

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER FERNHILL ESTATES		STREET ADDRESS, CITY, STATE, ZIP 5737 NE 37TH AVENUE PORTLAND, OR 97211	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure consistent implementation of infection control standards for hand hygiene when 1 of 4 Certified Nursing Assistants (CNAs) observed serving meals to residents did not do hand hygiene between resident rooms and meal delivery. Failure to use proper hand hygiene procedures placed the residents at potential risk for the spread of disease. The facility census was 43 residents. Findings include: The facility's Handwashing/Hand Hygiene policy with a revision date of August 2019 indicated the following: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation .7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively soap (antimicrobial or non-antimicrobial) and water for the following situations .o. Before and after eating or handling food; p. Before and after assisting a resident with meals . On 4/23/2020 at 12:10 PM, three CNAs (CNA1, CNA2, and CNA3) were observed passing meal trays on the North Hallway. At 12:15 PM, CNA1 took two trays from the meal cart and took the trays into a resident room. CNA1 sat one tray on a resident's bedside table and then took the second tray and placed it on another resident's bedside table. CNA1 moved one of the resident's table so that it was in positioned in front of the resident. After both trays were placed on the tables, CNA1 removed the lids that covered the plates. CNA1 then placed the lids on top of the cart and took two other trays out of the cart. CNA1 did not wash her hands or use hand sanitizer in between serving residents their trays. The meal delivery was observed until all residents on the North Hallway had been served. CNA1 did not use hand sanitizer and/or wash her hands during the North Hallway meal service. At 12:17 PM, the meal cart was observed being delivered to the South Hallway. CNA1, CNA2, and CNA4 were observed coming from the dining room where they had washed their hands at the sink. The three CNAs began serving meal trays to the residents. CNA1 would take two trays from the cart to deliver. CNA1 was observed going into various resident rooms serving meals; CNA1 would place the trays on the bedside tables, positioning the table if needed and then remove the lids covering the plates, and leave the resident room. CNA1 would then place the lids on top of the food cart and take another tray/s for delivery to the next resident/s. CNA1 failed to do hand hygiene during the delivery of meal trays to residents on the South Hallway. On 4/27/2020 at approximately 10:15 AM, these observations were discussed with the facility's Administrator and Director of Nursing. Both administrative staff acknowledged that the CNA should have performed hand hygiene during the meal service.		
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.