STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385031	A. BUILDING _____ B. WING _____	08/10/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVAMERE CRESTVIEW OF PORTLAND	6530 SW 30TH AVENUE PORTLAND, OR 97239

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to follow recommended COVID 19 infection control practices for 2 of 5 sampled residents (#s 5 and 8) reviewed for infection control,use of personal protective equipment (PPE) or adhere to work restrictions related to potential exposure to COVID 19 for 2 of 2 staff. This placed residents at risk for potential exposure to COVID 19. Findings include: 1. The Centers for Disease Control and Prevention's Preparing for COVID-19 in Nursing Homes instructs the following: Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. A. Resident 5 admitted to the facility in 2013 with [DIAGNOSES REDACTED]. pressure, elevated pulse; - 7/30/20 Resident 5 sleeping more, nurse practitioner reviewed labs, oxygen saturation at 90% on room air, unable to cough, order to start nebulizer; - 7/31/20 Resident 5 had a temperature of 99.3, nonproductive cough; - 8/1/20 Resident 5 had a temperature of 100.1, nonproductive cough, COVID 19 test ordered; and - 8/2/20 Resident 5 was on isolation precautions. The August 2020 Treatment Administration Record revealed Resident 5 was placed on Special Contact/droplet precautions for elevated temp and respiratory signs and symptoms on 8/1/20 at 8:44 AM. In an interview on 8/7/20 at 11:32 AM Staff 3 (RCM) indicated Resident 5 first began displaying COVID 19 symptoms on 7/30/20 and was not placed on precautions until 8/1/20, Staff 3 also stated the facility was aware of the symptoms earlier than 7/30/20 but suspected they were from a urinary tract infection. Staff 3 acknowledged Resident 5 was not placed on precautions as soon as she/he should have. In an interview on 8/7/20 at 1:17 PM Staff 2 (DON) indicated the procedure for residents who displayed symptoms of COVID 19 was to notify the physician and immediately place the resident on droplet precautions which included all staff wear a mask, eye covering, gown, and gloves when working with resident. Staff 2 confirmed Resident 5 was not placed on droplet precautions until 8/1/20. B .Resident 8 admitted to the facility in 2017 with [DIAGNOSES REDACTED]. In an interview on 8/7/20 at 11:32 AM Staff 3 (RCM) stated Resident 8 was first suspected to have COVID 19 on 7/28/20, had symptoms of temperature of 100.2 and oxygen saturation of 88%, and was place on precautions on 7/30/20. A review of Progress Notes for Resident 8 revealed: - 7/28/20 Resident 8 noted to have an elevated temperature of 100.2, oxygen saturation of 88% on room air, not much of an appetite; - 7/29/20 Resident 8 had an elevated temperature; and - 7/30/20 COVID 19 test completed, on isolation precautions. On 7/30/20 there was an order for [REDACTED]. In an interview on 8/7/20 at 1:17 PM Staff 2 (DON) indicated the procedure for residents who displayed symptoms of COVID 19 was to notify the physician and immediately place the resident on droplet precautions which included all staff wear a mask, eye covering, gown, and gloves when working with resident Staff 2 confirmed the medical record does not show Resident 8 was placed on precautions before 7/30/20. 2. The Centers for Disease Control and Prevention's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic instructs the following: Aerosol Generating Procedures (AGPs) -Some procedures performed on patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection could generate infectious aerosols. Procedures that pose such risk should be performed cautiously and avoided if possible. - If performed, the following should occur: - HCP in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown. - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure. - AGPs should ideally take place in an AIIR. - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below. Resident 5 admitted to the facility in 2013 with [DIAGNOSES REDACTED]. There was a 7/30/20 Physician order [REDACTED]. A review of the July 2020 and August 2020 MAR indicated [REDACTED]. A 8/2/20 Progress Note revealed Resident 5 received a nebulizer treatment, the physician was contacted due to this being contraindicated for patients with potential COVID 19. In an interview on 8/7/20 at 12:41 PM Staff 7 (CMA) confirmed giving Resident 5 her/his nebulizer treatment on 7/31/20 and 8/1/20. Staff 5 stated she was not provided an N95 Respirator to wear during the treatment. In an interview on 8/7/20 at 12:47 PM Staff 8 (CMA) confirmed giving Resident 5 her/his nebulizer treatment on 7/30/20, 7/31/20, and 8/1/20. Staff 8 stated he was in the room with Resident 5 during the nebulizer treatment and was not provided an N95 Respirator. In an interview on 8/7/20 at 1:17 PM Staff 2 (DON) confirmed staff who administered a nebulizer to residents who were suspected to be COVID 19 positive were to wear an N95 respirator, and confirmed Staff 7 and Staff 8 were not provided the appropriate PPE to administer the nebulizer treatments. 3. The Centers for Disease Control and Prevention's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 instructs the following: - Any duration of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure. - Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19 - HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 - HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure - Exclude from work for 14 days after last exposure Resident 5 admitted to the facility in 2013 with [DIAGNOSES REDACTED]. A 7/30/20 Order was for Resident 5 to receive [MEDICATION NAME]-[MEDICATION NAME] (a nebulizer) two times a day. In an interview on 8/7/20 at 12:41 PM Staff 7 (CMA) confirmed giving Resident 5 her/his nebulizer treatment on 7/31/20 and 8/1/20. Staff 5 stated she was not provided an N95 respirator to wear during the treatment. In an interview on 8/7/20 at 1:17 PM Staff 2 (DON) confirmed staff administering a nebulizer to residents who were suspected to be COVID 19 positive were to wear an N95 respirator, and confirmed Staff 7 was not provided the appropriate PPE to administer the nebulizer. The August 2020 Staffing Schedule indicated Staff 7 worked on 8/3/20, 8/4/20, 8/5/20, 8/6/20, 8/7/20, 8/8/20, 8/9/20. In an interview on 8/10/20 at 1:03 PM Staff 2 confirmed Staff 7 had continued to work in the facility after potential exposure to COVID 19 while performing Aerosol-Generating Procedures and was not excluded from work for 14 days after the potential exposure. In an interview on 8/7/20 at 12:47 PM Staff 8 (CMA) confirmed giving Resident 5 her/his nebulizer treatment on 7/30/20, 7/31/20, and 8/1/20. Staff 8 stated he was in the room with Resident 5 during the nebulizer treatment and was not provided with an N95 respirator to wear during the treatment. In an interview on 8/7/20 at 1:17 PM Staff 2 confirmed staff administering a nebulizer treatment to residents who were suspected to be COVID 19 positive were to wear an N95 respirator, and confirmed Staff 8 was not provided the appropriate PPE to administer the nebulizer. The August 2020 Staffing Schedule indicated Staff 8 worked on 8/7/20. In an interview on 8/10/20 at 1:03 PM Staff 2 confirmed Staff 8 had continued to work in the facility after potential exposure to COVID 19 while performing Aerosol-Generating Procedures and was not excluded from work for 14 days after potential exposure.

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.