STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385045	A. BUILDING _____ B. WING _____	**09/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PORTHAVEN HEALTHCARE CENTER	**5330 NE PRESCOTT STREET PORTLAND, OR 97218**

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** - Some	**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 the facility failed to ensure proper hand hygiene for 2 of 10 staff (#s 8 and 9), failed to ensure staff were wearing proper PPE (personal protective equipment) for 1 of 9 staff (#6), and failed to ensure staff properly disposed of gowns used in 2 of 15 transmission- based precaution rooms (#117 and #110). This placed the residents at risk for exposure to infectious disease. Findings include: 1. The facility's 3/2020 Standard Precautions Policy and Procedure indicated staff were to wash hands before and after each direct resident contact and before and after touching mask and face shield. a. On 9/17/20 at 2:51 PM Staff 9 (LPN) was observed to touch his face shield, mask and take his glasses off without performing hand hygiene. Staff 9 then administered a medication to a resident in the 100 hall without performing hand hygiene. On 9/17/20 at 2:53 PM Staff 9 acknowledged he should have performed hand hygiene before and after touching his face shield, mask and taking his glasses off and should always perform hand hygiene before administering medications. On 9/17/20 at 4:50 PM Staff 2 (DNS) and Staff 1 (Administrator) indicated they expected staff to perform hand hygiene before resident care, in between residents, in between tray passing, when hands are visibly soiled, when staff return from breaks, and after touching their mask, face shield or glasses. b. On 9/17/20 at 3:00 PM Staff 8 (CNA) was observed to enter a resident room who was on transmission-based precautions. Staff 8 provided resident care, was observed to doff PPE appropriately, left the room and walked down the hall without performing hand hygiene. On 9/17/20 at 3:05 PM Staff 8 acknowledged she did not perform hand hygiene after taking her gown off and stated she should have performed hand hygiene after doffing her gown. On 9/17/20 at 4:50 PM Staff 2 (DNS) and Staff 1 (Administrator) indicated they expected staff to perform hand hygiene before resident care, in between residents, in between tray passing, when hands are visibly soiled, when staff return from breaks, and after touching their mask, face shield or glasses. 2. On 9/17/20 at 2:12 PM Staff 6 (RN) was observed walking down the hall cleaning her face shield after walking past the front door, down the hallway and past several residents' rooms. On 9/17/20 at 2:14 PM Staff 6 acknowledged that she was cleaning her face shield but was told to put it on after she clocked in. Staff 6 stated that she should be wearing a face shield in the facility. On 9/17/20 at 2:27 PM Staff 7 (Receptionist) indicated staff come into her office, obtain a face shield if they do not have one, clean it, let it dry for a minute and then only after donning the face shield could they enter the facility. On 9/17/20 at 4:50 PM Staff 1 (Administrator) and Staff 2 (DNS) stated they expected staff to wear face shields once in the building. 3. The facility's 3/2020 Standard Precautions Policy and Procedure indicated staff were not to reuse gowns. On 9/17/20 at 1:25 PM room [ROOM NUMBER] had a transmission-based precautions sign on the door. A PPE cart was outside the room. A note on top of the cart read: Stop: Crisis conservation status-marked PPE may be reused. Three gowns were observed hanging in the room. Two gowns were observed on hooks with one sleeve from each gown touching the other gown. The third gown was observed to be draped over the resident's bathroom door, touching one of the other gowns. On 9/17/20 at 1:25 PM Staff 3 (housekeeper) stated she sometimes found gowns hanging on the clock in residents' rooms. Staff 3 indicated it was not right to place used gowns on the clock and that sometimes she threw them away. On 9/17/20 at 1:00 PM Staff 2 (DNS) indicated that the facility was utilizing the Conventional Capacity (PPE available with basic PPE controls in place in order to implement standard infection prevention and control plans in the facility) model for PPE usage. On 9/17/20 at 1:51 PM Staff 1 (Administrator) was in the hallway, observed gowns hanging in residents' rooms and immediately removed the hanging gowns. Staff 1 also removed 'crisis' signs on PPE carts. Staff 1 stated they would re-educate staff regarding reusing gowns. On 9/17/20 at 2:08 PM Staff 5 (LPN) indicated she reused gowns since the beginning of the Covid-19 outbreak. Staff 5 indicated staff reused gowns after putting their names on them and used them for the duration of their shift. On 9/17/20 at 3:00 PM Staff 8 (CNA) stated that staff wrote their names on gowns, hung them on hooks in rooms and reused them for their entire shift. On 9/17/20 at 3:14 PM Staff 6 (RN) indicated it was her preference to place the gown in the trash after use. She stated either way if a gown was reused, staff had to put their names on their gown and hang it up, so it was not touching other gowns. On 9/17/20 at 4:50 PM Staff 1 and Staff 2 indicated they were trying to conserve gowns because in the future, with increased admissions, more gowns would be needed. The facility gown supply tended to run short and they asked the staff to use contingency plans for gowns. Staff 1 indicated the staff did not have a choice on whether to dispose of the gown or reuse the gowns.

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.