

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>385168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVAMERE REHABILITATION OF LEBANON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>350 S. 8TH LEBANON, OR 97355</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</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 and ensure staff competency to prevent the potential spread of COVID-19 virus for 1 of 3 residents (#1) and 1 of 2 halls. This placed residents at risk for contracting the highly communicable COVID-19 virus. Findings include: The facility policy Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) revised on 5/14/20 indicated the facility adhered to Standard, Contact and Airborne Precautions including the use of eye protection. The policy also noted all healthcare personnel are correctly trained and capable of implementing infection control procedures and adhere to requirements. An additional facility policy COVID-19 Universal Source Control Facemasks and Eye Protection revised on 7/14/20 indicated face shields are disinfected when removed and prior to putting back on. The Center for Disease Control (CDC) Preparing for COVID-19 in Nursing Homes revised on 6/25/19 indicated facilities should provide competency-based training of Health Care Personnel (HCP) and auditing adherence to recommended Infection Prevention Control (IPC) practices. Technical assistance was provided by the State Survey Agency during the 6/16/20 Federal Focused Infection Control Survey. Technical assistance included guidance regarding proper sequencing for donning and doffing PPE. Resident 1 was admitted to the facility in 2020 with [DIAGNOSES REDACTED]. The face shield was placed into a drawer of a cart located outside the room containing clean PPE supplies. Staff 3 removed her gown in the hall and threw it away in a garbage can located inside the room of Resident 1. No hand hygiene was observed and no hand sanitizer was located in close proximity to the cart of PPE supplies. Staff 3 indicated this was the first time she worked in a precaution room alone. On 7/30/20 during interviews at 3:26 PM and 3:57 PM Staff 2 (LPN-Infection Control Preventionist) indicated staff were provided infection control training during new employee orientation before working on the floor. Staff 2 also confirmed Resident 1's room did not contain hand sanitizer and contaminated face shields should not be placed in a drawer with clean PPE supplies. On 8/2/20 at 4:12 PM Staff 3 indicated she was not asked to demonstrate competency for donning and doffing PPE during orientation. On 8/3/20 at 4:30 PM Staff 2 confirmed Staff 3 was not present during in-service training and donning and doffing competency was not demonstrated by Staff 3 prior to working with residents.</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.