

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - WESTBROOK		STREET ADDRESS, CITY, STATE, ZIP 149 FIRST STREET, BOX 218 WESTBROOK, MN 56183	
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 - Many	<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 implement isolation precautions according to Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC) coronavirus disease 2019 (COVID-19) guidelines for 5 of 5 residents (R1, R2, R3, R4, and R5) admitted to the facility. This had the potential to affect all 27 residents residing in the facility. Findings include: Interview on 5/5/2020, at 8:39 a.m. the facility administrator indicated no residents/staff currently had symptoms of COVID-19 in the facility. The administrator indicated R1 was admitted on [DATE], and tested negative for COVID-19 prior to admission. The administrator indicated no residents were currently quarantined in isolation. Interview on 5/5/2020, at 8:42 a.m. licensed practical nurse (LPN)-A indicated residents who were newly admitted to the facility were not quarantined or placed in isolation. Interview on 5/5/2020, at 9:00 a.m. with the admissions coordinator (AC) stated residents admitted to the facility were required to have a negative COVID-19 testing, and needed to be asymptomatic for COVID-19 prior to admission. AC indicated nursing staff conducted a COVID-19 symptoms screening upon entrance to the facility, and indicated all residents were asked to isolate to their rooms, but were able to leave their rooms if they chose to. Observation on 5/5/2020 at 9:16 a.m., of R1 and several other residents were observed seated at dining room tables. Interview on 5/5/2020, at 10:10 a.m. with nursing assistant (NA)-A indicated R1 was newly admitted to the facility and ate in the dining room because he required assistance from staff. NA-A indicated R1 was not in isolation precautions or quarantined. NA-A stated all residents who needed assistance with eating came to the dining room for meals. Interview on 5/5/2020, at 10:18 am. the infection preventionist registered nurse (IPRN)-A identified residents were required to be symptom-free and have negative COVID-19 test before they were admitted to the facility. IPRN-A stated residents were not quarantined upon admission if they had no COVID-19 symptoms. IPRN-A identified the facility had admitted the following 5 residents, and verified they were not quarantined/isolated upon admission: - On 4/30/2020, R1 was admitted to the facility. - On 4/17/2020, R2 was admitted to the facility. - On 3/30/2020, R3 was admitted to the facility. - On 3/31/2020, R4 was admitted to the facility. - On 3/25/2020, R5 was admitted to the facility. Interview on 5/5/2020, at 11:45 a.m. with the director of nursing (DON) and administrator indicated they had received COVID-19 updates from the Minnesota Department of Health (MDH), and Quality, Safety, and Oversight (QSO) memos for COVID-19. The DON and administrator indicated they followed the guidance provided by the corporate office and implemented changes upon their direction, including hospital admissions. A review of the facility provided document revised 4/23/2020, and titled Guidance on Accepting Hospital Admissions - Accepting Admissions from Hospitals During COVID-19 Pandemic. The document indicated residents newly admitted to the facility were to be COVID-19 tested by their primary care physician prior to admission, and were not to be admitted to a facility until a negative result was received. The guidance indicated if a negative COVID-19 test result was received, and the resident was negative for COVID-19 symptoms upon admission the facility, and should have limited contact with other residents as much as possible. The document failed to provide guidance per CMS/CDC guidelines on implementing quarantine isolation precautions for newly admitted /readmitted residents to the facility.</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.