

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2020
NAME OF PROVIDER OF SUPPLIER MEADOW PARK HEALTH & SPECIALTY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 75 SHORE DRIVE SAINT HELENS, OR 97051	
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 observation, interview and record review, it was determined the facility failed to implement appropriate infection control practices including social distancing, use of and disinfection of personal protective equipment (PPE) for 2 of 2 units observed and monitor resident(s) for signs/symptoms of COVID-19 for 1 of 4 residents reviewed (#4) for infection control. This placed resident(s) at increased risk of contracting the highly communicable COVID-19 infection. Findings include: Review of the facility Infection Control Policy and Procedure, Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, revised 7/2020, instructed the staff while in the building, personnel were required to strictly adhere to established infection prevention and control practices which included social distancing when applicable, universal source control (use of facemask's), surveillance and reporting of respiratory infections . and environmental cleaning with EPA-registered disinfectants approved for use against [DIAGNOSES REDACTED]-CoV-2 (Coronavirus). Staff should wear a facemask at all times when in the facility. Physical distance of 6 feet enforced among residents and staff were required to practice social distancing with other staff and residents. Residents were screened daily for fever and signs/symptoms of COVID-19. break up to each tag ## staff not SD - many examples, add Res smoker? Res #2 - 11 nurse/cna on floor The 7/15/20 Centers for Disease Control Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic guidance revealed for healthcare professionals (HCP) the potential for exposure to COVID-19 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in bedrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include: emphasizing the importance of source control and physical distancing in non-patient care areas, providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other. - stood in close proximity (one-to-two feet) with two staff at the wall mounted computer while conversing. - Staff were observed to socialize while they waited their turn at the time at the wall mounted computer within close proximity (one-to-two feet) of each other. - staff # stood in close proximity (one-to-two feet) with two staff at the wall mounted computer/nurse station while conversing. Staff ## stated she knew the rule was six feet distance between staff, but sometimes forgot - Staff 10 (LPN) stood behind a nurse station desk verbally cueing five staff to socially distance. All but one staff ignored the verbal cues, standing shoulder-to-shoulder and reaching over and around each other to collect items needed to begin their shift. ## RR 1 of 4 (#4) residents not monitored for COVID S/S Is in OAR [PHONE NUMBER] (1) - find cdc or move - add? OHA? Centers for Disease Control and Prevention, Preparing for COVID-19 in Nursing Homes, revised 6/25/20, Evaluate and Manage Residents with Symptoms of COVID-19. Facilities should complete the following: - Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. - 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. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Resident 4 admitted to the facility on [MEDICAL CONDITION] On 10/20/20 at XXX Staff 2 (Interim DNS) stated the facility monitors residents for signs and symptoms in the MAR indicated [REDACTED]. During record review on 10/21/20, Resident 4 had no evidence of any monitoring for COVID signs or symptoms. No alert charting was found in her/his EHR. In an interview on 10/20/20 at 11:11 AM, Staff 2 stated she would expect Resident 4 to have monitoring of COVID signs and symptoms in her/his EHR. Staff 2 and Staff 1 (Executive Director) stated they would provide addition information if Resident 4 had COVID monitoring in place. On 10/23/20 at 4:30 PM, no further documentation had been provided for Resident 4. ## ? office ? Not wearing mask or face shield - add in TA given, add staff ## leaning on desk with a gown she had worn into resident s rooms testing for COVID - add OHA face shield notice Centers for Disease Control (CDC), page last updated 6/19/20, refers to the facility to implement Universal Source Control which refers to facemask's to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Staff should wear a facemask at all times while they are in the healthcare facility, including spaces where they might encounter co-workers. Staff should be aware about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering. Do not wear respirator/facemask under (the) chin or store in scrubs pocket between patients. On 9/24/20 Staff 1 (Executive Director) was observed at the front door of the facility with his mask under his chin and not socially distanced from an unmasked male. Staff 1 was provided TA (technical assistance) to wear his mask and wear eye protection. Staff 1 was provided further TA on several other occasions from 9/24/20 to 10/19/20 about staff wearing masks and face shields while in the facility. On 10/19/20 at XXX Staff 1 was observed to sit at his desk, in his office. Staff 1 did not have on a face mask or face shield/eye protection. Staff 3 (Care Manager) was standing and leaning on his desk, while wearing full PPE including a gown she had worn into multiple residents rooms to complete COVID testing. Staff 1 and Staff 3 were with in two feet of each other while Staff 1 had no mask or face shield/eyeprotection. On 10/22/20 at 11:11 AM, Staff 1 confirmed he expects all staff to wear face masks and face shields while in the facility. Staff 1 acknowledged he was not wearing a face mask or face shield on Monday, 10/19/20 at XX. ## kill/dwell time not OB 2 of 2 eyeprotection cleaning stations Centers for Disease Control Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic revised 7/15/20 instructed facilities to ensure environmental cleaning and disinfection procedures were followed consistently and correctly. The EPA N Disinfectant Results Table reviewed on 10/6/20 indicated the contact time for Virix XXX disinfectant was two minutes.</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.