

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2020
NAME OF PROVIDER OF SUPPLIER FRIENDSHIP HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 3320 SE HOLGATE BLVD PORTLAND, OR 97202	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review it was determined the facility staff failed to complete hand hygiene appropriately for 2 of 2 floors reviewed, and failed to don, doff and disinfect PPE (personal protective equipment) in a manner to reduce and/or prevent the potential contamination and spread of the COVID-19 virus for 2 of 2 floors reviewed. The facility failed to post isolation transmission-based precaution signs on 1 of 2 floors. This placed residents at risk for cross contamination and possible exposure to infectious agents. Findings include: 1. The CDC (Centers for Disease Control and Prevention), Coronavirus 2019 (COVID-19), last revised 6/19/20, instructed healthcare workers to perform hand hygiene before and after all patient contact, before and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. On 9/30/20 at 1:31 PM, Staff 21 (CNA) was observed on the second floor to leave resident room [ROOM NUMBER] with no hand hygiene observed. Staff 21 then entered resident room [ROOM NUMBER] with no hand hygiene performed and touched the resident's eyeglasses on the residents' face. Staff 21 then exited room [ROOM NUMBER] with no hand hygiene. Staff 21 went to the second floor ice room. Staff 21 left the ice room with no hand hygiene and stopped at the Activity office and put her hands on the door wall. Staff 21 then entered room [ROOM NUMBER] with no hand hygiene. Staff 21 touched the resident's telephone and left the room with no hand hygiene. Staff 21 then started working on the computer on the wall in the hallway with no hand hygiene before or after use. Staff 21 then assisted a resident in the hallway by pushing her/his wheelchair by touching the handles with no hand hygiene prior to resident assistance. Staff 21 then pushed the elevator button with no hand hygiene before or after. Staff was then out of observation area. On 9/30/20 at 3:09 PM, Staff 7 (RNCM) was observed in her second floor office conversing with another staff member with her face mask around her chin with her nose and mouth being exposed. Staff 7 saw surveyor, pulled mask up and did not complete hand hygiene. On 9/30/20 at 3:57 PM, Staff 9 (LPN) was observed on the first floor to adjust her face mask, did not perform hand hygiene and continued working on the unit's computer keyboard. On 9/30/20 at 4:02 PM, Staff 19 (CNA) was observed on the first floor touching her face mask and eye protection without completing hand hygiene. Staff 19 was provided with technical assistance regarding performing hand hygiene immediately following contact with face mask and eye protection. At 5:12 PM, Staff 19 adjusted her face mask then gathered clean clothing covers and placed them on the food cart without completing hand hygiene. On 9/30/20 at 4:30 PM, Staff 10 (CNA) was observed on the second floor with his face mask under his nose then he adjusted his face mask and eye protection, without completing hand hygiene after. Staff 10 was provided with a technical assistance to perform hand hygiene each time he touched his face mask or eye protection. At 4:35 PM, 4:49 PM, and 4:57 PM Staff 10 adjusted his face mask and eye protection without completing hand hygiene and was observed pushing a resident in his/her wheelchair, repositioning a beside table in front of a resident and touching the nurse's station. On 10/1/20 at 8:03 AM, Staff 20 (RA) exited room [ROOM NUMBER] and entered room [ROOM NUMBER] without completing hand hygiene. On 10/1/20 at 8:18 AM, Staff 12 (CNA) was observed entering a contact precautions room on the first floor. Staff 12 removed a clean gown from the isolation cart, pulled it over his head with gown touching dirty face coverings and eye protection, removed face mask, placed his dirty eye protection on a towel located on the isolation cart, donned a new mask, placed on clean goggles and donned gloves. Staff 12 did not complete hand hygiene at any time during this process. At 8:23 AM, Staff 12 exited room, donned gloves, removed dirty goggles, used Sani-Wipes and rubbed goggles for 45 seconds, removed dirty mask, donned clean mask without completing hand hygiene. On 10/1/20 at 8:27 AM, Staff 13 (RN) was observed on the first floor to adjust her face mask and continued medication preparation, used the medication cart computer and took medications to a resident without performing hand hygiene. In an interview on 10/1/20 at 8:58 AM, Staff 12 stated he typically tied the back of the gown and pulled it over his head with his face coverings and eye protection still in place. Staff 12 stated he completed hand hygiene when he first began his PPE donning process but not during the process. Staff 12 stated he completed hand hygiene before exiting an isolation room but did not complete hand hygiene during the doffing process until the end. On 10/1/20 at 10:05 AM, Staff 16 (CNA) stated she donned clean gowns by pulling them over her head prior to removing dirty face coverings and eye protection. On 10/1/20 at 10:07 AM, Staff 6 (LPN) was observed to adjust her eye protection and used the phone at the second floor nursing station without completing hand hygiene. On 10/2/20 at 11:11 AM, Staff 2 (RN/Acting DNS/Director of Businesses) confirmed she would expect staff to perform hand hygiene after touching their potentially contaminated face mask or eye-protection and between resident rooms and care. Staff 2 acknowledged staff should be putting PPE on as instructed and not have contact with potentially contaminated items. 2. CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic revised 7/15/20 instructed facilities to ensure environmental cleaning and disinfection procedures were followed consistently and correctly. On 9/30/20 at 1:30 PM Staff 5 (Housekeeper) was observed on the first floor to spray goggles with a product labeled with a five-minute contact time and to immediately wiped off disinfectant without allowing the product to remain on the surface for the required five-minute contact time. On 9/30/20 at 3:35 PM, Staff 8 (CNA) exited a contact precaution isolation room on the first floor and draped her dirty face shield on a roll of clean paper towels on the isolation cart. Staff 8 was provided with technical assistance to not place dirty PPE onto clean items. On 9/30/20 at 4:02 PM, Staff 19 (CNA) exited a contact precaution isolation room on the first floor, removed the room designated goggles, sprayed goggles with disinfectant located on isolation cart, placed goggles on a potentially contaminated towel, and walked to another unit. On 9/30/20 at 5:01 PM, observation made of a pair of goggles which sat on a potentially contaminated towel located on an isolation cart first floor. The goggles were dry and it was unknown whether the goggles were clean or dirty. In an interview on 9/30/20 at 3:18 PM, Staff 6 (LPN) was unable to explain the process for cleaning eye protection including the steps required and contact time for facility selected disinfectant products used for a contact precaution isolation room housing a suspected COVID-19 positive resident. In an interview on 9/30/20 at 3:29 PM, Staff 8 (CNA) stated she did not track how long she kept the disinfectant on her eye protection. Staff 8 stated the current system was not working because staff were unable to wait for five or 10 minutes (length of contact time for the two products available) to be sure eye protection remained wet. In an interview on 10/1/20 at 9:13 AM, Staff 14 (Housekeeper) stated she wiped high touch areas with a damp cloth without allowing the product to remain on the surface for the instructed five or 10 minute contact time due to not knowing the disinfectant contact time. In an interview on 10/1/20 at 10:05 AM, Staff 16 (CNA) stated she sprayed her goggles with disinfectant and put in the clean bucket to sit. Staff 16 stated she did not understand the disinfecting process. On 10/2/20 at 11:11 AM, Staff 2 (RN/Acting DNS/Director of Businesses) confirmed she would expect staff to perform proper disinfection of the eye protection and understand the disinfecting process. 3. The CDC Preparing for COVID-19 in Nursing Homes, last revised 6/25/20, indicated, depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (Health Care Practitioner) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face),</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.

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