

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - EUGENE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 3500 HILYARD STREET EUGENE, OR 97405	
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. Based on observation, interview and record review it was determined the facility failed to establish and implement appropriate infection prevention control processes to disinfect personal protective equipment (PPE) and environmental surfaces for 3 of 3 halls reviewed for infection control. This placed residents and staff at risk for COVID-19 infection. Findings include: 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. Oregon Health Authority updated Frequently Asked Questions: Universal Eye Protection in Long-Term Care Facilities directed facilities to establish a dedicated area to clean and disinfect reused eye protection. 1. On 8/20/20 at 10:38 AM Staff 5 (Housekeeper) sprayed a liquid on counters and tables in the dining room and nurses' station and immediately wiped the surfaces with a cloth. Staff 5 stated the product she used was Peroxide Multi-Surface Cleaner and was not aware of any required contact time. On 8/21/20 at 12:48 PM Staff 4 (Housekeeping Manager) confirmed Peroxide Multi-Surface Cleaner was used throughout the facility, the product required 45 seconds of contact time according to the manufacturer's direction, and the instructions given to all housekeeping staff was to only spray and wipe after the cleaner was applied and before adequate contact time was allowed. On 8/24/20 at 8:45 AM Staff 2 (Interim DNS) confirmed correct information for cleaning processes and disinfection products should be provided to staff and followed. 2. On 8/20/20 at 11:42 AM two staff placed goggles directly in individual paper bags hanging from the wall before they exited the building. No designated area for cleaning goggles was observed. On 8/20/20 at 11:48 AM Staff 9 (Receptionist) stated staff goggles were cleaned only as needed. On 8/22/20 at 11:44 PM Staff 8 (CNA) stated goggles were worn all day and stored in paper bags between shifts. She was not aware of any instructions or system in place for cleaning goggles. On 8/24/20 at 8:45 AM Staff 3 (RN-Infection Preventionist) confirmed there was no system in place to ensure goggles were cleaned as required. 3. On 8/20/20 at 1:08 PM Staff 7 (Physical Therapist) stated she treated up to ten residents per day in the therapy room including residents on isolation precautions and was provided the cleaning spray used by the facility with directions to spray and wipe equipment with a cloth between each resident session. Staff 7 stated she did not use a clean cloth after each resident session and no further information was provided about the cleaning process. On 8/21/20 at 12:48 PM Staff 4 (Housekeeping Manager) confirmed he did not provide cleaning instructions to therapy and cloths should be changed after each resident session.		
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.