

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 10/20/2020
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	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 - Some	Provide and implement an infection prevention and control program. 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 yellow isolation area, and facility failed to post signs on the entrance doors of another unit which contained potentially exposed and COVID-19 positive residents. This had the potential to affect 26 residents residing on the Yellow 400 unit. Findings include: 1. On 10/19/2020 at 9:23 a.m., the closed double doors leading from the 400 unit to a unit with potentially exposed and COVID-19 positive residents was observed not to have any sign on the entry to the unit designating what type of zone and PPE (Personal Protection Equipment) required for entry to the unit. The facility map indicated the unit was a Yellow Zone. On 10/19/2020 at 10:10 a.m., the Director of Nursing provided the resident listing which indicated the 400 unit contained 26 residents. On 10/20/2020 at 8:21 a.m., the closed double doors leading from the 400 unit to a unit with potentially exposed and COVID-19 positive residents lacked a sign designating the type of PPE needed for entry to the unit and the degree of COVID-19 exposure of residents on the unit. 2. On 10/20/2020 at 8:29 a.m., LPN 1 was observed wearing a gown, N95 mask, and lacked protective eye wear when exiting a resident room on a Yellow zone on the 400 unit. She indicated she was aware she needed to be wearing protective eyewear while in resident rooms and would have to get it from her bag. On 10/20/2020 at 10:28 a.m., the DON (Director of Nursing) indicated LPN 1 had been wearing protective eyewear when she had seen her earlier that morning on the residential unit and should have been wearing them. On 10/20/2020 at 12:37 p.m., the DON provided information flyer indicating type of PPE to be worn in Green, Yellow, and Red Zones, undated. The flyer indicated We have posted each unit with a designated color on the unit doors. Each unit is either GREEN, YELLOW, or RED. Each sign states the PPE needed on the unit. , 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 . 3.1-18(b)(1)		

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.