

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>435104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN SOCIETY NEW UNDERWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>412 SOUTH MADISON POST OFFICE BOX 327 NEW UNDERWOOD, SD 57761</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, review of a Centers for Disease Control (CDC) publication, facility informational sheet review, and policy review, the provider failed to ensure infection control procedures and practices were followed for:</p> <p>*Management of one of one sampled new resident (1) admission to the facility. *The use of Sani Cloth AF3 germicidal wipe according to the manufacturer's recommendations for coronavirus disease 2019 (COVID-19) by one of one observed licensed practical nurse (LPN) (E) and one of one observed certified nurse aide (CNA) (F). *The use of Peroxide Multi Surface Cleaner and Disinfectant (virucidal) according to the manufacturer's recommendations for COVID-19 by one of one housekeeper (C). *Accurate visitor screening for COVID-19 for twenty-one of twenty-one randomly selected visitors. Findings include: 1. Observation on 7/28/20 at 10:35 a.m. of resident 1's room revealed: *A sign posted on the outside of her room door that indicated she required contact/droplet precautions. -It stated everyone who entered the room must wear a gown, mask, gloves, and face shield or goggles. *The door to the room was open. *Occupational therapist (OT) G had sat beside the resident and worked on a fine motor skill activity with her. -She had worn a mask, gloves, and eye protection but no gown. Interview on 7/28/20 at 11:05 a.m. with OT G revealed: *She confirmed she had not worn a gown during her therapy session with resident 1. *She stated she had worn a gown if she toileted the resident or expected to encounter bodily fluids from the resident. Observation on 7/28/20 at 11:15 a.m. of resident 1 revealed the door to her room was open, and she was alone. Interview on 7/28/20 at 11:50 a.m. with interim director of nursing (DON) B regarding resident 1 revealed: *She would have expected all staff to wear the recommended personal protective equipment (PPE) as indicated on the signage on the resident's door prior to entering the room. *She stated the resident's door should probably be closed at all times. -She said the door had been kept open, because the resident was a fall risk. -Her room was at the end of a hall. Interview on 7/28/20 at 12:35 p.m. with administrator A revealed: *The facility's cohorting plan had not addressed room door closures for residents who required isolation. *The facility had not tried alternative means to keep resident 1's door closed and maintain her safety. Review of the undated informational sheet Talking Points the facility used when communicating with hospital admissions staff regarding new facility admissions revealed: We recently set up a special cohort zone in our building where we will place patients (residents) who are discharged from the hospital to our facility. These individuals will be isolated for 14 days before transitioning out of the cohort zone, which is in line with CDC guidance. Within the 14 days, we'll monitor closely for signs or symptoms of COVID-19. Review of the 7/24/20 Cohorting Plan for SNFs (skilled nursing facilities) revealed: All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are traveling in and out of the nursing home. Transitional zones/units are established to quarantine those residents who are at somewhat higher risk of getting exposed to COVID-19 but have no known exposure to COVID-19. Review of the 7/15/20 updated CDC publication Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic revealed: *2. Patient (resident) Placement: -If admitted, place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection in a single-person room with the door closed. 2.a. Observation and interview on 7/28/20 at 10:40 a.m. with LPN E after she exited resident 2's room revealed: *She had taken his vital signs. *She used separate Sani Cloth AF3 cloth wipes to wipe the blood pressure cuff, stethoscope, and pulse oximeter she had used with that resident. -She wiped the above items between five and seven seconds each before she placed them into the vitals cart. *She stated the contact time for the disinfectant was three minutes. -That three minutes was a combination of the time the equipment needed to be wet and the time required for the equipment to dry. b. Observation and interview on 7/28/20 at 10:50 a.m. with CNA F after he exited resident 3 and 4's room with a mechanical lift revealed: *He had used a mechanical lift to provide care for one of those residents. *He used a Sani Cloth AF3 cloth wipe to wipe the lift. *He wiped the lift between fifteen and thirty seconds. *He stated the contact time for the disinfectant wipe was between five and ten minutes. -That five to ten minutes included the wipe down time and the time allowed before using the lift with another resident. c. Interview on 7/28/20 at 11:50 a.m. with interim DON B regarding Sani Cloth AF3 use to disinfect medical equipment revealed: *She confirmed the wet time for the Sani Cloth AF3 was three minutes. -She expected the surfaces of the equipment that was disinfected remain wet for that period of time to be effective. *She referred to the 7/1/19 Blood Glucose Testing, Monitoring, Cleaning and Disinfectant policy for guidance on cleaning and disinfection of the medical equipment referred to above. Review of the 7/1/19 Blood Glucose Testing, Monitoring, Cleaning, and Disinfectant policy revealed: *General Cleaning and Disinfecting: 4.a. A germicidal disposable wipe supplied by the Society's preferred vendor or a dilution of 1 mL (milliliter) household bleach in 9 mL water (1:10 dilution) (one to ten) should be used to disinfect the blood glucose meter. *There was no reference regarding the disinfection of the other medical equipment referred to above.</p> <p>3. Observation and interview on 7/28/20 from 10:40 a.m. through 10:50 a.m. with housekeeper C revealed she: *Had been been standing beside her cleaning cart on the two hundred hallway. *Had a square container of virucidal on the cart. *Stated she cleaned: -The handrails and door knobs twice a day with the virucidal disinfectant. -The surfaces in residents' rooms, door knobs, and handrails by wiping over them with a virucidal cleaning cloth one time. *Had been unaware of the surface wet time for the virucidal to be effective against COVID-19. Interview on 7/28/20 at 11:55 a.m. with housekeeping supervisor D revealed: *She confirmed her surface wet time for the virucidal disinfectant to have been effective against COVID-19 had been five minutes. *She agreed the handrails and door knobs had not remained wet with the virucidal disinfectant for five minutes. *She thought all the other surfaces in the residents' rooms would have been wet with the virucidal disinfectant for five minutes. *Had not monitored or timed the surface wet time of the virucidal when cleaning. *She was unaware of the five minute wet time for the effectiveness of virucidal disinfectant. Review of the last revised March 2016 Environmental Cleaning principles revealed no mention of the use of Peroxide Multi Surface Cleaner and disinfectant. 4. Review of twenty-one randomly selected COVID-19 Visitor Screening Questionnaire forms revealed: *Two of twenty-one had no name documented. *Seven of twenty-one had not been signed by the visitor. *Four of twenty-one had not been signed by the staff member completing the screening. *Nine of twenty-one had incorrectly answered the screening questions. *Four of twenty-one had not acknowledged having received instruction for a safe visit. *Seven of twenty-one had not been documented as having passed the screening process to have visited. Interview on 7/28/20 at 11:50 a.m. with administrator A and interim DON B revealed they agreed the COVID-19 Visitor Screening Questionnaires had not been completed for the above twenty-one visitors' forms.</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.