

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER AVAMERE RIVERPARK OF EUGENE		STREET ADDRESS, CITY, STATE, ZIP 425 ALEXANDER LOOP EUGENE, OR 97401	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to maintain appropriate infection control precautions for 2 of 5 sampled residents (#s 1 and 2) reviewed for infection control. This placed residents at risk for contracting a contagious illness. Findings include: The Centers for Disease Control and Prevention's (CDC) Preparing for COVID-19 in Nursing Homes instructs the following: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. 1. Resident 1 admitted to the facility in 12/2018 with [DIAGNOSES REDACTED]. On 5/18/20 at 1:17 PM Staff 4 (Admissions Director) reported residents who were admitted to the facility from the hospital and were tested negative for COVID-19 while in the hospital were put on droplet precautions which required staff to wear a disposable mask on top of their cloth mask while providing care for that resident. She reported residents who admitted from the community without a test were placed on special droplet/contact precautions which required full PPE (personal protective equipment) for 14 days. On 5/18/20 at 2:07 PM Staff 3 (LPN RCM) reported Resident 1 left the facility with family on 5/15/20 and was scheduled to return on the evening of 5/18/20. She stated since the resident had been out in the community she/he would be placed on special droplet precautions in the isolation unit for 14 days when she/he returned. On 5/19/20 at 11:32 AM Resident 1 was observed in her/his room in the isolation unit. A sign outside the door indicated the resident was on droplet precautions and not special droplet/contact precautions. The name plate outside the door also revealed another resident resided in the same room. On 5/19/20 at 11:40 AM Staff 5 (LPN) was asked what the difference was between the two kinds of precautions observed to be in place in the unit according to the signs. Staff 5 showed the directions on the signs and explained the difference was the special droplet/contact precautions required staff to use full PPE of gown, gloves goggles and mask whereas the droplet precautions only required a mask. On 5/19/20 at 11:42 AM Staff 6 (RN Infection Preventionist) reported residents who were out of the facility for less than 24 hours did not require additional precautions. She confirmed Resident 1 was out of the facility for greater than 24 hours. Staff 6 reported Staff 4 was responsible for determining the level of precautions new admissions required. On 5/19/20 at 11:44 AM Staff 4 confirmed Resident 1 should have been placed on special droplet/contact precautions when she/he returned to the facility. She further stated Resident 1 should not have been scheduled to have a roommate with a lower precaution level. On 5/19/20 at 12:40 PM Staff 2 (Interim DNS) confirmed Resident 1 should have been placed on special droplet precautions in a private room or with a roommate who was also on special droplet/contact precautions. 2. Resident 2 admitted to the facility in 5/7/20 with [DIAGNOSES REDACTED]. On 5/18/20 at 12:02 PM Resident 2 was observed in her/his room in the isolation unit. A two page laminated sign outside the door indicated the resident was on special droplet/contact precautions. On 5/18/20 at 12:10 PM Staff 7 (LPN) reported Resident 2 was the only resident currently in the unit who had not been tested for COVID-19. She stated the resident was the only one who required the use of full precautions. On 5/18/20 at 1:17 PM Staff 4 (Admissions Director) reported residents who were admitted to the facility from the hospital and were tested negative for COVID-19 while in the hospital were put on droplet precautions which required staff to wear a disposable mask on top of their cloth mask while providing care for that resident. She reported residents who admitted from the community without a test were placed on special droplet/contact precautions which required full PPE (personal protective equipment) for 14 days. On 5/18/20 at 12:40 PM Staff 1 (Administrator) reported Resident 2 was the only resident who required special droplet/contact precautions. On 5/19/20 at 11:30 AM 12 days after Resident 2 admitted to the facility, observation of the room in which Resident 2 resided the day prior was observed to be empty with linens removed from the beds. On 5/19/20 at 11:41 AM Staff 6 (RN Infection Preventionist) reported Resident 2 was moved to another room in the facility off of special droplet/contact precautions because she/he was on the precautions for 14 days. When informed the resident was not in the facility for 14 days Staff 6 stated she reviewed Resident 2's chart and determined since she/he had no symptoms of illness the precautions were discontinued early. On 5/19/20 at 11:57 AM Resident 2 was observed sitting in a wheelchair in a room on a different unit with a roommate. On 5/19/20 at 12:40 PM Staff 2 (DNS) confirmed Resident 2 should not have been removed from special droplet/contact precautions early.</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.