

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN SOCIETY - WINTHROP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>506 HIGH STREET WINTHROP, MN 55396</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<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, and document review the facility failed to follow Centers for Medicare &amp; Medicaid Services (CMS) guidance QSO-20-14-NH for actively screening visitors, and staff at the beginning of their shift in accordance with Centers for Disease Control (CDC) guidelines for COVID-19. In addition, the facility failed to ensure staff adhered to proper infection control practices by disinfecting equipment after resident use. This had the potential to effect all 22 residents who resided in the facility. Findings include: Upon arrival to the main, east entrance of the facility, two surveyors entered the vestibule where there was an unmanned Covid19 screening table. Large instructions posted in the vestibule read: STOP ATTENTION All visitors must fill out the visitor screening log, perform hand hygiene, take their temperature and put on a mask before entering the building. The thermometer on the table was a medical grade(NAME)Alllyn brand electronic oral thermometer requiring an individual to attach a probe cover prior to using it. Surveyors followed the instructions and entered the facility. No one verified surveyor temperatures or answers to the screening questions before entry into the facility. During interview on 4/21/20, at 8:50 a.m. activity director (AD)-A stated when she arrived to work, she checked her own temperature; documented it on the screening log and filled in answers to screening questions. On 4/21/20, at 9:10 a.m. observed nursing assistants (NA)-A and (NA)-B push an EZ stand (mechanical equipment to assist residents who have difficulty getting into a standing position) into room [ROOM NUMBER]. A short time later, NA-A and NA-B brought the EZ stand out of the room and parked it in the hallway and walked away. When asked when they would clean the EZ stand, NA-B stated they usually do after each use, but admitted they had not cleaned it. NA-A and NA-B walked back to the EZ stand and NA-B took a new, unopened canister of disinfectant wipes out of the pouch attached to the EZ stand and both NA-A and NA-B wiped down the EZ stand. During interview on 4/21/20, at 9:15 a.m. environmental director (ED)-A stated when he arrived to work, he took his own temperature and answered screening questions on the screening log. ED-A further stated there was a walkie talkie on the table to summon a nurse to sign off on the screening, but admitted he does not always do that and proceeds to work. During interview on 4/21/20, at 9:40 a.m. (NA)-C stated staff checked their own temperature when arriving to work and fill out the screening form. When asked if someone has to sign off on it, NA-C stated eventually they check us off. NA-C took surveyor to staff entrance where there was a table set up with a(NAME)Alllyn brand electronic oral thermometer, a walkie talkie, and screening log. A sign on the table read: staff do not sign off #5. A nurse, DON or nurse manager will check you off. Column 5 on the screening log required the initials of person completing the screening. During interview on 4/21/20, at 10:05 a.m. (NA)-D stated when she arrived to work, she took her temperature and filled out symptom screen log, then went downstairs to get a mask. NA-D stated leadership signed off on the screening log later. During interview on 4/21/20, at 12:10 p.m. director of nursing (DON) verified visitors and employees were checking their own temperatures. The DON further indicated employees have been honest in documenting their temperature and answering the screening questions related to symptoms; contact with Covid positive persons, or working in another facility with a confirmed Covid 19 diagnosis. Facility policy titled: Pandemic Procedures Addendum to Emergency Management Plan, undated, indicated the following: 1. Access Control: --Station(s) at entrances manned by a staff member during normal business hours. --GSS Winthrop is restricting all visitors (exception to end-of-life), non-essential services, and volunteers. They will have to enter through the designated front entrance at the East wing of the facility where they are required to sign-in and be screened. --Station at main entrance manned by business office manager, HUC, Admin, or available staff during business hours. 2. Staffing: --GSS Winthrop screens all employees before entering the facility each time. Facility policy title: Total Lift Transfer Device Surface to Surface dated May 2017 indicated: Definition: --Mobility/Transfer Device - Refers to a total lift, sit-to-stand or stand aid. --Clean/disinfect the total lift after resident use.</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.