

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY -- LAKE FOREST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 3901 MONTECITO DR DENTON, TX 76210	
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 record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of three residents observed for infection control. CNA C failed to use PPE when entering a room where Resident #1 and #2 were in contact isolation. This failure could place residents at risk of infection. Findings included: Review of a list of residents provided by Nurse Manager F revealed Residents #1 and #2 had a positive stool culture for the Norovirus. The list further reflected Resident #1 had a symptom onset date of [DATE] at 8:00 AM and Resident #2 had a symptom onset date of 03/07/20. Review of Resident #1's care plan initiated on 03/11/20 reflected the resident had an alteration in gastrointestinal status norovirus as evidenced by diarrhea and vomiting, ceased [DATE]. Interventions included keeping the resident in her room for 48 hours following the end of symptoms for her and her roommate. Review of Resident #1's clinical record revealed there was no evidence of the last norovirus symptom documented. Review of Resident #2's care plan initiated on 03/11/20 reflected the resident had diarrhea related to possible norovirus. Interventions included monitor/document for any precipitating factors and prevent factors which increases risk of episodes or diarrhea, resident will remain in room for 48 hours following last episode of vomiting or diarrhea; last episode 0[DATE] AM shift and teach resident/family hand washing practice. Observation on 03/11/20 at 9:19 AM revealed PPE outside of Resident #1 and #2's room. CNA C was observed walking into the room without using any PPE and sat on Resident #1's bed and began to set up her tablet on her wheelchair as she repositioned her. CNA C then pushed Resident #1 down the hallway. CNA C was asked if Resident #1 was still in isolation and CNA C stated the resident had not had an episode in three days. The resident was observed being pushed back into her room by another staff member. CNA C was not wearing any PPE as she left the room. Interview on 03/11/20 at 12:36 PM with CNA C revealed Resident #1 had not had a norovirus episode since Monday (03/09/20) so she thought it was safe to go in without PPE. Interview on 03/11/20 at 4:22 PM with CNA D revealed she had been working with Resident #1 for the past two days and she had not had an episode of diarrhea or vomiting but her roommate, Resident #2, had an episode of diarrhea yesterday (0[DATE]) and they were continuing to use PPE as they entered the room. Interview on 03/11/20 at 11:48 AM with LVN B revealed there were still two rooms that were on contact isolation. She stated it had been 48 hours since Resident #1 had any symptoms, but PPE should still be used in the room because Resident #2 was still showing symptoms of [MEDICAL CONDITION]. Interview on 03/11/20 at 12:17 PM with the NP revealed they had been made aware of the facility having a norovirus outbreak and they were told to get a stool sample of residents that were having more than three episodes. The residents were put on contact isolation and could be taken off after at least two days of the last episode. Interview on 03/11/20 at 12:47 PM with Nurse Manager F revealed they were following CDC guidelines and standard precautions were to be used for the norovirus and PPE was to be worn only if the staff were providing care. Interview on 03/11/20 at 4:37 PM with Physician E revealed residents were put on contact isolation as precautions and could be taken off after 48 of having no symptoms. He stated the norovirus was spread through contact only and it was not likely that Resident #1 would become re-infected nor could she spread it because of her physical condition. He further stated he would personally use PPE in the room since Resident #2 was still having symptoms. Review of the facility's Contact Precautions policy and procedure revised December 2019 reflected the following:</p> <p>.Procedure 1. Contact precautions will be used in addition to standard precautions for residents/patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission. .3. Gloves Wear gloves whenever touching the resident's/patient's intact skin or surfaces and articles in close proximity to the resident/patient. Wear gloves for all direct care (changing clothing, toileting, bathing, etc.) Don gloves upon entry into room/unit.</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.