

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>385221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARQUIS OREGON CITY POST ACUTE REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1680 MOLALLA AVENUE OREGON CITY, OR 97045</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 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interview and record review it was determined the facility failed to ensure food was appropriately handled and stored, and staff performed hand hygiene in 1 of 1 kitchens. This placed residents at risk for food borne illness. Findings include: 1. On 9/22/20 at 9:35 AM Staff 5 (Dietary Aide) was observed in Staff 4's (HR/Staffing) office across the hall from the kitchen. Staff 5 re-entered the kitchen but did not wash her hands. On 9/22/20 at 10:55 AM Staff 3 (Dietary Manager) stated staff should wash their hands each time they enter the kitchen. 2. On 9/22/20 at 9:30 AM the back counter in the kitchen was observed with a partially full container of liquid eggs, an open tub of butter and open bag of sliced bread. Several flies were seen flying near the food. The counter was not clean and had numerous crumbs and bits of food debris. The food was not currently being used by staff and was left untouched during several minutes of observation. Staff 6 (Cook) stated he did not know why the food was left out on the counter. Staff 6 asked Staff 7 (Cook) about the food. Staff 7 did not provide an explanation but started to put the eggs and butter away. Staff 6 wrapped up the bread. On 9/22/20 at 10:55 AM Staff 3 (Dietary Manager) stated the eggs should have been put away, the lid should have been on the butter and the bread should have been wrapped up.</p>		
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>Based on observation, interview and record review it was determined the facility failed to ensure staff adhered to recommended COVID-19 infection control recommendations in 1 of 1 utility halls. This placed residents at increased risk for COVID19. Findings include: Facility in-service records dated 4/28/20 through 4/30/20 indicated Staff 4 (HR/Staffing) and Staff 8 (RNCM) were provided training including Proper use of personal protective equipment (PPE) and when staff are required to use PPE. Oregon Public Health Division guidance to Nursing facilities dated 7/20/20 indicated Due to the accelerated spread of COVID-19 in Oregon, we are issuing an updated recommendation that all LTCF staff wear both masks and eye protection upon facility entry for the duration of the COVID-19 pandemic. The facility's Universal Mask/Eye Protection Usage in Facility - COVID19 policy and procedure updated 7/28/20 indicated staff were to wear masks and eye protection while in the facility. On 9/22/20 at 9:47 AM Staff 4 (HR/Staffing) was observed at the back entrance to the facility screening Staff 8 (RNCM) who had just entered the building. Staff 4 was not wearing a mask and was within a few feet distance from Staff 8. Staff 4 verified he was not wearing a mask when he screened Staff 8. On 9/22/20 at 11:08 AM Staff 8 stated she did not notice Staff 4 was not wearing a mask when he screened her.</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.