STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385218	A. BUILDING _____ B. WING _____	06/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MARQUIS VERMONT HILLS	6010 SW SHATTUCK ROAD PORTLAND, OR 97221

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 observation, interview and record review it was determined the facility failed to implement appropriate infection control procedures for 3 of 3 sampled residents (#s 1, 5 and 6) on infection control precautions whom were reviewed for infection control. This placed residents and staff at risk for indirect contact transmission of infections. Findings include: 1. The Centers for Disease Control (CDC) Coronavirus 2019 guidance on personal protective equipment (PPE) included the modified use of PPE. Facilities could reuse single use isolation gowns to optimize supply while facilities faced shortages and/or challenges obtaining gowns. The CDC directed isolation gowns be used per manufacturers' guidelines if the facility had a sufficient supply to care for residents. Manufacture's guidelines for the yellow gowns observed on 6/10/20 were disposable and considered single use. On 6/10/20 the facility reported 5,230 gowns available in facility. The facility's revised 9/2019 Isolation - Categories of Transmission-Based Precautions Policy Statement revealed, Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. The Policy Interpretation and Implementation revealed Contact Precautions: In addition to Standard Precautions, implement contact precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Examples of infections requiring contact precautions include, but are not limited to: . cutaneous [MEDICATION NAME] (shingles). Indirect Contact Transmission involves the transfer of an infectious agent through a contaminated inanimate object or person. a. Resident 6 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The 6/6/20 Physician order [REDACTED]. The 6/9/20 Skilled Nursing Assessment completed by Staff 7 (LPN) revealed Resident 6 was on isolation precautions related to shingles. On 6/10/20 between 11:30 AM and 4:40 PM, observations were made of staff hanging single use isolation gowns outside of Resident 6's door, toward the hallway after caring for Resident 6, who was colonized or infected with an infectious agent. On 6/10/20 at 1:34 PM, Staff 4 (Therapy) was observed to touch right elbow on the yellow disposable gown hung on Resident 6's door. On 6/10/20 at 4:00 PM, Staff 6 (Nursing Assistant) was observed to put on PPE for Resident 6's room. Staff 6 explained how staff were to use the same gown for the entire shift. After care was provided, staff were to place the gown on the resident's door, which hung in the hallway when the door was closed. Staff 6 demonstrated the inside and outside of the gown, which was known by the ties. Staff 6 confirmed the gown hanging on Resident 6's door was hung with the outside of the gown exposed to the hallway. On 6/10/20 at 4:05 PM Staff 2 (DNS) confirmed the two disposable gowns on Resident 6's door were hung with the outside of the gown towards the hallway. Staff 2 stated this was common practice to hang used gowns on the residents on the door and staff were to use only one gown per shift when caring for Resident 6. Staff 2 acknowledged the facility did not have a gown shortage. b. Resident 5 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/10/20 between 11:30 AM and 4:40 PM, observations were made of staff hanging single use isolation gowns on outside of door, toward the hallway after caring for Resident 5, who was potentially colonized or infected with an infectious agent. In an interview on 6/10/20 at 4:05 PM, Staff 2 (DNS) reported Resident 5 was on transmission based precautions due to recent admission and monitoring for signs and symptoms of COVID-19. Staff 2 confirmed Resident 5 had disposable gowns, which were used multiple times over a shift. Staff 2 acknowledged the gown could touch staff clothing. Staff 2 confirmed Resident 5's gowns were hung exposing the gown to the hall way. c. Resident 1 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/10/20 between 11:30 AM and 4:40 PM, observations were made of staff hanging single use isolation gowns toward the hallway after caring for Resident 1, who was potentially colonized or infected with an infectious agent. On 6/10/20 at at 2:05 PM Staff 3 (RCM) was observed to stand on right side of Resident 1's room door and talk with the resident. Staff 3's leg touched the yellow gown hung on the name plate of Resident 1's room. In an interview on 6/10/20 at 4:05 PM, Staff 2 (DNS) reported Resident 1 was on transmission based precautions due to recent admission and monitoring for signs and symptoms of COVID-19. Staff 2 confirmed Resident 1 had disposable gowns, which were used multiple times over a shift. Staff 2 acknowledged the gown could touch staff clothing. Staff 2 confirmed Resident 1's gowns were hung exposing the gown to the hall way.

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.