

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>38E188</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GRACELEN TERRACE NF</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10948 S.E. BOISE PORTLAND, OR 97266</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></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 7/16/20 through 7/21/20 for 3 of 3 hallways and 2 of 2 dining/activity rooms reviewed for infection control. This failure, determined to be an immediate jeopardy situation, resulted from lack of social distancing in communal dining and group activities, multiple staff not performing hand hygiene appropriately, not disinfecting items between residents and not offering residents cloth face coverings which exposed residents to the risk of contracting the highly communicable COVID-19 virus. Findings include: The CDC (Centers for Disease Control and Prevention), Coronavirus 2019 (COVID-19), last revised 6/19/20, instructed healthcare workers to perform hand hygiene before and after all patient contact, before and after removing PPE (Personal Protective Equipment), 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. CDC, Coronavirus 2019 (COVID-19), page last updated 6/25/20, refers the facility to implement Social Distancing Measures which depend on the stages described in the CMS (Centers for Medicare &amp; Medicaid Services) Reopening Guidance or the direction of state and local officials. CDC directs nursing facilities to implement aggressive social distancing measures (remaining at least six feet apart from others): cancel communal dining and group activities, such as internal and external activities; remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene; remind HCP (Health Care Provider) to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. The Oregon Health Authority (OHA), Provisional Guidance: Clinical Care and Health Care Infection Prevention and Control for COVID-19, last revised 6/29/20, stated Universal Source Control strategies do not eliminate the need for physical distancing among Healthcare Providers in the workplace. CDC, Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities): CMS Flexibilities to Fight COVID-19, page last updated 7/9/20, refers to the facility to implement Resident Groups: CMS is waiving the requirements to allow for residents to have the right to participate in-person in resident groups. This waiver would only permit the facility to restrict having in-person meetings during the national emergency given the recommendations of social distancing and limiting gatherings of more than ten people. Refraining from in-person gatherings will help prevent the spread of COVID-19. The CDC, Coronavirus Disease 2019 (COVID-19), last revised 7/15/20, stated healthcare facilities should implement Universal Source Control which indicated patients and visitors should, ideally, wear their own cloth face covering upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering. Patients may remove their face covering when in their rooms but should put back on when around others or leaving their rooms. On 7/20/20 at 12:01 AM, the Oregon Health Authority reported Multnomah County had a total of 3,486 positive COVID-19 cases and 75 deaths. On 7/19/20 Multnomah County reported 123 new COVID-19 cases. This was the highest number of daily cases reported. The facility is located in Multnomah County. The facility had one positive COVID-19 staff person out of facility and two staff pending COVID-19 test results. 1. On 7/16/20 the following observations were made in the East and West dining rooms: -At 11:06 AM, 23 residents in the East dining room were seated at six tables, four residents per table. Multiple staff were plating food, passing trays and assisting residents with eating which did not allow for social distancing between residents or staff; -At 11:53 AM, 14 residents were in the West dining room with four residents seated at a table. Multiple staff were plating food, passing trays and assisting residents with eating which did not allow for social distancing between residents or staff. On 7/20/20 the following observations were made in the East dining room: -At 10:56 AM, staff were observed to set up tables and bring residents into the dining room for lunch service. Residents were in the dining room waiting with out social distancing and no masks. One resident was observed to pull her/his self along two other resident wheelchairs to assist with self propelling out of the dining room. This resident had no face mask. No staff intervention was observed to prevent the resident from touching other residents; -At 11:07 AM, there were 25 residents and 4 staff in the East dining room. There were six small tables and four residents per small square tables. No social distancing between residents or staff was observed; -At 11:18 AM, a resident, who was not socially distanced and had no face mask, was seated at the dining room table and was observed to reach over and start to pull on the back of another resident's wheelchair, then pull the resident's hair. No staff intervention to separate the residents was observed; -At 12:01 PM, the back right tables of the East dining room were observed with eight residents and four staff sitting around the small tables. The East dining room had 24 residents and seven staff in the room. The room was crowded and the staff were turning sideways to get in-between residents and lifting plates up over residents heads to get around the room. No residents had face masks on. On 7/20/20 at 11:18 AM, observations were made in the West dining room of ten residents seated awaiting lunch. By 11:30 AM, 12 residents were seated in the area with multiple staff plating food, passing trays and assisting residents with eating without being able to socially distance or wearing face masks. In an interview on 7/16/20 at 10:00 AM, Staff 2 (Infection Control Preventionist/LPN) stated the facility performed congregated dining and were not able to maintain social distancing requirements secondary to limited space. On 7/16/20 at 1:45 PM, Staff 1 (Administrator), Staff 2 (Infection Control Preventionist/LPN) and Staff 3 (CEO) acknowledged concerns with infection control practices, including communal dining and lack of social distancing of residents and staff. No additional information was provided. In an interview on 7/20/20 at 1:10 PM, Staff 15 (CNA) stated staff were unable to socially distance in the dining room and the dining rooms were very crowded during mealtime. In an interview on 7/20/20 at 2:16 PM, Staff 16 (CNA) stated the facility made no changes to dining, continued to congregate residents for dining and staff and residents were unable to maintain social distancing because of the limited space in the dining areas. Staff 16 stated staff were constantly bumping into one another. On 7/21/20 at 12:02 PM, Staff 1, Staff 2, Staff 23 (RNCM/Acting DNS) acknowledged the communal dining and lack of social distancing in the facility. 2. On 7/21/20 a record review of the facility's 5/2020, 6/2020 and 7/2020 Group Activity Calendar revealed the facility had scheduled group activities daily. The activities averaged six groups per day. These groups were identified as held on the East and West dining/activity rooms in the facility. On 7/16/20 at 10:09 AM, seven residents were seated in the East dining/activity area for a music and coffee activity; not all residents were six feet apart. Several residents lined-up in the East hallway near the East dining/activity area and were not socially distanced. By 10:35 AM, eight residents were in the music activity and were not adequately socially distanced. No residents wore masks. On 7/16/20 at 1:45 PM, Staff 1 (Administrator), Staff 2 (Infection Control Preventionist/LPN) and Staff 3 (CEO) acknowledged concerns with lack of social distancing of residents and staff. No additional information was provided. On 7/20/20 at 9:54 AM, seven residents and five staff were observed in the West dining/activity room not socially distanced and residents were not wearing masks. Residents faced the TV and five of the eight residents were sleeping. On 7/20/20 at 10:00 AM, ten residents were observed in the East dining/activity room not socially distanced and not wearing masks. Residents were facing the TV which was playing music on a dark screen with some writing. At 10:02 AM, Staff 10 (Activities Assistant) was observed to turn off the TV and announced the start of a trivia group. Twelve residents and two staff were observed in the room not socially distanced and residents not wearing masks. Ten</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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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>of the 12 residents were sleeping with only one Resident answering the trivia questions. At 10:39 AM, the trivia group was observed with nine of the 11 residents sleeping. The trivia group continued at 10:46 AM with residents not socially distanced and not wearing masks. On 7/20/20 at 2:42 PM, a Bingo group was observed with ten residents and three staff in the East dining/activity room. No residents were wearing masks and not all were socially distanced. On 7/20/20 at 11:39 AM, Staff 2 (Infection Control Preventionist/LPN) stated the groups were held daily and she would expect residents socially distanced but that was often difficult as some residents wander around the room and in and out of the group space. In an interview on 7/21/20 at 8:00 AM, Witness 1 (Confidential Witness) stated there had been no changes to congregated activities with the exception that no outside visitors were allowed to enter the facility. In an interview on 7/21/20 at 9:53 AM, Staff 24 (LPN) stated activities occurred daily and social distancing was difficult due to space limitations. Staff 24 stated there had been no changes to the activity or dining program since the start of COVID-19. On 7/21/20 at 10:01 AM, Staff 10 (Activity Assistant) confirmed the facility held group activities on an ongoing basis. She reported the staff tried to keep the groups to ten residents, but that was difficult. Staff 10 confirmed residents did not wear masks in facility. On 7/21/20 at 12:02 PM, Staff 1 (Administrator), Staff 2, Staff 23 (RNCM/Acting DNS) acknowledged the lack of social distancing in the facility. 3. The Facility Policy Gracelen Terrace: Hand Hygiene Protocol/Procedure, undated, instructed all Health Care Workers (HCW) to follow hand washing/hand hygiene protocol/procedure to help prevent the spread of infection to other staff, residents and visitors. The policy determined staff were required to use alcohol hand sanitizer as follows: -After removing gloves and before donning new gloves; -Every time you remove your gloves; -Before/after direct contact with a resident. Multiple observations of staff not completing hand hygiene per CDC guidelines and/or facility policy were made from 7/16/20 through 7/20/20 between the hours of 8:00 AM and 4:00 PM. Examples of observations include: On 7/16/20 from 11:29 AM to 11:53 AM, 23 residents in the East dining room were seated at six tables with staff positioned between two residents who required assistance. Staff alternated between each resident and often touched one resident or adjusted clothing covers without hand hygiene between residents. On 7/16/20 at 11:33 AM, Staff 22 (CNA) passed trays to three resident rooms without using hand hygiene after exiting a room and/or before entering the next room. On 7/16/20 from 11:46 AM to 11:59 AM, staff in the West dining area pushed residents in wheelchairs to tables and touched residents without completing hand hygiene between residents. On 7/20/20 at 10:58 AM, Staff 12 (CNA) touched a resident wheelchair, bent over to talk to another resident and put his hands on the knees of his pants. Staff 12 proceeded to walk down the east hall and push another resident's wheelchair with no hand hygiene performed between residents. On 7/20/20 at 11:01 AM, Staff 8 (CNA) touched a resident wheelchair, then went into another resident's room and came out to the hall and touched another resident's wheelchair without hand hygiene performed between residents. On 7/20/20 at 11:03 AM, Staff 12 pushed a resident wheelchair, stood at the nurse's station and touched the countertop with no hand hygiene prior to touching counter. On 7/20/20 at 11:24 AM, Staff 16 (CNA) took a dirty cup, emptied contents into a gray bin in the West Dining hallway, doffed dirty gloves and returned to the West Dining area without completing hand hygiene before passing food to residents. On 7/20/20 at 11:28 AM, Staff 13 (CNA) wore gloves and did not change or complete hand hygiene between several residents when she touched several residents heads to put a shirt saver on the residents. On 7/20/20 at 11:29 AM, Staff 9 (CNA) tapped a resident on the chest to wake. Staff 9 proceeded to rub another resident's chest with no hand hygiene between residents. Staff 9 then went to the beverage cart, put on a pair of gloves with no hand hygiene prior to donning gloves and serving beverages. On 7/20/20 at 11:32 AM, Staff 16 donned clean gloves without completing hand hygiene then doffed gloves and donned new gloves without completing hand hygiene and at 12:12 PM, Staff 16 completed feeding assistance with a resident then initiated feeding assistance with a second resident without completing hand hygiene between residents; On 7/20/20 at 1:06 PM, Staff 15 (CNA) exited room [ROOM NUMBER] without completing hand hygiene, entered room [ROOM NUMBER] without hand hygiene and exited the room without hand hygiene. On 7/16/20 at 12:36 PM, Staff 2 (Infection Preventionist/LPN) stated she would expect staff to use hand sanitizer or wash hands between touching residents or items in residents environment. On 7/20/20 at 11:44 AM and 11:48 AM, Staff 8 and Staff 13 stated staff were expected to wash or sanitize their hands after every time they touched a resident or resident item. On 7/20/20 at 1:10 PM, Staff 15 stated hand hygiene should be performed every time a resident was touched, before putting on and after taking off gloves and between each resident when passing trays. On 7/20/20 at 2:16 PM, Staff 16 stated hand hygiene should be performed after touching a resident, before entering and after exiting a room, after feeding assistance with one resident and before starting feeding assistance with another resident and after taking off gloves. Staff 16 stated staff got very busy and sometimes forgot proper hand hygiene. On 7/21/20 at 8:00 AM, Witness 1 (Confidential Witness) stated staff do not complete hand hygiene before or after taking off gloves; that staff routinely remove gloves, put on new gloves and don't complete hand hygiene. On 7/21/20 at 12:02 PM, Staff 1 (Administrator), Staff 2 and Staff 24 (RNCM/Acting DNS) were informed of observed concerns with hand hygiene. Staff 2 stated she discussed hand hygiene with staff on multiple occasions, including hand hygiene protocol when wearing gloves and expected staff to be performing hand hygiene per protocols. 4. The CDC, Coronavirus Disease 2019 (COVID-19), last revised 7/15/20, instructed facilities to develop a schedule for regular cleaning and disinfection of shared equipment frequently touched surfaces in resident rooms and common areas. Facilities were directed to ensure EPA(United States Environmental Protection Agency)-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. and to ensure Health Care Providers are appropriately trained in use of disinfectants. On 7/21/20 the Activity Department policy and procedures were requested. The facility was unable to provide. On 7/20/20 11:05 AM, there was observation at East nurse station of a nurse picking up the phone and giving the receiver to a resident to talk. This resident was not wearing a mask and had the receiver to her/his ear and mouth. At 11:15 AM, the resident appeared finished talking and she/he put the receiver on the counter, then picked the receiver back up. A staff came to assist resident and hung up the phone for the resident. At 11:32 AM, another resident, without a mask, was escorted to the same phone. A staff with a mask, put the phone receiver to her ear and mouth and talked, then gave to resident who put the receiver to her/his ear and mouth. At 11:34 AM, the resident hung up the phone. No disinfection of the phone prior to or after use was observed. On 7/20 at 1:02 PM, Staff 11 (Activity Assistant) was observed to exit room [ROOM NUMBER] with an old appearing stuffed animal cat. Staff 11 put the stuffed animal on the nurse's counter where other staff and residents had been observed touching the surface prior. One staff member stood over the stuffed animal while waiting to wash his hands and touched the counter. Staff 11 washed her hands, then picked up the stuffed animal off the counter, carried it close to her while touching her clothing and walked over to the West wing activity office. She then took the stuffed animal and went to East wing and gave the stuffed animal to resident in room [ROOM NUMBER] and left the stuffed animal with a resident. No sanitization of activity supply was observed. On 7/20/20 at 11:44 AM and 11:52 AM, Staff 8 (CNA) and Staff 12 (CNA) reported the phone the residents used at the nurse station was cleaned once a day, Staff 8 had no knowledge of the resident phone cleaned more than daily. On 7/21/20 at 8:19 AM, Staff 2 (Infection Control Preventionist/LPN) stated items taken room to room, items such as stuffed animals should be disinfected between residents. Staff 2 stated the resident telephone should be disinfected prior to and after resident or staff use. On 7/21/20, Staff 11 was not available for activity supplies interview due to community exposure to COVID-19 and she was pending test results before returning to facility. On 7/21/20 at 10:01 AM, Staff 10 (Activity Assistant) stated items should not be shared between residents and items should be disinfected prior to giving items to a resident. Staff 10 stated the residents play group Bingo at least two times per week and during Bingo the residents use plastic chips. The chips were brought to the activity office one time per week to wipe each one with a bleach wipe. On 7/21/20 at 12:02 PM, Staff 1 (Administrator), Staff 2 (Infection Control Preventionist/LPN) and Staff 23 (RNCM/Acting DNS) acknowledged the need for disinfecting items and implementing infection control practices when taking items in and out of resident rooms and shared items such as the telephone and activity supplies. 5. During all observations from 7/16/20 through 7/20/20 between the hours of 8:00 AM and 4:00 PM, no residents were observed wearing masks in any of the three halls including a new admit placed on 14-day monitoring precautions. In an interview on 7/16/20 at 12:36 PM, Staff 2 (Infection Control Preventionist/LPN) stated the facility did not ask residents, on any of the three halls, to wear masks when in or out of their rooms, including residents placed on 14-day monitoring precautions. On 7/21/20 at 12:02 PM, Staff 1, Staff 2, Staff 23 (RNCM/Acting DNS) acknowledged the facility had not offered face masks or face coverings to residents and no residents wore masks in the facility. Staff 1 reported several residents had asked for face masks. On 7/21/20 at 12:02 PM, the facility was informed of the immediate jeopardy situation for failure to implement infection control practices to prevent the spread of the highly communicable COVID-19 virus from 7/16/20 through 7/21/20. A plan to abate the immediate jeopardy situation was requested. On 7/21/20 at 3:38 PM, the abatement plan for the immediate jeopardy was approved. The plan included the following: -Meal services changed to ensure social distancing. -All communal activities</p>		

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