STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435046	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET SIOUX FALLS, SD 57104

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the provider failed to ensure proper infection control practices for the coronavirus (COVID-19) pandemic including: *Taking off and disinfecting personal protective equipment (PPE) after contact with positive COVID-19 residents (3, and 19) 1 of 2 housekeeping assistants (E), and 1 of 1 physical therapy assistant (PTA) (G). *Following infection control guidelines and precautions for COVID-19 positve residents by 1 of 1 certified nursing assistant (CNA) (D), 1 of 1 nursing assistants (NA) (C). *Following policies and procedures and national guidelines related to isolation of 25 of 31 residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 25) positive with COVID-19. Findings include: 1. Observation on 10/14/20 at 2:45 p.m. revealed: *PTA G sitting on resident 19's bed, typing on a laptop that was also resting on the bed. *The door was open. *There was a red sign on the resident's door. *PTA G was wearing a washable gown, facemask, faceshield, and gloves. *Resident 19 was sitting next to PTA G in her wheelchair. *Upon leaving the resident's room his: -Computer was not disinfected. -Gown was removed in the hallway. -Faceshield was not disinfected. *A sign on the resident's door revealed: -The resident was on isolation precautions. -The sign stated: -Red Zone (Isolation Zone). -Authorized Personnel only! Designated Nursing Department staff & Housekeeper only, beyond this point. Resident doors must remain closed. -Full PPE Required Prior to entering room: Put on Gloves, Gown, N95 and Full Face Shield. Prior to leaving room: Doff (take off) and discard gloves, gown, N95 and face shield. -Gowns worn into this room may not be worn out of this room. 2. Observations on 10/14/20 from 2:45 p.m. to 3:30 p.m. of the second floor hallways revealed: *There were red and yellow signs located on doors throughout those hallways. *There were yellow zone and red zone rooms located across from each other and next to each other. *Rooms of both zones were opened. *The yellow signs posted stated: -Yellow Zone (Quarantine Zone) 'Designated Nursing Department staff & Housekeeper only, beyond this point. Resident doors must remain closed' . -Full PPE Required Prior to entering ZONE: Put on Gown, N-95, surgical mask over N-95 and eye protection. -Prior to leaving ZONE: Doff and discard gown. Clean and store eye protection, Remove and store N-95, Discard surgical mask. -Gowns may be worn into multiple rooms within the Yellow Zone. You may wear the gown in to a RED room, but it must be changed prior to resuming cares in the Yellow Zone. *There were PPE carts throughout the hallways. *There were hampers in the hallway used by staff to put their used gowns in. 3. Observation on 10/14/20 from 3:00 p.m. to 3:10 p.m. of housekeeping assistant E revealed: *She was cleaning resident 3's room. -The door was open. *The resident's room was in the red zone. *The housekeeping cart was by the door in that hallway. *Housekeeping assistant E was wearing a gown, faceshield, facemask, and gloves. *Without removing her gloves or preforming hand hygenie she: -She touched personal items in resident 3's room. -She reached into the housekeeping cart with the same gloves to get various cleaners and she placed them back in the cart when she was finished using them. -She reached in the housekeeping cart to get clean linens for resident 3's room. -She used a broom from the cart to sweep the room. -She swept from inside the room, and pushed the debris out towards the hallway where a dustpan was used to collect the debris. -The broom and dustpan were placed back onto the housekeeping cart. *A mop was used to to clean the room. -She started inside the room and finishing at the door. -She took off the fabric mop head and placed it in a clear plastic bag with other linens on the cart. *The mop, broom, or dust pan were not disinfected after used above. Interview on 10/14/20 at 3:08 p.m. with housekeeping assistant E revealed: *She cleaned isolation rooms and non-isolation rooms with the same housekeeping cart. -She used the same chemicals, broom, and dustpan for both areas. -She did not disinfect items in-between COVID-19 positive rooms and COVID-19 negative rooms. *She had just finished cleaning positive COVID-19 resident 3's room. *She removed her gown in the hallway and did not disinfect her faceshield. 4. Random resident room observation on 10/14/20 at 3:02 p.m. revealed NA C and CNA D were passing snacks to Covid-19 positive and negative residents who both resided on the City View hallway and revealed: *CNA D was in a red zone room. -He had a resident's opened styrofoam cup standing in the doorway. -He was wearing a facemask, faceshield, gown, and gloves. *NA C used a pitcher on a cart to refill the cup that CNA D was holding in the doorway. -NA C placed the pitcher back on the cart and finished passing snacks to residents in both the yellow zone and red zone. 5. Observation on 10/14/20 at 3:20 p.m. revealed: *Resident 17 was out in the hallway holding a bucket of soiled linens. -He was not wearing a mask or PPE. *He informed the surveyor he cleaned his room and needed someone to take his soiled linens. *He placed the bucket on the carpet out in the hallway. *He was positive with COVID-19. *He had neither a yellow sign on his door nor a red sign. 6. Review of the provider's 4/30/20 policy entitled, Emerging Threats-Acute Respiratory Syndromes Coronavirus (COVID)-Enterprise revealed: *Infection prevention and control recommendations for individual rooms: -Infection Prevention consults with the State department of health and refers to the CDC (Centers for Disease Control) guidelines regarding the most current recommendations. Contact the lab (laboratory) for directions to obtain specimens for testing. -Upon identification of any resident with suspected or positive COVID-19, a Droplet Precautions sign will be posted on the outside of the resident's room. The resident will be isolated in their room with the door closed (include the roommate if applicable). 1. Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. PPE includes: Gloves, Gown, Eye Protection (goggles or face shield). Surgical Masks or N95's if available (always use the process for conservation of supplies-See PPE reuse for long-term care.) -When caring for positive and negative COVID-19 residents, the caregiver will wear the N95 mask for the entire shift and practice reuse. The face shield will be cleaned when moving from providing care for positive COVID-19 resident(s) to providing care for negative COVID-19 residents. *Regarding environmental services and care of equipment: -1. All equipment in the resident's room is considered contaminated. Discard disposable equipment after use. 2. Clean and disinfect environmental surfaces and reusable equipment with an EPA (environmental protection agency)-approved emerging [MEDICAL CONDITION] pathogens product, before removing equipment from the resident room. *Review of appendix C-PPE conservation revealed: -1. Remove face shield and save for reuse. If surgical mask used, remove and dispose. Review of the provider's 12/01/2019 policy entitled Personal Protective Equipment revealed: 4. Person protective equipment will be removed before leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal. If any garment is penetrated by blood or other potentially infectious materials, it will be removed immediately or as soon as feasible. Interview on 10/14/20 at 3:41 p.m. with administrator A, assistant director of nursing (ADON) (B), and quality assurance performance improvement director F revealed: *The residents with the red signs on their doors were positive for COVID-19. *The residents with the yellow signs on their doors were negative for COVID-19. *They were not aware the COVID-19 positive residents' doors needed to be closed. *They were not aware staff needed to clean off their shields and replace their surgical masks after caring for positive COVID-19 residents. *They all agreed housekeepers had been instructed to clean any red zone rooms last. *Staff wore the same faceshield throughout their shift. -The faceshield was disinfected at the end of their shift.

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.