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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385253 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/27/2025 |
| NAME OF PROVIDER OR SUPPLIER Bend Transitional Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 900 NE 27th Street Bend, OR 97701 | |

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) |
|---|---|
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to implement appropriate Enhanced Barrier Precautions (EBP) and Contact Precautions for 2 of 4 (#s 9 and 401) reviewed for infection control. This placed residents at risk for the spread of infection. Findings include:</p> <p>The CDC's 4/2/24 Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) included to don gown and gloves when high-contact activities were performed.</p> <p>The facility's undated Enhanced Barrier Precautions policy indicated the following:</p> <ul style="list-style-type: none"> -Staff must clean hands with sanitizer when entering room and leaving room. -Staff must don gown and gloves before entering resident rooms during high contact resident care activities, including transferring (assisting residents to transfer/providing transfer assistance to residents). <p>1. Resident 401 was admitted to the facility on [DATE] with diagnoses including osteomyelitis (bone infection).</p> <p>A review of Resident 401's 6/20/25 Care Plan indicated EBP interventions.</p> <p>The facility's undated Enhanced Barrier Precautions policy indicated the following:</p> <ul style="list-style-type: none"> -Staff must clean hands with sanitizer when entering room and leaving room. -Staff must don gown and glove before entering resident rooms during high contact resident care activities, including transferring (assisting residents to transfer/providing transfer assistance to residents). <p>On 6/24/25 at 3:24 PM, Staff 5 (CNA) and Staff 6 (CNA) were observed to enter Resident 401's room with gloves and mask but without gowns. They transferred the resident out of bed to the shower chair.</p> <p>(continued on next page)</p> |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 6/24/25 from 3:27 PM to 3:35 PM, Staff 5 and Staff 6 stated they did not wear gowns to help Resident 401 transfer out of bed because they did not touch the resident's arm that had a PICC line (form of intravenous access to deliver medications directly into the bloodstream). Staff 5 and Staff 6 stated a staff nurse indicated donning gowns was not necessary.</p> <p>On 6/25/25 at 1:43pm, Staff 7 (CNA) stated she did not wear PPE when residents were assisted to the bathroom who were on enhanced barrier precautions related to having a PICC line as she was not near the resident's PICC line.</p> <p>On 6/27/25 at 9:10 AM, Staff 2 (Director Nursing Services) stated she expected staff to follow the CDC guidelines on enhanced-barrier and transmission-based precaution signs outside of resident rooms when high-contact activities were provided that included transferring.</p> <p>2. Resident 9 was admitted to the facility on [DATE] with diagnoses including MRSA (bacterial infection that is resistant to several antibiotics).</p> <p>A review of Resident 9's 4/18/25 Care Plan indicated to implement Contact Precautions.</p> <p>On 6/24/25 at 8:42 AM, A Contact Precaution sign outside Resident's 9 door indicated residents, visitors, and staff must perform hand hygiene before entering and when leaving the resident's room.</p> <p>On 6/24/25 at 10:34 AM and 10:43 AM Resident 9 was observed to leave her/his room and not perform hand hygiene. Resident 9 stated she/he never used the hand sanitizer outside of her/his room. Resident 9 stated she/he was not aware about performing hand hygiene prior to leaving her/his room and stated the doctors thought she/he had MRSA but she/he never believed them.</p> <p>On 6/25/25 at 8:48 AM, Resident 9 was observed to leave her/his room and not perform hand hygiene. Resident 9 went to a table near the nurses station to complete her/his meal order. She/he used the staff's pen and returned it back to them after completing the form. No hand hygiene was completed by staff or the resident.</p> <p>On 6/26/25 at 12:46 PM, Staff 8 (Infection Preventionist) stated staff were expected to remind Resident 9 to perform hand hygiene prior to leaving her/his room. Staff 2 stated staff were expected to follow the Contact Precaution sign outside of Resident 9's room and to remind the resident to perform hand hygiene.</p> | | |