

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365453	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER OREGON HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 3953 NAVARRE AVE OREGON, OH 43616	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, staff interview, review of Covid-19 facility monitoring documentation, and review of the facility Covid-19 policy, the facility failed to follow the policy to implement interventions to mitigate the transmission of Covid-19 by moving a resident (#2) with symptoms of Covid-19 to the designated Covid-19 unit. This had the potential to affect 46 residents (#1, #3, #4, #5, #6, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, and #48) who resided on the 300 Unit, which was for residents not infected with Covid-19. The facility census was 117 residents. Findings include; Review of the medical record revealed Resident #2 admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set assessment, dated 0[DATE]5/20, the resident was identified with severely impaired cognition, independent with activities of daily living, and required the use of a wheelchair for locomotion. Review of the nurses notes dated 04/28/20 at 4:04 P.M. documented Resident #2 was assessed with [REDACTED]. The resident stated he had been feeling differently in the last couple of days. No as needed (PRN) medication was provided. At 2:00 P.M. Resident #2 had a temperature of 100.9 degrees F. The resident was given an as needed medication and Certified Nurse Practitioner (CNP) #1 was made aware of the change in condition. CNP #1 ordered a complete blood count laboratory test for the morning and continue to monitor for changes. There was no evidence Resident #2 had any Covid-19 infection control precautions implemented, nor does it indicate the resident was moved into any isolation at this time. Review of the nurses notes dated 05/01/20 at 10:58 A.M. documented Resident #2 was noted in the morning to have had an elevated temperature of 101.2 degrees F. An as needed medication was provided and at 5:15 P.M. the resident was reassessed with [REDACTED]. At 5:15 P.M. nurses notes documented a late entry indicating the physician was notified and additional test and diagnostics were obtained, which included Covid-19 testing. There was no evidence Resident #2 had any Covid-19 infection control precautions implemented, nor does it indicate the resident was moved into any isolation at this time. Review of nurses notes on 05/03/20 at 10:30 P.M. documented Resident #2 was out of his room in the hallway cussing at staff and other residents. The first shift nurse reported to the documenting nurse this behavior of going into the hallway had gone on several times during shift. There was no evidence Resident #2 had any Covid-19 infection control precautions implemented, nor does it indicate the resident was moved into any isolation at this time. Review of the medical record revealed on 05/06/20 at 12:20 P.M. Resident #2 tested positive for Covid-19. At this time the resident was identified with no signs or symptoms of [MEDICAL CONDITION] and remains afebrile. There was no evidence Resident #2 had any Covid-19 infection control precautions implemented, nor does it indicate the resident was moved into any isolation at this time. Review of the social service progress notes dated 05/07/20 at 2:17 P.M. documented Resident #2 was notified of a room move. On 05/07/20 at 2:21 P.M. social services progress notes documented a late entry by the Director of Nursing (DON) indicating Resident #2 was on isolation precautions, had a COVID test pending per physician, and the resident remains asymptomatic at this time. Review of the facility Covid-19 monitoring documentation indicated Resident #2 was noted with onset of illness on 04/28/20. Observation on 05/18/20 at 7:10 A.M. revealed Resident #2 to reside on the Covid-19 specific unit. Review of the facility policy titled Covid-19 Routine Resident Screen Policy, revised March 2020, indicated when a suspected Covid-19 case is identified interventions are to be implemented. The interventions include placing a mask on the resident, and placing the resident in the facility Covid-19 area. Interview via telephone on 05/18/20 at 12:25 P.M., the DON verified Resident #2 was noted with symptoms of Covid-19 on 04/28/20 and isolation was not documented in place until 05/07/20. The facility identified 46 residents (#1, #3, #4, #5, #6, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, and #48) who resided on the 300 Unit, which was for residents not infected with Covid-19. This deficiency substantiates Master Complaint Number OH 662, Complaint Number OH 655, Complaint Number OH 519, Complaint Number OH 025, and Complaint Number OH 417.</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.