

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>385171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF MCMINNVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1309 NE 27TH STREET MCMINNVILLE, OR 97128</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 ensure transmission based precaution signage was in place and staff adhered to transmission based precautions for 3 of 6 sampled residents (#s 1, 2 and 3) reviewed for transmission based precautions. This placed residents at risk for infection. Findings include: A review of the facility's Coronavirus (COVID19) policy revised 4/29/20 indicated cloth face coverings were not considered PPE (personal protective equipment) and should not be worn by staff when PPE was indicated. A review of the facility's Transmission-based Precautions and Isolation Procedures policy revised 3/17/20 indicated signage should be placed outside the resident's room in a conspicuous place which identified the category of transmission based precautions. Staff should don appropriate PPE upon entry to the environment (e.g., room or cubicle). For droplet precautions staff were to use a facemask upon entry to a resident's room. A review of the facility's in-servicing records revealed on 4/28/20 Staff 4 and 5 were trained on the use of PPE and specifically wearing a surgical mask instead of a cloth face covering when entering a room with transmission based precautions. A review of the facility's current census and floor plan provided by the facility on 5/4/20 revealed all residents on transmission based precautions were located on C hall. This included rooms 33 (Resident 1), 34 (Resident 2) and 41 (Resident 3). On 5/4/20 at 9:45 AM Staff 4 (Physical Therapy Assistant) was observed to enter Resident 1's room (#33) wearing a gown, gloves, goggles and a cloth face covering. A PPE (personal protective equipment) cart observed outside the room was noted to have facemasks available. The Surveyor brought Staff 2 (DNS) to room [ROOM NUMBER] where Staff 4 was providing care to Resident 1. Staff 2 instructed Staff 4 she should have been wearing a facemask. Staff 4 replied Oh, yeah. Staff 2 handed Staff 4 a facemask and started to walk away. Staff 4 was then observed to place her cloth face covering into her pocket. The Surveyor notified Staff 2 who returned to the room, took the face covering from Staff 4 and placed it into a designated bin for laundry. Staff 2 verified Staff 4 should have worn a facemask instead of the cloth face covering when she entered Resident 1's room. On 5/4/20 at 9:55 AM Staff 2 verified rooms [ROOM NUMBERS] did not have contact precaution signs in place but they should have been posted. On 5/4/20 at 10:05 AM Staff 1 (Administrator) stated new admissions are planned ahead of time and transmission based precaution signs are prepared in advance. Staff 1 acknowledged Residents 1 and 2 were new admissions to rooms [ROOM NUMBERS] respectively and signs should have been prepared and posted. On 5/4/20 at 10:11 AM Staff 3 (LPN/Infection Control Preventionist) stated staff should don a surgical mask (in addition to any other required PPE) when entering the rooms on C hall. On 5/4/20 at 10:45 AM Staff 5 (PT) was observed standing just past the doorway inside room [ROOM NUMBER]. The room had contact and droplet precaution signs posted on the door and a stocked PPE cart outside the room. Staff 5 was not wearing any PPE and was wearing a cloth face covering. Staff 5 stated her understanding was that she did not need PPE unless she went past the curtain, but she would clarify her understanding. After speaking to Staff 3, Staff 5 verified she should have donned PPE before entering the room.</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.