

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER MARYVILLE		STREET ADDRESS, CITY, STATE, ZIP 14645 SW FARMINGTON ROAD BEAVERTON, OR 97007	
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 it was determined the facility failed to sanitize glucometers (blood sugar testing devices) with an EPA-approved agent effective against blood-borne pathogens for two of four units (East and West Annex) reviewed for infection control. This placed residents at risk for blood-borne infection. Findings include: On 6/2/20 at 12:05 PM Staff 3 (LPN) opened a package, removed a small wipe and used the wipe to clean a glucometer. On 6/2/20 at 12:17 PM Staff 3 stated he used an alcohol wipe to disinfect the glucometer. He indicated he did not know what product was recommended for disinfecting the glucometer and stated he has always used alcohol wipes. He confirmed the glucometer was used for multiple residents and he disinfected it with the alcohol wipe after each use. On 6/2/20 at 12:38 PM Staff 4 (LPN) stated she disinfected the glucometer in her area using alcohol wipes between each use. Record review indicated residents (#s 5, 6, 7, 8, 9, 10, 11 and 12) on who the glucometers were used did not have a [DIAGNOSES REDACTED]. Review of the Center and West Units revealed staff were using the EPA approved Micro-Kill antibacterial wipes to disinfect glucometers. On 6/2/20 at 12:28 PM Staff 2 (DNS) stated staff were to use Mico-Kill antibacterial wipes to disinfect glucometers. On 6/2/20 at 1:15 PM Staff 1 (Administrator) acknowledged alcohol wipes should not have been used to disinfect the glucometers, indicated the facility instructed nursing staff to use antibacterial wipes and the wipes were available for staff to use.		

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.