or the nurse obtained vital signs and she, as the nurse, always reviewed to ensure vital signs were within normal range. Staff 7 stated she contacted the provider if there were any abnormal readings and then documented in a progress note. Staff 7 stated she was unsure what happened on the identified dates and stated if she called a provider, it was documented in the progress notes.On 6/17/26 at 10:14 AM Staff 3 (DNS) stated the charge nurse oversaw all vital signs and was to contact the provider of any abnormal readings, and then document in a progress note that the provider was contacted. Staff 3 acknowledged the physician order was not followed as Resident 12's provider was not notified of the low HR on 6/5/26 and 6/11/26.

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