

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER CREEKSIDE REHABILITATION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 812 SE 48TH AVENUE PORTLAND, OR 97215	
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 - Few	<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 observations, interviews, and record reviews, the facility failed to maintain a safe and sanitary environment to prevent infections when staff did not perform glove change between dirty and clean tasks and hand hygiene following incontinence care for 1 of 1 sampled resident (R) (R4) for incontinence care. This failure increased the risk for infection and its associated discomfort and complications. Findings include: Record review of the facility's policy titled, Hand Washing/Hand Hygiene, dated August 2014, showed an alcohol-based hand rub or soap and water should be used before moving from a contaminated body site to a clean body site during resident care; after contact with bodily fluids, and after handling used dressings, contaminated equipment, etc., and after removing gloves. Review of R4's record showed the facility admitted the resident on 6/26/14 with [DIAGNOSES REDACTED]. R4's Minimum Data Set (MDS-assessment tool), dated 4/9/20, showed the resident was cognitively intact and required extensive assistance with Activities of Daily Living (ADL) including toileting and was frequently incontinent of bladder and always incontinent of bowel. Review of R4's care plan showed problem for history of urinary tract infection with potential for recurrence due to incontinence, date initiated was 4/22/19, with interventions that resident is incontinent of bowel and bladder and requires good peri care. Observation on 4/22/20 at 8:50 AM showed Certified Nursing Assistant (CNA) 1 and CNA2 transferring R4 from the wheelchair to bed with a mechanical lift. CNA1 left room briefly and returned with wipes. CNA1 donned gloves and opened resident's briefs and then wiped resident peri area several times. CNA1 stated that the brief was not too wet. CNA1 repositioned resident on her side facing the window and wiped buttocks and then rolled briefs and mechanical lift sling under the resident's back and buttocks. Using same gloved hands, CNA1 picked up clean briefs and placed under the resident's buttocks and then rolled resident towards the door and removed dirty briefs and sling. CNA1 moved sling near resident's feet, repositioned and fastened clean briefs and then touched and repositioned resident's shirt, pillows and blankets with same gloved hands. No glove change occurred after touching dirty brief and before touching clean briefs and resident's clothing, linen and other items in resident's room. After placing brief and sling in plastic bag and tying it closed, CNA1 removed her gloves and placed new plastic bag in rubbish can. CNA1 donned gloves. No hand hygiene was done between glove changes. CNA1 then touched and put toothpaste on resident's toothbrush and brought toothbrush, water basin, clothing protector and cup of water to resident. CNA1 removed her gloves and left the resident's room. During interview on 4/22/20 at 9:05 AM CNA1 stated that resident is always incontinent, brief was wet, and she did not change her gloves during incontinence care. CNA1 stated that her gloves were dirty after touching the brief that was wet from urine and should have changed her dirty gloves before touching clean brief and other items. CNA1 stated that she did not perform hand hygiene during incontinence care or after removing glove and setting resident up to brush her teeth. CNA1 stated that she should have changed her gloves after touching dirty brief. During interview on 4/22/20 at 9:10 AM Director of Nursing/Infection Preventionist stated that gloves should be change between dirty and clean tasks such as after touching brief that is wet during incontinence care and hand sanitizer should be used after glove changes.</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.