

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - PIPESTONE		STREET ADDRESS, CITY, STATE, ZIP 1311 NORTH HIAWATHA PIPESTONE, MN 56164	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<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 document review the facility failed to implement isolation precautions on new admissions for 4 of 70 residents (R1, R2, R3, R4, R5), and appropriately social distance 30 residents in the dining room (R1, R4, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R27, R28, R29, R30, R32, R33, R34, R35) in accordance with Center for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines for COVID-19. This had the ability to affect all 70 residents. Findings include: ISOLATION Interview on 5/18/20 at 12:07 p.m., with registered nurse (RN)-A identified when a resident returned from the hospital they were not required to quarantine or be placed on 14 days of precautions. The director of nursing (DON) advised residents readmitted following hospitalization required a COVID-19 test. If the test was negative, no precautionary isolation was required. Review of the facility admission record, hospital returns, and progress notes for the past month identified: 1) R5 was admitted on [DATE]. The medical record made no mention R5 had been isolated with precautions upon admission to the facility. 2) R1 was admitted on [DATE]. Further review of medical record revealed R1 was hospitalized on [DATE] for a [MEDICAL CONDITION] and returned to the facility on [DATE]. The medical record lacked identification R1 had been quarantined with transmission-based precautions following return to the facility after either hospitalization . 3) R4 was admitted on [DATE]. The medical record made no mention that R4 had been isolated with precautions upon admission to the facility. 4) R2 was admitted on [DATE]. Further review of medical record revealed R2 was hospitalized on [DATE] for a [MEDICAL CONDITION] and returned to the facility on [DATE]. The medical record made no mention R2 had been quarantined with transmission-based precautions following return to the facility after hospitalization . 5) R3 was admitted on [DATE]. The medical record made no mention R3 had been isolated with precautions upon admission to the facility. Interview on 5/18/20 at 2:45 p.m., RN-B identified new admissions to the facility were required to be tested for COVID-19 and have negative results. RN-B identified residents returning to the facility from the hospital had not required COVID-19 testing or to be placed on precautions as they were screened for signs and symptoms at the front door. Interview on 5/18/20 at 3:22 p.m., with the DON identified every new admission required a COVID-19 negative test result or they were not admitted to the facility. The facility policy for new admissions with a negative COVID-19 test did not require any type of quarantine or precautions. The DON identified R1, R2, R3, R4, and R5 had not been placed on quarantine or precautions when admitted to the facility. Residents who returned to the facility following hospitalization did not require a COVID-19 test unless they were hospitalized for [REDACTED]. Interview on 5/18/20 at 4:00 p.m., with the administrator identified the facility policy for new admissions required a negative COVID-19 test result prior to admission. New admissions with a negative test result did not require isolation. The administrator identified both the hospital and the facility were considered to be clean environments and as a result when a resident was readmitted /returned there was not a need for isolation or full PPE as staff wore masks and face shields at all times. The admin was aware of CDC guidance, however agreed facility policy differed from CDC guidelines requiring additional 10 days of protective isolation after a negative COVID-19 test. Review of the 5/11/20, Guidance on Accepting Hospital Admissions policy, identified residents were to be tested for COVID-19 with negative results prior to admission. No transmission-based precautions were necessary, however facility was to adhere to local guidance and individual state regulations. For residents who test negative but had a prior positive test would need a second negative test prior to admission. Following the second negative COVID test no transmission-based precautions would be necessary however, facilities should follow state regulations and local guidance. If a resident tested positive for COVID-19, the facility was not admit unless they had adequate staffing and ability to manage COVID positive residents. If the facility admitted a COVID positive resident facility would implement transmission-based precautions. The facility could discontinue transmission-based precaution after two negative test results that were twenty four hours apart or ten days if fever free for three days. There was no mention the facility should follow current CDC guidance on isolation after admission. Review of the 4/16/20, Emerging Threats-Acute Respirator Syndromes Coronavirus (COVID) policy identified residents with respiratory illness were educated on COVID, evaluated and appropriate precautions were to be implemented. Control recommendations and infection prevention included transportation of a resident out of the long term care (LTC) facility that was symptomatic. The policy lacked identification process of admissions or hospital returns to the LTC facility per CDC guidance.</p> <p>DINING Interview on 5/18/20 at 9:45 a.m., with dietary aide (DA)-A identified there were some residents who continued to eat meals in the dining room. D-A identified residents who were at risk to choke and required assistance to eat, continued to eat meals in the dining room. Tables were placed six feet apart. Interview on 5/18/20 at 10:25 a.m., with activities director (AD) identified residents continued to eat in the dining room. One or two residents sat at each table. Observation on 5/18/20 at 12:00 p.m., identified the main dining room contained 16 tables. Two residents sat at 15 out of 16 of the tables. Staff were in the dining room assisting residents to eat or provide oversight for those at risk for choking. At times 4 people would have been at a single table. Two residents and two staff were seated at a 4 foot square table. Interview on 5/18/20 at 1:15 p.m., with dietary manager (DM)-C identified she assisted nursing staff with seating arrangements in the dining room. Residents were to sit 6 feet apart. Tables had been removed from the dining room to ensure social distancing occurred between tables. The tables were four feet by four feet wide. The DM-C identified 2 residents were seated per table across from each other. Interview on 5/18/20 at 1:30 p.m., with register nurse (RN)-C identified the DM-C set up the initial seating arrangement. Interview and observation on 5/18/20 at 2:20 p.m., director of environmental services (DES)-A had been aware of the 6 foot distancing. Observation of the DES measured a round table and a square table. He identified that each table measured four feet by four feet across. He identified he was not involved in seating arrangements in the dining room. Interview on 5/18/20 at 2:49 p.m., with RN-B identified table distance was measured to ensure residents were socially distanced. RN-B confirmed the dining room contained 16 tables and verified 2 residents were seated at each table except one during meal service. Interview on 5/18/20 at 3:22 p.m., with the DON and RN-B/IP identified residents at risk for choking, required cues or eating assistance ate in the dining room. They attempted to seat residents who shared a room at the same table. The DON verified residents sat at four feet by four feet tables facing each other while dining, to enable staff to assist two residents and speed up the dining process. She agreed residents sat four feet apart and were not appropriately socially distanced. Interview on 5/18/20 at 4:09 p.m., with the administrator identified she was aware six feet was the accepted length for social distancing practices during resident dining. CMS guidelines identified six feet was the recommended length for social distancing. She interpreted CMS guidelines to keep residents six feet apart by spacing tables. Residents seated two at a four by four feet square tables were six feet apart during meals. The administrator agreed residents who sat at a 4 x 4 table were not socially distanced at the same table. Review of the 4/21/20, Food and Nutrition Services Considerations for Pandemic/Epidemic Outbreaks Coronavirus (COVID-19) policy identified residents at risk for choking, had difficulty swallowing, or required assistance to dine were able to dine in a</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - PIPESTONE		STREET ADDRESS, CITY, STATE, ZIP 1311 NORTH HIAWATHA PIPESTONE, MN 56164	
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 - Many</p>	<p>(continued... from page 1)</p> <p>congregate setting. Residents were to be seated one resident per table, six feet apart.</p>		