STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385268	A. BUILDING _____ B. WING _____	09/30/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GATEWAY CARE AND RETIREMENT	39 NE 102ND AVENUE PORTLAND, OR 97220

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 staff failed to complete hand hygiene (HH) appropriately for 3 of 11 staff (#s 4 ,5 and 7) reviewed, failed to socially distance for 4 of 19 staff (#s 4, 5, 6 and 7) reviewed and failed to doff PPE (personal protective equipment) in a contained fashion for 3 of 11 staff (#s 3, 4 and 5) reviewed. The facility failed to post isolation transmission-based precaution signs on 1 of 3 zones (red zone was COVID positive, yellow zone was COVID suspected or exposed and green zone was COVID negative), failed to cohort staff between 3 of 3 zones and failed to dedicate PPE storage on 3 of 3 zones. This placed residents at risk for cross contamination and possible exposure to infectious agents. Findings include: 1. The 7/15/20 CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic guidance revealed healthcare professionals (HCP) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. On 9/29/20 at 10:09 AM, Staff 5 (LPN) performed no HH after doffing gloves and after touching her face shield. On 9/29/20 at 10:18 AM, Staff 4 (CNA) performed no HH after exiting a resident room, doffing gown, and after touching her face shield. On 9/29/20 at 10:20 AM, Staff 4 was observed not to perform HH before handling a clean gown and observed not to perform HH after picking up a glove from the floor. On 9/29/20 at 10:22 AM, Staff 7 (CNA) wheeled a hoyer down the hall, donned a gown and gloves without completing HH. On 9/29/20 at 10:27 AM, Staff 4 performed no HH after donning gown and gloves to enter a resident room. On 9/29/20 at 10:50 AM, Staff 4 was observed to touch her face shield and mask without performing HH and immediately went into a resident room. In an interview on 9/25/20 at 12:03 PM, Staff 4 stated she did not normally wear gowns in the hall and should have removed the gown and gloves and perform hand hygiene before helping with meal pass. Staff 4 stated she should perform hand hygiene after doffing PPE and between each task. In an interview on 9/29/20 at 10:55 AM, Staff 7 stated she should have performed hand hygiene prior to donning her gown and gloves. In an interview on 9/30/20 at 10:50 AM, Staff 1 (Administrator) stated he expected staff to perform hand hygiene between resident meal trays, after touching surfaces, before donning PPE, and after touching face shields and masks. 2. The 7/15/20 CDC 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 breakrooms 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, designating areas for HCP to take breaks, eat, and drink that allow them to remain at least six feet apart from each other, especially when they must be unmasked. On 9/29/20 at 9:58 AM, Staff 6 (CMA) and 7 (CNA) were observed in the breakroom sitting very near each other, not socially distanced or wearing a masks. On 9/29/20 at 10:50, Staff 4 and Staff 6 were observed not socially distanced at the medication cart in the nurses station. On 9/29/20 at 11:07 AM, Staff 4 and Staff 7 were observed talking to each other in the breakroom, while Staff 4 was eating and were not socially distanced. On 9/29/20 at 11:33 PM, Staff 7 and three unidentified staff were observed outside on break talking to each other, not socially distanced. In an interview on 9/30/20 at 10:50 AM Staff 1 (Administrator) stated he expected staff to socially distance. 3. The 8/19/20 CDC Using Personal Protective Equipment (PPE) guidance revealed the following: .How to Take Off (Doff) PPE Gear. Below is one example of doffing: 1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. 3. Healthcare personnel may now exit patient room. On 9/25/20 at 10:28 AM, Staff 3 (RN) exited a resident room wearing a gown and gloves, walked down the hall approximately ten feet, then doffed the gown and gloves. On 9/25/20 at 11:20 AM, Staff 3 exited a resident room wearing a gown and gloves, walked approximately 20 feet down the hall, then doffed a gown and gloves at trash can. On 9/29/20 at 10:09 AM, Staff 5 (LPN) was observed to doff her gown in the hallway after exiting a resident room. On 9/29/20 at 10:18 AM, Staff 4 (CNA) was observed to doff her gown in the hallway after exiting a resident room. On 9/29/20 at 10:46 AM, Staff 4 exited room [ROOM NUMBER] wearing full PPE after assisting a COVID-19 positive resident. She walked down the hall approximately 30 feet to the nurses' station and doffed all her PPE. In an interview on 9/25/20 at 12:03 PM, Staff 4 stated staff do not normally wear PPE in the halls, PPE should be doffed in resident rooms. In an interview on 9/29/20 at 10:09 AM, Staff 5 reported she received no verbal instruction or training related to COVID-19, such as donning and doffing gowns, gloves, masks, etc. Staff 5 stated, I already know this stuff and the facility has posted instructions for PPE. In an interview on 9/30/20 at 10:50 AM, Staff 1 (Administrator) stated he expected staff to doff gowns and gloves in the resident rooms or at the threshold. Staff 1 stated staff should not walk down the halls to doff PPE. 4. The 5/8/20 CMS COVID-19 Focused Survey for Nursing Homes revealed, signage on the use of specific PPE (for staff) should be posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide). On 9/25/20 at 12:29 PM, all residents on yellow zone were considered on contact and droplet transmission-based precautions (TBP), which required PPE but no signage was posted. On 9/29/20 there was one resident in yellow zone on TBP, which required PPE and no signage was posted. In an interview on 9/25/20 at 12:54 PM, yellow zone Staff 12 (CNA) and Staff 13 (CNA) reported the yellow zone means residents might have been exposed and infection control practices apply to all residents on this zone, uncertain if signage needs to be posted, we just put on all PPE for all the rooms. On 9/29/20 at 3:40 PM and on 9/30/20 at 10:50 AM, Staff 1 (Administrator) acknowledged there were no posted TBP signs in the yellow zone but expected signs be posted. 5. The 4/20/20 CDC Responding to Coronavirus (COVID-19) in Nursing Homes guidance revealed the following: Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility. On 9/25/20 and 9/29/20, no system was observed or records were available to ensure the facility cohorted and tracked staff who crossed between the red and green zones. The facility red zone was COVID positive, yellow zone was COVID suspected or exposed and the green zone was COVID negative. In an interview on 9/25/20 at 10:10 AM, Staff 1 (Administrator) and Staff 2 (Regional RN) stated the facility had three zones in the building: green, yellow and red. Staff 1 stated they were not tracking staff who crossed over to the different zones. Staff 1 stated he believed only himself and the maintenance director went into the red zone, into other parts of the building, and was unaware other staff crossed into the red zone. In an interview on 9/25/20 at 11:02 AM, Staff 6 (CMA) stated until 9/25/20 staff crossed over all zones. In an interview on 9/29/20 at 11:29 AM, Staff 8 (LPN) stated the facility rotated

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) staff from the red zone to other units so they did not get burnt out. Staff 8 stated on overnight shift, at times, nurses would cross zones due to nurse shortages. In an interview on 9/29/20 at 1:52 PM, Staff 1 stated the only staff crossing zones were nurses, usually when doing treatments. In an interview on 9/29/20 at 1:52 PM Witness 1 (Epidemiologist) stated staff in the red zone should avoid crossing over to other zones for the entire duration of the outbreak and the facility needed a system in place to log what staff from red zone crossed into other zones of the building. In an interview on 9/30/20 at 10:50 AM, Staff 1 stated the facility's goal was to dedicate staff to each zone as best as possible and fully cohort staff, but it was not fully implemented. Staff 1 stated the facility had not established a tracking system when staff cross over from red zone and entered other zones. 6. The 7/15/20 Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease (COVID-19) Pandemic revealed HCP should remove their respirator or face mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift. On 9/25/20 and 9/29/20 there were no observed dedicated areas in zones green, yellow and red established for HCP to clean, disinfect and store eye protection, and their N95 respirator. During an interview on 9/25/20 at 2:00 PM, Staff 9 (RN), Staff 10 (CNA) and Staff 11 (CNA) reported no dedicated area to store their N95 masks and face shields. They reported doffing their N95 masks and face shields at their cars and taking them home. On 9/29/20 at 1:52 PM, Staff 1 (Administrator) stated there were no dedicated spaces for staff to store their reusable PPE. Staff 1 stated the staff often doffed at their car and placed their PPE in bags or mesh bags. On 9/30/20 at 10:50 AM, Staff 1 stated the facility should have implemented reusable PPE storage areas.