

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - INVER GROVE HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 1301 50TH STREET EAST INVER GROVE HEIGHTS, MN 55077	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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 ensure proper hand hygiene was followed in accordance with Centers for Disease Control (CDC) guidelines for 1 of 4 residents (R5) observed for dining. Findings include: R5's admission Minimum Data Set (MDS) dated [DATE], indicated R5 was cognitively intact, and required extensive assistance for most activities of daily living (ADLs). During an observation on 5/12/20, at 11:58 a.m. 11 residents were seated in the dining room, appropriately socially distanced at 6 feet apart. At 12:05 p.m. nursing assistant (NA)-C touched her glasses and face, and did not perform hand hygiene. At 12:07 p.m. NA-C touched her glasses, and did not perform hand hygiene. At 12:10 p.m. with bare hands, NA-C took a stack of meal slips, sorted them, and placed them on meal trays, took name cards and placed them on meal trays, took a plate cover and placed over a prepared plate of food, then took the plate and placed it on the meal tray inside the meal warmer. NA-C then touched condiments and placed them on meal trays. At 12:12 p.m. NA-C placed plate covers on 3 additional prepared plates of food, and placed the plates on meal trays inside the meal warmer. At 12:13 p.m. NA-C closed the door of the meal warmer and rolled the warmer down the hallway towards resident rooms. At 12:14 p.m. NA-C opened the door of the meal warmer, removed a meal tray and brought it into R5's room, set the meal tray on the bedside table, exited the room, poured orange juice and milk into glasses at the serving cart in the hallway, then brought beverages to R5. NA-C did not perform hand hygiene. During an interview on 5/12/20, at 12:17 p.m. NA-C stated, Yeah, normally I usually move around my glasses, we have to use hand hygiene when touching our face and hand hygiene between. I just forgot, it is habit I guess. During an interview on 5/12/20, at 2:05 p.m. the DON stated her expectation was to have staff use hand sanitizer after touching their face, glasses or a mask. The DON stated when all of this started they watched hand hygiene with everyone in the building and they were continuing with audits, which included observing hand hygiene, checking them off, and donning and doffing of gloves. The facility policy titled Hand Washing and Glove Use last revised 7/18, directed hand washing was to be done by direct care staff at the following times: a. Before, between, and after resident contact. b. After touching any contaminated object (face, hair, body or clothing; garbage or dirty utensils, dirty dishes, phone, linen or money). c. Before eating or touching food. The facility policy titled Hand Hygiene and Handwashing last revised 4/14/20, directed staff are not to touch any food or eating surfaces with bare hands (i.e., fork tines, eating surface of plates, drinking surface of glasses) and that hand washing was to be done by all employees at the following times: a. During service of meals. b. Before meal service begins. c. When visibly soiled and whenever hands are contaminated by touching resident, self or any surface (e.g. table, chair, counter).</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.