

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Cedar Crossings		STREET ADDRESS, CITY, STATE, ZIP CODE 6003 SE 136th Avenue Portland, OR 97236	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42222</p> <p>Based on interview and record review it was determined the facility failed to ensure optometry services were provided timely for 1 of 3 sampled residents (#5) reviewed for quality of care. This placed residents at risk for unmet optical needs. Findings include:</p> <p>Resident 5 admitted to the facility in 3/2022 with diagnoses including congestive heart failure and diabetes mellitus.</p> <p>Resident 5's initial care plan dated 4/5/22 revealed she/he had cataracts in both eyes. Interventions listed were to refer Resident 5 for an eye exam.</p> <p>Resident 5's Admission MDS dated [DATE] revealed a CAA for visual function was triggered for cataracts.</p> <p>A 6/17/23 progress note revealed Staff 13 (SSD) had spoken to Resident 5 about scheduling a vision appointment. There was no documentation any appointments were made by Staff 13.</p> <p>On 7/9/24 at 1:59 PM, Resident 5 stated she/he made requests for an eye exam since she/he admitted to the facility but the facility did not schedule any ophthalmology appointments until recently.</p> <p>On 7/17/24 at 11:15 AM, Staff 5 (RCM) acknowledged the facility had not made a timely vision appointment for Resident 5 after her/his admission to the facility.</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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>42222</p> <p>Based on observation, interview and record review review it was determined the facility failed to ensure routine dental services were provided for 1 of 3 sampled residents (#5) reviewed for dental care needs. This placed residents at risk for unmet dental needs. Findings include:</p> <p>Resident 5 admitted to the facility in 3/2022 with diagnoses including congestive heart failure and diabetes mellitus.</p> <p>Resident 5's initial care plan dated 4/5/22 revealed she/he had dental care needs related to her/his edentulous (no natural teeth or tooth fragments only) status. Interventions listed were to obtain a dental consult.</p> <p>Care conference notes dated 8/19/22 revealed Resident 5 requested a dental exam.</p> <p>A 6/17/23 progress note revealed Staff 13 (SSD) had spoken to Resident 5 about scheduling a dental appointment. There was no documentation any appointments were made until new orders were issued on 8/31/23.</p> <p>On 7/9/24 at 1:59 PM, Resident 5 was observed to be missing most of her/his natural teeth. She/he stated she/he requested to see a dentist since she/he admitted to the facility because she/he wanted dentures, but the facility had not scheduled any dental appointments.</p> <p>On 7/17/24 at 11:15 AM, Staff 5 (RCM) acknowledged the facility had not made a timely dental appointment for Resident 5 after her/his admission to the facility.</p>