

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER MILTON FREEWATER HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 ELZORA STREET MILTON FREEWATER, OR 97862	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review it was determined the facility failed to implement infection control practices to prevent the spread of the COVID-19 virus from 6/30/20 through 7/1/20 for 1 of 1 RN Staff (Staff 2) reviewed for infection control. This failure, determined to be an immediate jeopardy situation, resulted from Staff 2's improper use of PPE (personal protective equipment), Staff 2 not performing hand hygiene appropriately and staff not following infection control policies and procedures exposed residents to the risk of contracting the highly communicable COVID-19 virus.</p> <p>Findings include: The Facility Policy COVID-19 Crisis Strategy for PPE - Cloth/Non-Surgical Masks, reference number 8832, last revised 4/16/20 instructed for the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. The Facility Policy Request for PPE reference number 8798, last revised 4/30/20, instructed to Do NOT TOUCH the front of the respirator! It may be contaminated. Centers for Disease Control (CDC), page last updated 6/19/20, refers to the facility to implement Universal Source Control which refers to facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Staff should wear a facemask at all times while they are in the healthcare facility, including spaces where they might encounter co-workers. Staff should be aware about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering. Do not wear respirator/facemask under (the) chin or store in scrubs pocket between patients. On 7/1/20 the Oregon Health Authority reported Umatilla County had 492 positive COVID-19 cases, 155 people recovered and 4 deaths. The Umatilla Case County per 10,000 people was 60.6, the third highest rate in the state. The facility is located in Umatilla County. Technical assistance was provided by the State Survey Agency on prior Infection Control Surveys and Weekly State Monitoring on-site visits from 5/15/20 through 6/23/20. The technical assist was related to multiple observations of Staff 2 in the facility either without a mask while at the nurse's station and hallway, with the mask tucked under her chin or hanging from one ear and coming within six feet of care staff without a mask. On 6/30/20 at 1:45 PM, Staff 2 (RN) was observed standing behind the medication cart at the nurse's station without a mask on her face. After seeing the surveyor, Staff 2 quickly put a mask on, touched the front of mask and continued working without performing hand hygiene. On 6/30/20 at 2:13 PM, Staff 2 was observed to walk down the hall towards the front exit door. Staff 2 was observed to raise both her arms and remove her mask into her left hand. Staff 2 put her mask back on and then touched the keypad and door to exit without performing hand hygiene. On 6/30/20 at 3:56 PM, Staff 2 wore a mask looped on one ear while sitting at the nurse's station. Staff 1 (Executive Director) was standing opposite of Staff 2 at the nursing station counter and Staff 1 and Staff 2 were engaged in conversation. Staff 1 did not cue Staff 2 to wear the mask appropriately. On 7/1/20 at 8:36 AM, Staff 2 was observed standing at the nurse's station without a mask. After greeting the surveyor, Staff 2 reached in her bag and put on a mask quickly. On 7/1/20 at 9:14 AM, Staff 2 was observed at the nurse's station looking at a medication book on the treatment cart with a mask hanging from her left ear and not covering her face. Staff 2 put the mask on and touched the front of her mask. Staff 2 then touched the medication book, then sat in a chair at the nursing station and touched a black pen, computer keyboard and medication book again with no hand hygiene. On 7/1/20 at 9:17 AM, Staff 2 reported she understood she could take the mask off when she was in the bathroom or taking a drink of coffee. She stated she was always to wear a mask while in the facility. Staff 2 reported she tried to limit the amount of the hand sanitizer on her skin due to a sensitive skin condition. On 7/1/20 at 10:55 AM, Staff 3 (CNA) and Staff 4 (CNA) stated it was a requirement to wear a mask at all times while in the facility. Staff 3 and Staff 4 stated masks should cover their mouth and nose and should not be worn under their chin or hanging from one ear. Staff 3 and Staff 4 stated if they adjusted their mask or inadvertently touched the front of the mask, hand hygiene should be performed immediately after. Staff 3 and Staff 4 stated Staff 1 stated masks could only be removed in the breakroom for meals and provided daily education to staff regarding the requirement to wear a mask at all times. On 7/1/20 at 11:12 AM, (Witness 1) reported she/he observed Staff 2 to not wear a mask while in the facility. Witness 1 reported Staff 2 often had her mask under her chin, hanging off her ear or not on at all. Witness 1 stated it was standard practice for Staff 2 to not wear a mask while near the nurse's station. On 7/1/20 at 12:27 PM, Staff 2 stated it was facility protocol to wear a mask at all times but it was a tricky topic. Staff 2 stated she should wear a mask when in direct contact with a resident and stated she should not have to wear a mask while at the nurse's station. Staff 2 stated the nursing station was her space and if residents were six feet away, she should not have to wear a mask. Staff 2 stated she should wear a mask while preparing medications at the medication cart. Staff 2 stated she should be able to pull the mask down or aside to get sips of coffee and water and it was ok for the mask to hang from the ear strap to take a break and get some fresh air. Staff 2 stated she was counseled by Staff 1 several times regarding proper use of the mask and was told to wear the mask at all times. On 7/1/20 at 12:44 PM, Staff 1 stated every staff member was required to wear a mask at all times while in the facility. Staff 1 stated staff could only remove the mask while social distancing in the breakroom for meals. Staff 1 stated masks could not be removed in any area of the facility including the nursing station, the hallways, the medication cart and resident rooms. Staff 1 acknowledged Staff 2 was not wearing her mask appropriately during their conversation at the nurse's station on 6/30/20 and did not direct Staff 2 to wear her mask as required at that time. Staff 1 specified staff who were working in the facility could not remove the mask to sip water or coffee unless they were in the breakroom and stated hand hygiene should be performed after adjusting the mask or touching the front of the mask. Staff 1 confirmed Staff 2 was considered direct care staff as she was the only licensed nurse working in the facility and was responsible for all the residents. Staff 1 confirmed Staff 2 had been counseled on multiple occasions over the past month regarding not wearing her mask appropriately. On 7/1/20 at 3:40 PM, the facility was informed of the immediate jeopardy situation for failing to implement infection control practices to prevent the spread of the highly communicable COVID-19 virus from 6/30/20 through 7/1/20. A plan to abate the immediate jeopardy situation was requested. On 7/1/20 at 7:45 PM, the abatement plan for the immediate jeopardy was approved. The plan included the following: -Screening of residents and staff for symptoms of COVID-19; -Staff 2 was reeducated on infection control practices for mask use and hand hygiene; -Staff 2 remained supervised by Staff 1 for the duration of her final 7/1/20 shift; Staff 2 was terminated on 7/1/20. -Education and training regarding proper mask use and hand hygiene with all staff; completed by 7/4/20 at 6:00 PM and ongoing; -Housekeeping completed and ongoing for thorough disinfection of entire nursing station, handrails, facility door knobs, medication carts, computers, key boards, phone and counters; -Ongoing audits and observations of mask use and hand hygiene compliance. On 7/2/20 at 8:45 AM the immediate jeopardy removal plan was verified based on observations of Staff 2 not in the facility and no longer employed. Observations conducted showed all facility staff with masks worn appropriately and performed hand hygiene as required. Staff were interviewed and confirmed education was provided regarding mask use and hand hygiene. On 7/2/20 at 10:00 AM the immediate jeopardy was abated.</p>		
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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