

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155716</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>601 N BOEKE RD EVANSVILLE, IN 47711</b>	
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID 19 crisis. Residents were not safe distancing during dining, employees were observed with masks under their noses and chins, and group activities were being held. This had the potential to affect 155 residents residing in the building. (Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident J) Findings include: On 4/9/2020 at 2:20 p.m., during entrance into the building, eighteen residents were observed to be playing BINGO in the common area. The residents were not wearing masks. One resident was observed sitting in a wheelchair in the lobby with a mask on. A person was observed to get out of their vehicle wearing a mask, enter the building, and obtain the resident, taking the resident out of the entrance doors. No screening of the person picking up the resident was observed. The receptionist was observed at her desk with no mask on. A box containing cloth masks were on the receptionist's desk. A table was observed across from the receptionist's desk for screening persons who entered the building. A room with PPEs (personal protective equipment) was located behind the screening table. The Administrator indicated the staff applied the PPEs before entering the units and required the use of gloves if performing resident care. The Administrator and DON (Director of Nursing) indicated the facility had no positive cases of COVID-19 at this time but some residents had been tested and were negative. The DON indicated a couple of the residents that had been recently tested were placed on droplet isolation as a precautionary measure. On 4/9/2020 at 2:30 p.m., the DON indicated Resident C had been tested last night but was negative and Resident D had been recently tested but was negative for the Coronavirus. She indicated the facility had the two residents on droplet isolation as a precautionary measure. A few other residents had been tested, but everyone was negative thus far. She indicated the facility did not have any staff members with signs or symptoms of the Coronavirus. On 4/9/2020 at 2:45 p.m., Housekeeping 1 indicated the resident's rooms were cleaned daily, but the rails in the halls were cleaned every 2 hours. None of the residents ate in the dining rooms and all the residents ate in their rooms. On 4/9/2020 at 2:50 p.m., observation of the North dining room showed the room to have 2 (two) long tables with clean, red tablecloths on them and several overbed tables. The Main Dining Room and Restorative Dining Room had tablecloths on the tables. On 4/9/2020 at 3:10 p.m., LPN 1 indicated communal dining was still being done but the main dining room and the restorative dining rooms had been split to accommodate the residents who wanted to eat in the dining rooms. Most of the residents ate in their rooms. Residents were also being fed in the North dining room. The beauty shop was still opened and the beautician was at the facility everyday but Fridays. She indicated the residents could have no visitors. On 4/9/2020 at 3:13 p.m., Agency CNA 1 indicated she had been working the evening shift at the facility for the past week. The dining room tables were clean each time she had worked at the facility. On 4/9/2020 at 3:15 p.m., Resident C was observed to have an isolation cart outside of the resident's room. A droplet precautions sign was on the door and the door was open to the hallway. The resident shared a bathroom with 2 other residents. On 4/9/2020 at 3:18 p.m., Housekeeping 2 indicated the facility only allowed 1 mask per day for each employee. On 4/9/2020 at 3:24 p.m., CNA 2 indicated he usually worked the day shift. He indicated the dining room tablecloths were removed from the tables after each meal and the tables were cleaned. On 4/9/2020 at 4:31 p.m., six residents were observed sitting across from the nurses's station for the East, North, and South units. Two of the 6 residents were not sitting 3-6 feet apart from one another. The residents did not have masks on. Another resident was observed to be walking in the hall past the residents, with no mask on. No social distancing was observed. LPN 3 and Agency LPN 1 were observed to be in the nurse's station with no mask on. LPN 3 was observed to be talking to LPN 4, who had her mask under her chin. No social distancing was observed between the nurses. On 4/9/2020 at 4:35 p.m., the Pavilion unit had 3 residents next to each other in their wheelchairs sitting in the hall. No masks were observed on the residents and no social distancing was observed. The staff were observed to be seating the residents for the evening meal. RN 1 indicated the unit had 23 residents. Occasionally a resident would eat in their room, but most of the time all the residents ate in the dining room. No social distancing was observed by the residents in the dining room. On 4/9/2020 at 4:44 p.m., Housekeeping 3 was observed to be in the Restorative Dining Room putting cloth protectors away. The housekeeper had her mask under her nose. She cleaned the resident's room daily, the rails and hallway floors every hour. The light switches were cleaned hourly using a feather duster with a spray on it. The Restorative Dining Room had 10 residents who were seated at different tables. Two tables had residents seated across from each other. On 4/9/2020 at 4:48 p.m., the Main Dining Room had 17 residents seated at various tables. Resident E was observed to be talking with 2 of the residents. No social distancing or masks were observed by the residents. On 4/9/2020 at 5:00 p.m., Resident D was observed to have an isolation cart outside of his room door. No sign was observed indicating what precautions were being taken. Agency CNA 1 indicated Resident D was isolated, she did not know what the resident was isolated for, but she put on all the garb when she would go into the resident's room. On 4/9/2020 at 5:02 p.m., on Pathways 1 (a secured dementia unit), staff were observed to be seating the residents for the evening meal. The residents were not social distancing and were seated at square tables. RN 2 indicated the unit had communal dining and provided a copy of the seating chart for the dining room. The seating chart indicated all the residents sat together in the dining room at tables for 4 residents each. On 4/9/2020 at 5:15 p.m., on Pathways 2 (a secured dementia unit), Resident E and Resident F were observed holding hands on the sofa with Resident G sitting in a wheelchair next to the residents. Resident H and Resident J were observed in wheelchairs next to each other by the nurse's station. LPN 3 indicated the unit had communal dining for the residents and all the residents ate in the dining room on the unit. No masks were observed on the residents and no social distancing was observed. On 4/9/2020 at 5:27 p.m., the Administrator indicated the facility had communal dining as he did not have enough staff or enough PPEs. On 4/9/2020 at 5:30 p.m., 2 of 4 staff members observed feeding residents had their masks under their nose. On 4/9/2020 at 6:52 p.m., LPN 1 indicated the facility still had group activities for the residents and provided the Activity calendar for April 9, 2020. The calendar included the following activities: 9:00 a.m.: Daily Chronicle in the North dining room [ROOM NUMBER]:20 a.m.: exercise in the Restorative dining room [ROOM NUMBER]:00 a.m.: Hymn Sing on the West dining room [ROOM NUMBER]:00 p.m.: Bingo in the common area 3:15 p.m.: Popcorn/Coke in the common area 1915 (7:15 p.m.): Live Stream Mass in the North dining room LPN 1 indicated as long as the nurse's were in the nurse's station with no residents present, they did not need to wear their masks. On 4/9/2020 at 7:17 p.m., LPN 2 indicated the facility continued to have group activities. She indicated the facility had gardening and manicures yesterday and had bingo and hymn sing today. On 4/9/2020 at 7:46 p.m., the Administrator indicated the residents would be placed on the East unit in rooms that were available, as the rooms on the unit had private bathrooms. The DON indicated the facility had three (3) designated room on the East unit which could be used for COVID-19 residents. The rooms could be private rooms or co-horted. The facility would prefer to group the residents together at the end of the hall where they could put up plastic or do whatever was needed and the facility would have a designated staff. On 4/9/2020 at 6:23 p.m., the DON provided the LTC (Long Term Care) Respiratory Surveillance Line List, dated March/April 2020. The list indicated included, but was not limited to, four residents, two staff members, and 1 agency staff person who had been either been tested or who had been in close contact with 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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>potential COVID-19 person. The list was not complete and did not have Resident B listed who had been tested on [DATE]. The surveillance line list went from 4/1/2020- 4/8/2020 with nothing listed. It was not all inclusive of the testing completed for the residents with 4 of 10 resident's data incomplete on the form. She had not had time to create a tracking system for the COVID-19 virus and had been using what she had to track the residents and staff. On 4/9/2020 at 6:25 p.m., the DON provided the facility COVID 19 manual. The manual lacked documentation of the LTC Newsletter for editions 2020-06 through and including 2020-21. The current facility policy, Infection Control - Coronavirus Mitigation, provided by the DON on 4/9/2020 at 6:20 p.m., included, but was not limited to, the facility would take appropriate precautions and measures to prevent the occurrence of infection with the Coronavirus - COVID 19 mound residents and other individual relevant to the care of the residents. Under the guidance of the AHCA (Agency for Health Care Administration), NCAL (National Center for Assisted Living), and CDC (Center for Disease Control and Prevention) the following actions would be taken to prevent entry of the Coronavirus- COVID 19 into the Good Samaritan Home whether or not [MEDICAL CONDITION] has been identified in the surrounding community . Allow entry only to individuals whom need entry. Restrict activities and visitors with potential for exposure. Actively screen individuals entering the building and restrict entry to those who display symptoms associated with possible infection with Coronavirus-COVID 19. Set up processes to allow remote communication for residents and others. This Federal tag relates to Complaint IN 201. 3.1-18(b)(1) 3.1-18(b)(2) 3.1-18(b)(3) 3.1-18(b)(5) 3.1-18(b)(6)</p>		