

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 385149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER HIGHLAND HOUSE NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2201 NW HIGHLAND AVENUE GRANTS PASS, OR 97526	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to follow recommended COVID-19 infection control practices for 3 of 4 sampled residents (#s 1, 2 and 4) reviewed for infection control, and failed to adhere to work restrictions related to potential exposure to COVID-19 and infection control practices for 2 of 5 halls. This placed residents at risk for potential exposure to COVID-19. Findings include: 1. The Centers for Disease Control and Preventions Preparing for COVID-19 in Nursing Homes instructs the following: Residents with known or suspected COVID-19 should be cared for using all recommended personal protective equipment (PPE), which includes use of 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), gloves, and gown. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Resident 1 was admitted to the facility in 8/2020 with [DIAGNOSES REDACTED].) An 8/12/20 Nursing Note revealed Resident 1 was on a 14-day precaution upon re-entry to the facility. On 8/19/20 at 10:48 AM Posted outside of Resident 1's room a sign directed staff to follow droplet precautions upon entering the room. An additional sign informed staff of a 14 day protocol for COVID-19 monitoring for Resident 1 from 8/12/20 through 8/26/20. Staff 3 (Therapist) and Staff 5 (Therapist) were in Resident 1's room with mask, face shields and gloves. Staff 3 and Staff 5 were physically assisting Resident 1 to come to a sitting position on the side of her/his bed. Staff 5 did not have gown on and his face shield was tipped up so his face and eyes were not covered. Staff 3 did not have a gown on. Staff 7 (Regional Nurse Consultant) placed additional gowns into the PPE cart outside of Resident 1's room. Staff 7 told Staff 3 and Staff 5 there were two gowns in the PPE cart. On 8/19/20 at 10:54 AM Staff 3 stated she thought there were no gowns in the PPE cart and would normally get a gown from a cart down the hall if the cart outside of a resident's room did not have a gown. On 8/20/20 at 11:02 AM Staff 7 confirmed Staff 3 and Staff 5 were not following protocol for Resident 1, they should have had gowns on and Staff 5's shield should have been in position covering his face. 2. Resident 2 was admitted to the facility in 8/2020 with [DIAGNOSES REDACTED]. An additional sign informed staff of a 14 day protocol for COVID-19 monitoring from 8/11/20 through 8/25/20 for Resident 2. On Resident 2's door handle two disposable PPE gowns were hanging one gown on top of the other with the bottom six inches laying on the floor. On 8/20/20 at 10:02 AM Staff 6 (Infection Control Specialist) stated the two gowns should not be stacked one on top of the other. Staff 6 stated the facility did not have a shortage of PPE supplies and they were reusing the gowns in case there was a COVID-19 outbreak so they would have a sufficient supply. 3. The facility's Infection Prevention and Control Program dated 11/2017 revealed the following: -When transmission-based precautions are implemented: Notification will be posted outside the resident's door in a manner to preserve the resident's dignity and privacy. -Personal Protective Equipment (PPE) will be placed so as to be readily available for caregivers and visitors. Resident 4 was readmitted to the facility in 8/2020 with [DIAGNOSES REDACTED].) An 8/12/20 Nursing Note revealed Resident 4 readmitted under COVID-19 Medicare Waiver due to a national pandemic. On 8/19/20 at 11:55 AM a sign informed staff of a 14-day protocol for COVID-19 to monitor Resident 4 from 8/12/20 through 8/26/20. A sign to follow droplet precautions was located behind the 14-day protocol sign out of view. No PPE Cart or PPE door caddy was present outside of Resident 4's door. On 8/19/20 at 12:00 PM Staff 8 (Student) stepped into Resident 4's room spoke to her/him and came out. Staff 8 and Staff 9 (Student) did not know if Resident 4 was on precautions. Staff 10 (CNA) did not know if Resident 4 was on precautions. On 8/19/20 at 12:05 PM Staff 4 (CNA) stated she did not believe Resident 4 was on precautions as there was no PPE cart in front of her/his room. Staff 4 stated she provided Resident 4 assistance without donning PPE. She stated she did not see the 14 day protocol sign. On 8/19/20 at 12:24 PM no PPE cart or PPE door caddy was located outside of Resident 4's room. On 8/20/20 at 9:50 AM no PPE cart or PPE door caddy was located outside of Resident 4's room. On 8/20/20 at 10:10 AM Staff 6 (Infection Control Prevention) stated she thought the cart was being restocked. Staff 6 stated the normal procedure was for her to put out the cart and if she was not available the nurse put the cart out, or the task could be delegated to the CNA. Staff 6 stated she needed to provide more education to her staff. 4. The facility's Infection Prevention and Control Program dated 11/2017 revealed the following: -When transmission-based precautions are implemented: Notification will be posted outside the resident's door in a manner to preserve the resident's dignity and privacy. On 8/19/20 at 10:38 AM PPE carts were observed between rooms [ROOM NUMBERS]. No precaution signs or 14 day protocol signs were observed posted outside of the rooms. Review of records revealed both residents in rooms [ROOM NUMBERS] were admitted on [DATE]. On 8/19/20 at 10:44 AM posted outside of rooms [ROOM NUMBERS] were signs directing staff to follow droplet precautions upon entering the room. An additional sign informed staff of a 14 day protocol for COVID-19 monitoring. On 8/20/20 at 11:02 AM Staff 7 (Regional Nurse Consultant) confirmed signs should be posted outside of precaution rooms. 5. Clinical Care, and Healthcare Infection Prevention and Control Guidance for COVID-19 updated 7/22/20 revealed the following: -Health Care Professional should wear a face mask and eye protection at all times. A 7/17/20 Universal use of PPE in long-term care facilities policy revealed the following: During COVID-19 pandemic, all staff must wear a mask and eye protection while in the facility. When mask and eye protection cannot be worn (during meals) staff should observe strict physical distancing of six feet or more and clean/disinfect the area before leaving. On 8/19/20 at 12:27 PM three staff members were observed eating at the 400 hall nurses station with masks and face shields not covering their faces. All staff members were closer than six feet distance from one another. On 8/20/20 at 11:02 AM Staff 7 (Regional Nurse Consultant) confirmed staff should not be sitting at the nurses' station eating closer than six feet apart without masks covering their faces.</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.