

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER MILTON FREEWATER HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 ELZORA STREET MILTON FREEWATER, OR 97862	
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	Provide and implement an infection prevention and control program. Based observation, interview and record review, it was determined the facility failed to develop and implement an ongoing infection prevention and control program or surveillance system to identify possible communicable disease and ensure the use of approved disinfectant wipes in the facility at 1 of 1 nurses station. Findings include: a. During a 5/13/20 at 10:31 AM, interview Staff 2 (DNS) acknowledged the facility was in the process to develop and had not established a system of infection surveillance which included root cause analysis, tracking of trends with residents or staff and how the data was shared with appropriate nurses or committee. Staff 2 provided a copy of the LTC Respiratory Surveillance Line List form which was used for residents and staff with respiratory/COVID-19 signs and symptoms. Record review on 5/13/20 revealed the lack of an ongoing system for infection control surveillance, data analysis, infection trends and patterns, and documentation of these findings. In a 5/13/20 at 1:51 PM interview, Staff 2 confirmed the facility had no ongoing infection control surveillance system to track infections such as urinary tract infections. Staff 2 reported the facility had a system for identifying respiratory items but lacked an overall system for other infections or data analysis. b. The facility's current COVID-19 policy directed staff to use an approved Environmental Protection Agency (EPA) registered disinfectant with the Centers for Disease Control (CDC) for cleaning surfaces. On 5/13/20 at 12:45 PM, Staff 5 (CNA) was observed to use a nonapproved EPA disinfectant wipe to clean her tablet from a container with a red top. On 5/13/20 at 12:47 PM, Staff 3 (RN) stated the wipes with the red top were alcohol wipes which the CNA's used to wipe the tablets and other areas because it does not leave a residue like the bleach wipes. Staff 3 stated she left the red top wipes out at the front nursing station for easy CNA access. During an interview on 5/13/20 at 1:51 PM, Staff 1 (Executive Director) stated the facility was not to use the red top disinfectant wipes and only use the EPA approved for COVID-19, blue top wipes with bleach. Staff 1, Staff 2 (DNS) and surveyors walked to the nurse's station and found a container of the red top disinfectant wipes on the countertop. Staff 1 and Staff 2 immediately removed the container and ensured no other non-approved disinfectant wipes were available for staff or resident use. During the interview on 5/13/20 at 1:51 PM, Staff 2 confirmed the red top disinfectant wipes used at facility were not on the EPA list of approved products, issued by the CDC, for disinfectants used in nursing facilities for COVID-19 virus.		
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.