

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/01/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CANISTOTA			STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST MAIN ST CANISTOTA, SD 57012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 40771 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 10/27/20. Good Samaritan Society Canistota was found not in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F880. Good Samaritan Society Canistota was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F550, F562, F563, F583, F882, F885, and F886. Good Samaritan Society Canistota was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents:45	F 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880	On 11/18/2020 all staff were educated by Infection Preventionist to doff soiled PPE in the resident rooms in a plastic bag and then place the bag containing the soiled PPE in a soiled linen bin in the hallway for any residents requiring a gown. On 11/16/2020 clean gowns were moved to enclosed carts or bins. To ensure systemic change and to monitor our performance to ensure that solutions are sustained, observation audits for adherence to proper storage of soiled and clean personal protective equipment (PPE) will be conducted by DNS or designee weekly X 4, bi-weekly X 4, and monthly X 2. The results of these audits will be reviewed and reported at the monthly Quality Committee meeting.	11/18/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

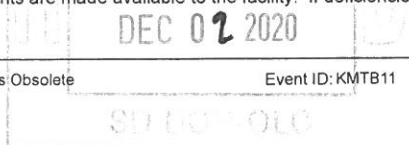
(X6) DATE

Kelli Aschoff, LNHA

Administrator

12/02/2020

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.



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F 880	<p>Continued From page 1</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Surveyor: 40771 Based on observation, interview, and policy review, the provider failed to maintain appropriate storage location and receptacles for clean and soiled personal protective equipment (PPE) throughout the facility.</p> <p>Findings include:</p> <p>1. The entrance conference on 10/27/20 at 1:00 p.m. revealed: *The director of nursing services (DNS) A, administrator H, and infection preventionist B were unavailable in person. -They were able to video conference into the entrance conference. *They had thirty-four residents that had tested positive for COVID-19. -This had increased to thirty-seven due to new test results coming in during the survey. *There were approximately twenty staff that had tested positive for COVID-19. *They had utilized a nurse consultant during the outbreak. She was unsure of the exact number of staff that had tested positive for COVID-19.</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>2. Observation on 10/27/20 between 1:30 p.m. and 3:46 p.m. of thirty three of thirty-three rooms of the four hallways revealed:</p> <ul style="list-style-type: none"> *Red plastic totes with lids were used for the soiled gowns. *Cardboard boxes with cloth coverings were being used for the clean gowns. *Unidentified staff coming out of rooms with soiled PPE on and removing the gowns and placing them in the red plastic totes. <p>Interview on 10/27/20 between 1:30 p.m. and 3:00 p.m. with bath aide C, office manager D, therapy supervisor E, and registered nurse (RN) I revealed they took off the soiled PPE in the hallway.</p> <ul style="list-style-type: none"> *Those were the staff working on the hallway due to the outbreak in the facility. <p>3. Observation on 10/27/20 at 2:31 p.m. revealed certified nursing assistant (CNA) F dressed in PPE including gown, gloves, face shield, and N95 respirator. She went into resident room 105 with a vital sign cart, she shut the door. She exited the room at 2:36 p.m. with all the same PPE on and brought the vital sign cart down the hallway and on the opposite side from the above room.</p> <ul style="list-style-type: none"> *She did not change her PPE prior to cleaning the equipment. *She changed her gloves to clean her face shield and reapplied the face shield. *She then removed her gown. *She wiped her face with her gloved hand. *She then took a box of gloves to another staff person outside another room in the hallway without changing her gloves. <p>4. Interview with DNS A revealed they had the PPE in the hallways, because they could not fit</p>	F 880		

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F 880	Continued From page 4 the bins in the residents' rooms. She reported that was how they had been putting on and taking off their PPE during the COVID-19 outbreak. *She revealed on 10/21/20 when the residents starting testing positive for COVID-19 they were all on the 200 unit except for one individual. Review of the provider's 9/16/20 policy entitled; Emerging Threats-Acute Respiratory Syndromes Coronavirus (COVID)-Enterprise revealed: *Infection prevention and control recommendations [for] individual rooms: -"Upon identification of any resident with suspected or positive COVID-19, a Droplet Precautions sign will be posted on the outside of the resident's room. The resident will be isolated in their room with the door closed (include the roommate if applicable). 1. Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. PPE includes: Gloves, Gown, Eye Protection (goggles or face shield). Surgical Masks or N95's if available (always use the process for conservation of supplies-See PPE reuse for long-term care.)" -"When caring for positive and negative COVID-19 residents, the caregiver will wear the N95 mask for the entire shift and practice reuse. The face shield will be cleaned when moving from providing care for positive COVID-19 resident[s] to providing care for negative COVID-19 residents." *Regarding environmental services and care of equipment: -"1. All equipment in the resident's room is considered contaminated. Discard disposable equipment after use. 2. Clean and disinfect environmental surfaces and reusable equipment with an EPA [environmental protection agency]-approved emerging viral pathogens	F 880		

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F 880	Continued From page 5 product, before removing equipment from the resident room. 4. Nursing staff will wear proper PPE while cleaning reusable medical equipment prior to removal from the room."	F 880			