STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385271	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl at Kruse Way, The	4550 Carman Drive Lake Oswego, OR 97035

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined the facility failed to notify the Office of the State Long Term Care Ombudsman (LTCO) when residents transferred to the hospital or discharged from the facility for 2 of 4 sampled residents (#s 7 and 46) reviewed for hospitalization and discharge. This placed residents at risk for being unable to receive assistance from the LTCO. Findings include:The facility's 3/2021 Transfer or Discharge Notice Policy indicated the following:- The resident and his or her representative are given a thirty day advance written notice of an impending transfer or discharge from this facility.- A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative. 1. Resident 7 was admitted to the facility in 9/2025 with diagnoses including hypo-osmolality and hyponatremia (retention of water by loss of sodium or both). Resident 7 was discharged home on 9/24/25.A review of Resident 7's clinical record revealed no indication the LTCO was notified when the resident discharged from the facility.On 10/1/25 at 11:28 AM, Staff 10 (Social Services Director) stated she did not send notice of transfers to the LTCO. On 10/1/25 at 11:33 AM, Staff 4 (Former DNS) acknowledged the requirement to notify the LTCO and stated the facility did not have a system in place to implement the requirement. 2. Resident 46 was admitted to the facility in 9/2025 with diagnoses including fracture of left femur. Resident 46 was hospitalized on [DATE].A review of Resident 46's clinical record revealed no indication the LTCO was notified when the resident was transferred to the hospital. On 10/1/25 at 11:28 AM, Staff 10 (Social Services Director) stated she did not send notice of transfers to the Ombudsman.On 10/1/25 at 11:33 AM, Staff 4 (Former DNS) acknowledged the requirement to notify the LTCO and stated the facility did not have a system in place to implement the requirement.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on interview and record review it was determined the facility failed to discard expired medications for 1 of 1 medication storage room reviewed for medication storage. This placed residents at risk for lack of medication efficacy. Findings include:On 9/30/25 at 10:35 AM a review of the OTC (over the counter) medication storage room revealed four bottles of Milk of Magnesia (laxative) expired on 6/2025, two bottles of TUMS (antacid for heartburn) expired on 3/2025, and two bottles of Renovite (multivitamin for kidney disease) expired on 7/2025.On 9/30/25 at 10:40 AM Staff 9 (CMA) acknowledged the medications were expired.On 9/30/25 at 10:42 AM Staff 4 (Former DNS) acknowledged the medications were expired and stated it was her expectation nurses and CMAs checked for expired medications at least weekly. Staff 4 further stated Central Supply staff were to check expiration dates before placing medications in the OTC room and medication carts