

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155716	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIAL		STREET ADDRESS, CITY, STATE, ZIP 601 N BOEKE RD EVANSVILLE, IN 47711	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis. Staff were observed not to wear eye protection in a isolation area, not wear required PPE (Personal Protective Equipment) required for performing COVID-19 testing, and one staff member was observed to wear a cloth face mask in hallway of the COVID-19 free unit. This had the potential to affect 104 of 104 residents who had COVID-19 negative testing status. (unit 500, unit 400) Findings include: 1. On 10/9/2020 at 9:06 a.m., SS 1 (Social Services) was observed to walk through the COVID-19 negative status 500 unit hallway wearing a black cloth mask. SS1 indicated this is what they gave her. 2. On 10/9/2020 at 9:22 a.m., LPN 1 was observed to be preparing medication for administration while standing in a yellow zone (potentially exposed to COVID-19 in isolation) on the 400 unit. LPN 1 was wearing a KN95 mask and indicated that was all she believed was required and this was her first day on this hallway. Signs on the door of the 400 unit indicated goggles or face shield were required for being in the hallway in addition to mask. On 10/9/2020 at 2:04 p.m., Scheduler 1 indicated LPN 1 should have known what to wear for PPE(Personal Protection Equipment) for that unit. She was just in orientation yesterday. 3. On 10/9/2020 at 11:15 a.m., RN 1 and LPN 2 were observed to perform staff COVID-19 testing. RN 1 was observed to be wearing KN95 mask with surgical mask over it, isolation gown, and gloves. RN 1 indicated she was supposed to be wearing KN95 mask, isolation gown, gloves, and eye protection and waved to where the eye protection was lying on the table. LPN 1 was observed to be wearing N95 mask and gloves. LPN 1 indicated this was his first time for doing the testing and he was wearing what the facility had provided for him. On 10/9/2020 at 11:32 a.m., the Administrator indicated the testers were to wear safe PPE. On 10/9/2020 at 9:30 a.m., the Administrator provided the results of the Covid testing for the residents, 104 residents were negative at that time. On 10/9/2020 at 12:37 p.m., the Administrator provided information flyer indicating type of PPE to be worn in Green, Yellow, and Red Zones, undated. The flyer indicated Masks should be worn at all times while in the building. All (facility name) staff should wear either a procedure masks (paper) or KN95's in the building .Only designated essential personnel should enter yellow or red zones. If you must walk through a yellow zone, ensure appropriate wearing of mask and eyewear . The CDC (Center for Disease Control) guideline indicate During Specimen collection, facilities must maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if respirator is not available), eye protection, gloves, and a gown, when collecting specimens. 3.1-18(b)(1)</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.