

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER MARQUIS HOPE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1577 S IVY CANBY, OR 97013	
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. Based on observation and interview it was determined the facility failed to perform proper hand hygiene when passing resident meal trays for 2 of 2 wings (A and B) of this COVID-19 positive facility observed for infection control. This placed residents at risk for facility-acquired infections. Findings include: On 6/18/20 at 4:53 PM observation of the evening meal pass on Wing B was initiated. Staff 2 (Licensed Nurse) was observed to exit a resident room, walk to the food cart, retrieve a resident's meal tray, walk to a different resident room, deliver the tray, come out of the room, spoke briefly to a female staff member, return to the same resident's room, exit the room with the tray only (food left in the resident's room), place the dirty tray in the food cart and then retrieve another resident meal tray. Hand hygiene was not performed between exiting each resident room and prior to retrieving another resident meal tray. A CNA was observed to place a dirty tray on the food cart and then retrieve the next resident meal tray from the food cart without hand hygiene. A second CNA who wore gloves then approached the food cart and retrieved a meal tray; no glove change or hand hygiene was performed prior to retrieving the food tray. On 6/18/20 at 5:10 PM Staff 2, now observed on Wing A, wore gloves, removed a meal tray from the food cart, went into a resident room, shifted items on the resident's overbed table and placed the meal onto the overbed table. Staff 2 then went back to the food cart without performing hand hygiene and was about to take another meal tray when the State Surveyor intervened. Staff 2 confirmed he had received training on hand hygiene. Staff 2 further stated he usually worked as a nurse and this was his second time passing meal trays. On 6/18/20 from 4:53 PM through 5:10 PM no administration staff were observed on Wings A and B to monitor and ensure appropriate infection control practices were utilized by the facility nursing staff. On 6/18/20 5:07 PM Staff 1 (Corporate RN) acknowledged the above observations on Wing B and stated the facility expectation was for staff to perform hand hygiene after exiting a resident's room and prior to retrieving a resident meal tray. Staff 1 stated hand sanitizer was on the food tray cart for staff use. Staff 1 further stated it was not acceptable practice to wear gloves throughout the meal tray pass process without performing hand hygiene.		

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.