

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER MYRTLE POINT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 637 ASH STREET MYRTLE POINT, OR 97458	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews it was determined the facility failed to implement appropriate infection prevention control procedures for 4 of 4 sampled residents (#s 1, 2, 3 and 4) and 2 of 2 halls reviewed for infection control. This placed residents and staff at risk for COVID-19 infection. Findings include: The facility's Infection Prevention and Control Program revised 2018 revealed information regarding Prevention of Infection. Important facets of infection prevention included: Identifying possible infections or potential complications of existing infections, enhancing screening for possible significant pathogens, following established general and disease-specific guidelines such as those of the Centers of Disease Control (CDC). Centers for Disease Control and Prevention Preparing for COVID-19 in Nursing Homes instructed the following: Actively monitor all residents upon admission and at least daily for fever and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. 1. Resident 1 was admitted to the facility in 6/2020 with [DIAGNOSES REDACTED]. A 4/23/20 care plan revealed Resident 1 was at risk for infection of COVID-19 with goal of not to become infected. A 6/3/20 progress note revealed Resident 1 was on isolation precautions due to a recent hospital visit. A review of the documents titled Day/Evening Resident Screening revealed from 6/1/20 through 6/8/20 Resident 1 was not screened for her/his vitals or for signs and symptoms of COVID-19 on 6/7/20 and 6/8/20. A review of the documents titled Resident Monitoring Log revealed from 6/10/20 through 6/21/20 Resident 1 was not screened for her/his vitals or for signs and symptoms of COVID-19 on 6/13/20 and 6/14/20. A review of clinical records revealed no documentation Resident 1's vitals or screening of COVID-19 signs and symptoms occurred on 6/7/20, 6/8/20, 6/13/20 and 6/14/20. On 6/22/20 at 11:48 AM Staff 2 (DNS) confirmed there were missing screening documents and the residents did not get screened for signs and symptoms of COVID-19. Staff 2 stated the lack of screening for COVID-19 usually occurred over the weekends. 2. Resident 2 was admitted to the facility in 6/2017 with [DIAGNOSES REDACTED]. A 4/13/20 care plan revealed Resident 2 was at risk for infection for COVID-19 with the goal of not becoming infected with COVID-19. A review of the documents titled Day/Evening Resident Screening revealed from 6/1/20 through 6/9/20 Resident 2 was not screened for her/his vitals or for signs and symptoms of COVID-19 on 6/7/20, 6/8/20 and 6/9/20. A review of the documents titled Resident Monitoring Log revealed from 6/10/20 through 6/21/20 Resident 2 was not screened for COVID-19 signs and symptoms or vitals on 6/10/20 and 6/14/20. On 6/13/20 Resident 2's temperature was not obtained. A review of clinical records revealed no documentation Resident 2's temperature was obtained on 6/13/20. Review of records also revealed no documentation of Resident 2's vitals or screening of COVID-19 signs and symptoms occurred on 6/7/20, 6/8/20, 6/9/20, 6/10/20 and 6/14/20. On 6/22/20 at 11:48 AM Staff 2 (DNS) confirmed there were missing screening documents and the resident did not get screened for signs and symptoms of COVID-19. Staff 2 stated the lack of screening for COVID-19 usually occurred over the weekends. 3. Resident 3 was admitted to the facility in 12/2016 with [DIAGNOSES REDACTED]. 9/20. A review of the documents titled Resident Monitoring Log revealed from 6/10/20 through 6/21/20 Resident 3 was not screened for COVID-19 signs and symptoms or vitals on 6/10/20 and 6/14/20. On 6/13/20 Resident 3's vitals were not obtained. A review of clinical records revealed no documentation Resident 3's vitals were obtained on 6/13/20. Review of records also revealed no documentation Resident 3's vitals or screening of COVID-19 signs and symptoms occurred on 6/7/20, 6/8/20, 6/9/20, 6/10/20 and 6/14/20. On 6/22/20 at 11:48 AM Staff 2 (DNS) confirmed there were missing screening documents and the resident did not get screened for signs and symptoms of COVID-19. Staff 2 stated the lack of screening for COVID-19 usually occurred over the weekends. 4. Resident 4 was admitted to the facility in 1/2020 with [DIAGNOSES REDACTED]. (fluid builds up in air sacs of lungs.) A 4/23/20 care plan revealed Resident 3 was at risk for infection for COVID-19 with the goal of not becoming infected. A review of documents titled Day/Evening Resident Screening revealed from 6/1/20 through 6/9/20 Resident 4 was not screened for her/his vitals or for signs or symptoms of COVID-19 on 6/7/20, 6/8/20 and her/his temperature was not obtained on 6/9/20. A review of documents titled Resident Monitoring Log revealed from 6/10/20 through 6/21/20 Resident 4 was not screened for COVID-19 signs and symptoms or vitals on 6/13/20 and 6/14/20. A review of clinical records revealed no documentation Resident 4's temperature was not obtained on 6/9/20. Review of records also revealed no documentation Resident 4's vitals or screening of COVID-19 symptoms occurred on 6/7/20, 6/8/20, 6/13/20 and 6/14/20. On 6/22/20 at 11:48 AM Staff 2 (DNS) confirmed there were missing screening documents and the resident did not get screened for signs and symptoms of COVID-19. Staff 2 stated the lack of screening for COVID-19 usually occurred over the weekends. 5. Review of the facility's screening system vitals and signs and symptoms for COVID-19 revealed the following: Day/Eve Resident Screening form -6/3/20 four residents' signs and symptoms if present of COVID-19 were not documented on the form. -6/4/20 two residents' signs and symptoms if present of COVID-19 and vitals were not documented on the form. -6/7/20 no screening form was completed for all residents. -6/8/20 no screening form was completed for all residents. -6/9/20 no screening form was completed for all residents. Resident Monitoring Log -6/10/20 twelve residents' signs and symptoms if present of COVID-19 and vitals were not documented on the form. -6/12/20 twenty three residents' signs and symptoms if present of COVID-19 were not documented on the form. -6/13/20 twenty three residents' signs and symptoms if present of COVID-19 and vitals were not documented on the form. -6/15/20 eight residents' signs and symptoms if present of COVID-19 and vitals were not documented on the form. On 6/22/20 at 11:48 AM Staff 2 (DNS) confirmed there were missing screening documents and the residents did not get screened for signs and symptoms of COVID-19. Staff 2 stated the lack of screening for COVID-19 usually occurred over the weekends.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.