

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - OTTUMWA		STREET ADDRESS, CITY, STATE, ZIP 2035 WEST CHESTER AVENUE OTTUMWA, IA 52501	
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, record review, and interview, the facility failed to wear the proper Personal Protective Equipment (PPE) per Centers for Disease Control (CDC) guidelines in order to prevent the spread of infection for 1 of 2 newly admitted residents reviewed (Resident #1) and failed to place a newly admitted resident in a single-person room or a separate observation area for 2 of 2 new admissions reviewed (Residents #1 and #2). The facility reported a census of 125. Findings include: 1. During an observation on 6/25/20 at 10:39 a.m., Staff A (Nurse Aide) and Staff B (Nurse Aide) assisted Resident #1 to transfer from the wheelchair to the toilet. After the Resident #1 urinated in the toilet, Staff B assisted Resident #1 with perineal care. Staff A and B then assisted Resident #1 to transfer back to her wheelchair. Staff A and Staff B failed to utilize a gown while assisting the resident. During the observation Resident #2 occupied the room. The facility Matrix listed Resident #1 admitted to the facility on [DATE]. The Face Sheet listed Resident #2's admitted to the facility on [DATE]. An untitled facility policy dated 6/4/20, stated staff caring for residents in the yellow zone (all asymptomatic residents who may have been exposed to COVID-19) should wear full COVID-19 level PPE (gloves, gown, masks, eye protection) when taking care of these residents. The policy stated staff caring for residents in the gray zone (all asymptomatic residents admitted to the nursing home from an outside facility and had no known exposure to COVID-19) should wear gloves, a mask, and eye protection. The policy did not address the cohorting of new admissions. Current CDC guidelines, updated 6/22/20, directed facilities to place new admissions in a single-person room or separate observation area for 14 days so staff could monitor the resident for evidence of COVID-19. The guidance directed facilities to ensure staff caring for these residents wore a mask, goggles, gloves, and a gown (www.cdc.gov). During an interview on 6/25/20 at 9:45 a.m., the Director of Nursing (DON) stated those in 14 day quarantine were in what their facility called the yellow zone. She stated they were not caring for the residents in any different way other than keeping them in their rooms for 14 days. During an interview on 6/25/20 at 12:00 p.m., the DON stated she was not sure about the policy for cohorting new admissions together. During an interview on 6/25/20 at 12:10 p.m., the DON stated she was mistaken and those in 14 day quarantine were in what their facility called the gray zone so staff would only need to wear a surgical mask, eye protection, and gloves.</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.