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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435082	A. BUILDING ______ B. WING ______	10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY LENNOX	404 EAST 6TH AVENUE LENNOX, SD 57039

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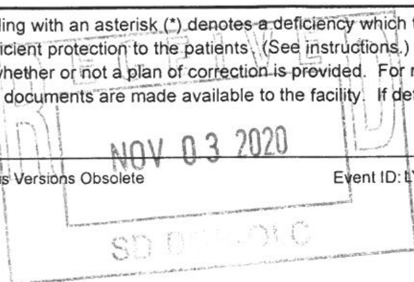
F 000	INITIAL COMMENTS Surveyor: 42477 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 10/19/20. Good Samaritan Society Lennox was found not in compliance with 42 CFR Part 483.80 infection control regulation: F880. Good Samaritan Society Lennox 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 Lennox was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 30	F 000		
F 880 SS=D	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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Todd Anderson	Administrator	11/03/2020

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	Continued From page 1 §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents	F 880	1. As of 10/26/2020-current we do not have any covid positive residents in our facility. 2. For an future covid positive resident whose door is unable to be shut due to safety or request by the resident, they will have a clear plastic shower curtain hung in their doorway to create a barrier. 3. If there is a covid positive resident in the facility, an audit will be completed to ensure a barrier is placed in the residents door or the residents door will remain closed. The audit will be completed by the infection preventionist or designee 5 times per week until there are no longer covid positive residents. The results of the audit will be reported to the Qaulity Assurance committee for monitoring. 4. Education on this process was provided to staff on 10/23/2020.	11/03/2020

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F 880	Continued From page 2 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: 42477 Based on observation, interview, and policy review, the provider failed to follow policies and procedures related to coronavirus (COVID 19) regarding: *Closing the doors for four of four currently positive residents (1, 2, 3, and 4) who had COVID-19. *Three of three observed staff including physical therapy assistant (D), activities assistant (E), and occupational therapy assistant (F) disinfecting their faceshields after care with positive residents (2, 3, and 4). Findings include: 1a. Observation on 10/19/20 at 2:00 p.m. of the hallway located on the east/west side of the building revealed: *Resident 1, 2, 3, and 4's rooms had: -Red tape around the door frame. -Droplet precaution signs were on the doors. -The doors were opened. *Resident 5's room had: -Yellow tape around the door frame. -The door was opened. -The room was located next to and across the	F 880		

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F 880	Continued From page 3 hall from residents, 1, 2, 3, and 4's rooms. b. Observation on 10/19/20 at 2:31 p.m. revealed: *Physical therapy assistant D leaving resident 2's room. -She did not disinfect her faceshield after contact with resident 2, who was COVID-19 positive. c. Observation on 10/19/20 at 2:35 p.m. revealed: *Activities assistant E was leaving resident resident 4's room. -She did not disinfect her faceshield after contact with resident 4, who was COVID-19 positive. d. Observation on 10/19/20 at 2:36 p.m. revealed: *Occupational therapy assistant F was leaving resident3's room. -She did not disinfect her faceshield after contact with resident 3, who was COVID-19 positive. e. Interview on 10/19/20 at 3:20 p.m. with director of nursing B and infection preventionist registered nurse C revealed: *The residents with the red tape around their doors were currently positive for COVID-19. *Yellow tape around the door meant the resident was negative but had been exposed to COVID-19. *The doors were opened because they felt it was a safety issue and a resident's right to keep the door opened. *The staff disinfected their faceshields at the end of their shifts. 2. Review of the provider's 9/16/20 policy, Emerging Threats-Acute Respiratory Syndromes Coronavirus (COVID)-Enterprise revealed the following was recommendations for infection prevention of individual rooms:	F 880	1. As of 10/26/2020-current we do not have any covid positive residents in our facility. 2. For any future covid positive residents, a face shield cleaning station will be placed outside of the positive rooms, with disinfectant wipes and a timer. 3. If there is a covid positive resident in the future, audits will be completed to ensure face shields are being cleaned after exiting a positive resident room and before entering a negative room. Audit will be completed by Infection Preventionist or designee 5 times per week until there are no longer covid positive residents. The results of the audits will be reported to the Quality Assurance Committee for monitoring. 4. Education on this process was provided to staff on 10/23/2020	11/03/2020

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F 880	Continued From page 4 *"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 roommate if applicable)." *"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 to providing care for negative COVID-19 residents."	F 880		