

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - STILLWATER		STREET ADDRESS, CITY, STATE, ZIP 1119 OWENS STREET NORTH STILLWATER, MN 55082	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 observation, interview and document review, the facility failed to follow precautions regarding personal protective equipment (PPE) and hand hygiene, in accordance with Centers for Disease Control (CDC) guidelines for COVID-19, for 6 of 6 (R10, R7, R11, R13, R9 and R12) residents reviewed for dining. In addition, the facility failed to ensure proper hand hygiene was completed in accordance with CDC guidelines for 1 of 3 (R9) residents reviewed for personal cares.</p> <p>Findings include: R10's Medicare - 30 Day MDS, dated [DATE], included, cognitively intact and required supervision for locomotion on and off the unit. R10 ate independently with set-up assistance. R10 had [DIAGNOSES REDACTED]. R7's admission Minimum Data Set (MDS), dated [DATE], included, cognitively intact and was totally dependent for locomotion on and off the unit. R7 ate independently with set-up assistance. R7 had [DIAGNOSES REDACTED]. R11's quarterly MDS, dated [DATE], included, severe cognitive impairment and required supervision required for locomotion on and off the unit. R11 ate independently with set-up assistance. R11 had [DIAGNOSES REDACTED]. This placed R11 at significant risk if contracted COVID-19. R13's quarterly MDS, dated [DATE], included, short term and long term memory problems, and was totally dependent for locomotion on and off the unit. R13 required extensive assistance with eating. R13 had [DIAGNOSES REDACTED]. R9's quarterly MDS, dated [DATE], included, severe cognitive impairment and was totally dependent for locomotion on and off the unit. R9 required supervision and one person physical assist for eating. R9 had [DIAGNOSES REDACTED]. This placed R9 at significant risk if contracted COVID-19. R12's quarterly MDS, dated [DATE], included, moderate cognitive impairment and was totally dependent for locomotion on and off the unit. R12 required extensive assistance with eating. R12 had [DIAGNOSES REDACTED]. When observed on 4/30/20, at 12:09 p.m. 6 residents were seated in dining room socially distanced at 6 feet apart. At 12:12 p.m. food and nutrition director (FND)-A was observed wearing a cloth mask below nose and stood over food preparation and serving counter. FND-A was not wearing gloves. FND-A approached R10 and delivered a meal, then leaned over R10 with less than 3 feet distance between them, and asked, Do you want sour cream and butter? FND-A's mask remained below nose during interaction with R10. FND-A then pulled mask above nose with bare hands, no hand hygiene was performed after touching the outside of the mask, then grabbed a plate of food and delivered to R7. FND-A removed plastic wrap from R7's dessert, threw plastic in trash, returned to serving counter, picked up and set down a pen. At 12:15 p.m. FND-A was observed with mask again below nose. FND-A then served a meal to R11 with less than 2 feet distance between them. FND-A opened soy sauce packet and applied sauce over R7's rice, then served R7 dessert, removed plastic wrap from dessert and threw in trash, then returned to serving counter, picked up and set down pen. At 12:16 p.m. FND-A's mask remained below nose. FND-A removed plastic wrap and served dessert to R13. At 12:17 p.m. FND-A picked up pen and crossed names off of a list, set down pen, then grabbed another plate of food and delivered to R9, returned to serving counter and grabbed another plate of food and delivered to R12. At 12:30 p.m. FND-A's mask remained below nose. FND-A grabbed empty serving dishes off counter and placed onto a rolling cart, grabbed papers and wheeled cart towards kitchen, 12:20 p.m. opened a set of double doors walked approximately 12 feet down hallway, then opened kitchen door and placed cart into kitchen. No hand hygiene was performed by FND-A during this observation. When interviewed on 4/30/20, at 12:23 p.m. FND-A stated, I know, every time when I pull it (mask) up I need to go wash my hands, we did the whole hand washing infection control, they watched us wash our hands for 20 seconds, told us to wash our hands every time after you touch the mask. The mask is falling down because of talking, it is not fitting properly, if it was like maybe tighter, then it would probably stay up. Maybe after they are being washed, they loosen up or maybe after so many uses they stretch out a little. When observed on 4/30/20, at 12:35 p.m. FND-A stood over the staff screening book near staff entrance to facility and wore mask below nose and mouth, resting on chin. When observed on 4/30/20, at 12:53 p.m. Nursing Assistant (NA)-A and (NA)-B wheeled a lift into R9's room. At 12:54 p.m. NA-B exited the room, at 12:55 p.m. NA-B returned, knocked on door, turned door handle and entered room with a box of gloves. NA-A and NA-B both donned gloves with no hand hygiene performed prior to donning. NA-A wet a cloth in bathroom sink. NA-B secured a lift sling around R9, and R9 was lifted into her bed. NA-A and NA-B removed soiled brief, washed perianal area with wet wash cloths, placed soiled cloths in separate plastic bag. NA-A removed soiled gloves, placed in plastic bag and put on a fresh pair of gloves, no hand hygiene performed between glove changes. NA-A placed a fresh brief on R9, redressed R9, and began to secure sling around R9 for transfer. Simultaneously, NA-B removed gloves and placed in plastic bag. NA-B did not have another pair of gloves so continued care with bare hands and no hand hygiene. NA-B held R9's body to keep R9 laying on side for placement of new brief. NA-B then assisted to secure sling around R9 for transfer. NA-B then grabbed lift and wheeled over to R9 who was lying on bed. NA-A removed soiled gloves and placed in plastic bag, no hand hygiene performed following glove removal. NA-A then maneuvered resident in lift and back into chair. At 1:02 p.m. NA-B used hand sanitizer. NA-B washed hands for 20 seconds. At 1:05 p.m. NA-A wheeled lift down the hallway, then used hand sanitizer, then washed hands for 20 seconds. When interviewed on 4/30/20, at 1:45 p.m. NA-A stated, You wash hands before you put your gloves on and wash them after your take them off, if doing personal cares and change your gloves, you have to wash your hands between. We had to watch a video when this first started, shortly after, and then the education nurse was walking around and watched me do hand hygiene maybe 3 weeks ago, we all had to wash our hands and sign off on a sheet. I don't think I did (hand hygiene) when caring for R9, I know I took my gloves off after doing the personal cares, I honestly didn't think of it, sometimes it is too much. When interviewed on 5/5/20, at 9:30 a.m. NA-B verified she performed hands-on care for resident without gloves and stated, Appropriately I should have gone to get another set of gloves, washed my hands and gone to get more gloves, instead of just assisting her with no gloves. When interviewed on 4/30/20, at 1:48 p.m. DON stated, Staff should follow guidelines set by infection preventionist. Whatever they are taught is what they should be doing. When they take their gloves off, they should be washing hands afterwards, when they put new gloves on they should be washing hands before putting new gloves back on. They are supposed to wash hands in between patients, there is a lot of hand washing going on a lot of Purell use, for direct care, especially if they're doing peri-care. We all are wearing masks from when we are coming in at the back door, the mask is on all day, when eating of course we can take it off. All non-direct care staff are using cloth masks, direct care staff using surgical masks, they can wear 5 times before changing. The mask should cover nose and mouth, some of the ear loops are getting worn down on cloth masks and stretched out and they are falling down, then if you pull it up, you have to wash your hands, have to wash every time if you touch your mask. We just started with audits and training on hand washing and PPE. Per facility policy titled, Procedure Putting On and Taking Off Personal Protective Equipment (PPE), last revised 2/1/2018, Change gloves during resident, patient, and child care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g. face). Always wash hands between gloving. Per facility policy titled, Sanford Policy Enterprise Infection Prevention, last revised 4/9/20, Hand hygiene will be performed, using 60-95% Alcohol Based Hand Sanitizer, before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds. Per facility policy titled, Hand Washing and Glove Use, last revised 7/1/18, When to wash hands: after touching any contaminated object (face, hair, body or clothing; garbage or dirty utensils, dirty</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>dishes, phone, linen, or money). Before and after using gloves. Between dirty and clean dish handling. Per facility policy titled, Hand Hygiene and Handwashing, last revised 1/1/18, wash hands before meal service begins, when visibly soiled and whenever hands are contaminated by touching a resident, self, or any other surface (e.g., table, chair, counter). Per facility document titled, COVID-19 Updates and Infection Control What we can do at Good Samaritan Society, dated April 2020, Do NOT touch the front of the mask, ONLY the straps. Per facility policy titled, Sanford Policy Enterprise Infection Prevention; Appendix C PPE Conservation, last revised 4/9/20, Do not touch the front of the respirator, only the head straps. Per CDC guidance titled, sequence for donning and removing personal protective equipment, undated, front of mask/respirator is contaminated - do not touch. If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer. Grasp bottom ties or elastics of the mask/respirator, then the ones at the top and remove without touching the front. Wash hands or use an alcohol based hand sanitizer immediately after removing all PPE. Per facility document titled, Hand Hygiene and Hand Washing Clinical Skills Checklist, dated 3/9/20, indicated NA-B completed training in hand hygiene on 3/9/20. Per facility document titled, Hand Hygiene and Hand Washing Clinical Skills Checklist, dated 3/20/20, indicated NA-A completed training in hand hygiene on 3/20/20. Per facility document titled, Hand Hygiene and Hand Washing Clinical Skills Checklist, dated 3/13/20, indicated FND-A completed training in hand hygiene on 3/13/20. Per facility document titled, Putting On and Taking off Personal Protective Equipment (PPE) Clinical Skills Checklist, dated 3/20/20, indicated NA-A completed training in PPE use on 3/20/20. Per facility document titled, LEAD Center Education Webinar - COVID-19 Updates and Infection Control - What we can do at Good Samaritan Society employee sign off sheet, dated when completed, indicated, Topics Included: Infection Prevention, Chain of Infection, COVID-19 Information, GSS/Sanford Health Resources, GSS Hand Hygiene and Handwashing Procedure, hand washing steps and when to wash with soap and water, alcohol based hand rub and proper steps, supply conservation, room tray infection control, GSS Droplet Precaution Procedure, donning and doffing PPE, Resident PPE, MERS/[DIAGNOSES REDACTED], Cough Etiquette, PPE Reuse, Reuse of Thermometer Probe Covers, Disinfecting Surfaces, Inside Sanford Facts Over Fear and other inside Sanford employee resources. NA-B completed this training on 4/6/20. NA-A completed this training on 4/7/20. FND-A completed this training on 4/8/20.</p>		