

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Stanley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 12045 SE Stanley Avenue 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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>42222</p> <p>Based on record review and interview it was determined the facility failed to complete a discharge summary which included a recapitulation of stay and a final summary of the resident's status for 1 of 3 sampled residents (#1) reviewed for a discharge summary. This placed residents at risk for unmet needs post discharge. Findings include:</p> <p>Resident 1 admitted to the facility in 4/2024, with diagnoses including hip fracture and congestive heart failure.</p> <p>On 7/1/24, the State Agency received a public complaint which alleged Resident 1 was discharged home and the facility did not refer Resident 1 to her/his long standing home health agency. Witness 1 (Complainant) stated she made multiple phone calls to the facility in order to ensure Resident 1 received continuity of care with her/his home health agency upon her/his discharge. Witness 1 stated the facility referred Resident 1 to a different home health agency and the other home health agency never made a home visit.</p> <p>Review of the Discharge Summary dated 6/25/24 revealed that Resident 1 was discharged home. The Discharge Summary did not include a nursing or physician recapitulation of Resident 1's diagnosis, course of illness or treatment at the facility, pertinent home health agency or contact information, prognosis or condition on discharge.</p> <p>On 2/12/25 at 11:02 AM, Staff 3 (Social Services Director) stated it was an expectation that a resident discharge summary contain information about resident diagnoses, course of illness or treatment at the facility, prognosis or condition on discharge and home health agency and contact information. She further stated the facility typically referred discharged residents to their previous home health agency unless the agency was unable to resume services.</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)
<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>42222</p> <p>Based on interview and record review it was determined the facility failed to follow physician orders for 1 of 3 sampled residents (#4) reviewed for medication administration. This placed residents at risk for unmet medication needs. Findings include:</p> <p>Resident 4 admitted to the facility in 8/2024, with diagnoses including End Stage Renal Disease (ESRD) and clavicle fracture.</p> <p>Resident 4's initial care plan dated 8/24/24 revealed she/he received medications for pain and End Stage Renal Disease and attended dialysis two times per week.</p> <p>Physician orders dated 8/24/24 revealed Resident 4 was to receive Gabapentin (a medication for nerve pain), 100 mg capsule TID, and Sodium Zirconium Cyclosilicate, 1 packet QD for hyperkalemia (a condition where the potassium level in the blood is too high) on the resident's non dialysis days.</p> <p>Review of Resident 4's 9/2024 MAR revealed she/he was not administered Sodium Zirconium Cyclosilicate on 9/12/24 and 9/14/24 and was not administered Gabapentin on 9/24/24, 9/25/24 and 9/26/24.</p> <p>Progress notes reviewed from 9/12/24 through 9/26/24 did not provide an explanation as to why the medication was not administered.</p> <p>On 2/14/25 at 1:00 PM, Staff 1 (Administrator) and Staff 2 (DNS) were notified of the investigative findings regarding missed medications and provided no additional information.</p>