STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385273	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pioneer Nursing Home	1060 D Street West Vale, OR 97918

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to ensure PRN psychotropic medication orders had an end date and failed to ensure a clinical rationale was obtained to extend the use of PRN psychotropic medications beyond 14 days for 1 of 5 sampled residents (#4) reviewed for medications. This placed residents at risk for adverse side effects of psychotropic medication. Findings include: Resident 4 was admitted to the facility on [DATE] with diagnoses including adult failure to thrive, depression and anxiety. A review of the 2/27/26 admission MDS revealed Resident 4 had a BIMS score of 14 indicating she/he was cognitively intact. The MDS also indicated Resident 4 received hospice services. The care plan related to the use of anti-anxiety medication, initiated on 2/24/26, revealed Resident 4's PRN medication use was to be reviewed by day 14. The physician would be notified for a face-to-face visit to address the need to renew the PRN order. A 2/20/26 physician order revealed an order for lorazepam (anti-anxiety) oral concentrate two mg/ml; give 0.25 ml every four hours PRN for anxiety and agitation. No end date was documented. A 4/7/26 physician order revealed an order for lorazepam oral concentrate two mg/ml; give 0.25 ml every four hours PRN for anxiety and agitation. No end date was documented. A review of the February 2026 MAR revealed Resident 4 received PRN lorazepam for a total of five days. A review of the March 2026 MAR revealed Resident 4 received PRN lorazepam for a total of 29 days; including 24 days of consecutive use. A review of the April 2026 MAR revealed Resident 4 received PRN lorazepam for a total of ten days. A 3/13/26 at 9:40 AM Progress Note by Staff 2 (DNS) revealed Resident 4 had continued anxiety with non-pharmacological interventions and PRN lorazepam. Staff 2 noted Resident 4 might benefit from scheduled anxiety medication and messaged the physician. A 3/13/26 at 1:04 PM Progress Note revealed a new order for clonazepam (anti-anxiety) 0.25 MG one tablet BID for anxiety. There was no mention about an end date for PRN lorazepam or the continued use beyond 14 days. On 4/23/26 at 12:25 PM and at 1:31 PM Staff 2 stated she communicated to Resident 4's hospice physician about the need for evaluation after 14 days for the PRN lorazepam and left it up to the physician to decide. Staff 2 acknowledged the facility did not ensure an end date for Resident 4's PRN lorazepam and did not receive a clinical rationale from the physician for the continued use of PRN psychotropic medication.

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