STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355041	A. BUILDING _____ B. WING _____	**03/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LUTHERAN HOME OF THE GOOD SHEPHERD	**1226 1ST AVE N NEW ROCKFORD, ND 58356**

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 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, review of facility policy/procedure, and staff interview, the facility failed to ensure food was served under sanitary conditions, in 1 of 4 kitchens (Angel Road) used to prepare food for residents. Failure to safely handle food has the potential to result in foodborne illness to residents, staff, and visitors. Finding include: Review of the facility policy titled, Glove Usage occurred on 03/11/20. This policy, revised January 2018, stated, . Gloves must be changed when switching between tasks . Glove use is not a replacement for hand washing. Review of the policy titled, When, where and how to wash hands occurred on 03/11/20. This policy, revised February 2018, stated, . Hands should be washed in the following situations . Every time an employee enters the kitchen. Observation in the Angel Road Kitchen showed the following: * 03/09/20 at 11:00 a.m. - A dietary staff member (#1) wore gloves while plating food for meal service, delivered plates, and retrieved items from the fridge and cabinets while wearing the same pair of gloves. The kitchen staff member then handled ready to eat foods for residents while wearing the same gloves. * 0[DATE] at 8:28 a.m., - A dietary staff member (#2) wore gloves while plating food for meal service, delivered plates, and retrieved items from the fridge and cabinets while wearing the same pair of gloves. The kitchen staff member then handled ready to eat foods for residents while wearing the same gloves. The dietary staff members (#1 and #2) failed to follow the facility policy and change gloves when switching tasks. During an interview on 03/11/20 at 10:06 a.m., a dietary manager (#2) stated she expected staff to wash their hands when entering the kitchen and change gloves when switching tasks.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** Based on observation, review of the facility's policy, and staff interview, the facility failed to ensure staff followed appropriate infection control practices for 1 of 1 sampled resident (Resident #53) observed during wound care. Failure to follow appropriate infection control practices and hand hygiene/glove use may result in the spread of infection within the facility. Findings include: Review of the facility policy titled Hand washing occurred on 03/11/20. This policy, dated January 2015, stated, . facility personnel must wash their hands for 20 seconds under the following conditions . After contact with blood, body fluids . or non-intact skin . Review of the facility policy titled Wound Dressing Change occurred on 03/11/20. This policy, revised August 2008, stated . Remove soiled dressing . Discard dressing . dispose of gloves . Cleanse hands . Put on gloves and cleanse wound as necessary, apply and secure dressings . Dispose of gloves . Cleanse hands . Observation of wound assessment on 0[DATE] at 08:51 a.m. showed a nurse (#5) enter Resident #53's room with gloved hands and holding a plastic wound measurement device. The nurse examined, touched, and measured the wound. The nurse (#5) left the resident's room prior to removal of the gloves and performing hand hygiene. Observation of a wound dressing change on 03/11/20 at 10:55 a.m. showed a nurse (#5) preparing to perform a dressing change to Resident #53's foot. The nurse (#5) performed hand hygiene, donned gloves, removed the soiled dressing, removed the gloves, donned a new pair of gloves, and applied the sterile dressing to the wound. The nurse (#5) failed to perform hand hygiene after removing the gloves, which were in contact with the soiled dressing, prior to donning a new pair of gloves to complete wound care and prior to exiting the resident's room. During an interview on the afternoon of 03/11/20, an administrative nurse (#4) confirmed staff should have followed the facility's policy when performing wound care/hand hygiene and prior to exiting the resident's room.

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.