STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385263	A. BUILDING _____ B. WING _____	08/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
REGENCY HERMISTON NURSING & REHAB CENTER	970 W JUNIPER AVENUE HERMISTON, OR 97838

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to ensure sanitary housekeeping services performed on 2 of 2 units in this COVID-19 positive facility reviewed for infection control. This placed residents at risk for facility-acquired COVID-19 infections. Findings include: The facility's Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), revision on 3/20/20, instructed a patient under investigation (PUI) for having COVID-19 infection; the personnel entering the room will use personal protection equipment (PPE) including gloves, gowns, mask and eye protection and the environment cleaning and disinfection procedures will be completed in accordance of approved guidelines. The facility's Interim Policy for Precautions SNF (Skilled Nursing Facility), dated 4/21/20, instructed the facility to follow CDC (Centers for Disease Control and Prevention), guidelines for the use of PPE to contain and prevent the spread of infection. Health care personnel should wear full PPE for the care of all positive COVID-19 residents. The CDC Coronavirus 2019 (COVID-19) Clinical Questions about COVID-19, last revised 8/4/20, instructed only essential personnel should enter the room of patients with [DIAGNOSES REDACTED]-CoV-2 infection. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient. If this responsibility is assigned to environmental services (EVS) personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene. 1. On 8/10/20 at 1:58 PM, Staff 3 (Housekeeper) refused a person to person interview on the COVID positive unit. On 8/10/20 at 3:02 PM, Staff 3 was observed to leave the COVID negative unit and enter the COVID positive unit through the plastic barrier. Staff 3 wore a mask and face shield, walked down the hall and entered resident room [ROOM NUMBER]. room [ROOM NUMBER] had signs posted for droplet/contact precautions requiring full PPE due to residents' [DIAGNOSES REDACTED]. Staff 2 (DNS) observed this occurring and promptly corrected Staff 3 to put on a gown and gloves. Staff 3 left the resident room and with Staff 5 (Housekeeping Supervisor) directing how to take off the PPE properly. Staff 3 and Staff 5 proceeded to an office. On 8/10/20 at 3:23 PM, Staff 1 (Administrator) and Staff 2 stated all staff entering all resident rooms on the COVID positive unit should wear full PPE. Staff 1 reported Staff 3 was not scheduled to clean rooms on the COVID positive unit and should not have entered the room. On 8/11/20 at 10:06 AM, Staff 1 reported Staff 3 should not have been on the COVID negative side on 8/10/20 as she was not working over there and had no business over there. 2. On 8/10/20 at 11:42 AM, the plastic barrier zipper from the COVID positive unit was observed to be open and a large clear plastic bag with rags was placed on the COVID negative unit floor. Staff 4 (Housekeeper) was observed on the COVID negative unit wearing a pair of gloves and proceeded to pick up the bag of rags from the floor, place back on the floor two more times before she walked to the clean utility room. Staff 4 left the bag of rags in the clean utility room, did not change gloves, removed a personal plastic shopping store bag and went to the plastic barrier and gave the bag to another staff on the COVID positive unit through the plastic barrier. With the same pair of gloves, Staff 4 then cleaned high touch areas, touched multiple surfaces, including the garbage can for used PPE, the housekeeping cart and resident equipment, on two hallways of the COVID negative unit with the same pair of gloves. Staff 4 then entered resident room [ROOM NUMBER], with signs posted for Droplet/Contact precautions. Wearing the same gloves, face shield and mask, Staff 4 put on a gown. Staff 4 then to entered and cleaned the resident room. At 12:15 PM, Staff 4 exited resident room [ROOM NUMBER], took off her gown, wore the same pair of gloves and proceeded to pull her housekeeping cart to the end of hall to the clean utility room. Staff 4 took off her potentially contaminated gloves in the clean utility room at 12:19 PM. On 8/10/20 at 12:24 PM, Staff 4 (Housekeeping) acknowledged she wore the same gloves from 11:42 AM to 12:19 PM and stated she was to change her gloves between residents' rooms. Staff 4 acknowledged getting the bag of clean rags from Staff 3 (Housekeeping) from the positive side and then placing on the floor several times before leaving in the clean utility room. Staff 4 acknowledged giving Staff 3 a personal bag through the COVID positive barrier. On 8/10/20 at 2:35 PM, Staff 5 (Housekeeping/Laundry Supervisor) stated items were to never be shared from the COVID positive unit to the COVID negative unit. The only item that was to pass through the COVID positive unit to the COVID negative unit was the covered meal cart which was to be disinfected immediately after entering the COVID negative unit. On 8/10/20 at 3:23 PM, Staff 1 (Administrator) and Staff 2 (DNS) stated they expected staff to change gloves between potentially contaminated items and prior to exiting a resident room on droplet/contact precautions. Staff 1 confirmed no items should be going from the COVID positive side to the COVID negative units without being disinfected. 3. On 8/10/20 at 12:05 PM, Staff 4 (Housekeeper) was observed with housekeeping cart outside of resident room [ROOM NUMBER]. Staff 4 opened her housekeeping cart and removed a blue caddy (storage container) with two spray bottles, two rags, a toilet brush in the container and a mop, broom and long handle dustpan and placed inside resident room room [ROOM NUMBER]. Staff 4 put on PPE and entered resident room [ROOM NUMBER] which had droplet/contact precautions signs at door. Staff 4 placed the blue caddy on the floor inside of room [ROOM NUMBER] with the other items. At 12:12 PM, Staff 4 placed the broom and dustpan outside of room [ROOM NUMBER] with the handles resting on the PPE cart without disinfecting while wearing the potentially contaminated gloves. At 12:15 PM, Staff 4 moved the blue caddy out of the room, placed the caddy on the hallway carpet, unlocked her cart and placed the blue caddy into the cart without disinfecting. On 8/10/20 at 1:52 PM, Staff 7 (Housekeeper) was observed to clean the restroom near the entrance on the COVID positive unit. Staff 7 placed the blue caddy with two spray bottles, a rag and cleaning container on the floor while cleaning the restroom. Staff 7 then proceeded to place the blue caddy back into the housekeeping cart with no disinfection. Staff 7 placed the blue caddy into the housekeeping cart without disinfecting it. On 8/10/20 at 3:02 PM, Staff 3 (Housekeeper) was observed on the COVID positive hall to carry a bag of rags and a spray bottle, and enter resident room [ROOM NUMBER]. room [ROOM NUMBER] had signs posted for droplet/contact precautions with full PPE due to the resident's [DIAGNOSES REDACTED]. Staff 3 placed the bag of rags on the resident's bedside table while cleaning the window seal in the room. Staff 3 picked up the bag off the resident's bedside table, exited the resident room and walked down the hall. Staff 3 placed the potentially contaminated bag and spray bottle on the carpeted floor near the conference room door and went through the conference room door. Another staff put on gloves and removed the bag and bottle from the floor. On 8/10/20 at 2:35 PM, Staff 5 (Housekeeping/Laundry Supervisor) stated items from a room should be disinfected and items should not be placed on a clean PPE cart. On 8/10/20 at 2:43 PM, Staff 2 (DNS) confirmed without being disinfected and any items shared between resident rooms should be disinfected. On 8/11/20 at 10:06 AM, Staff 1 (Administrator) confirmed items going from room to room and through the facility were expected to be disinfected.

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.