STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A. BUILDING _____ B. WING _____	07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BOTTINEAU	725 E 10TH ST BOTTINEAU, ND 58318

(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 For the standard Medicare/Medicaid recertification survey started on 07/11/16 and completed on 07/14/16, the sample included four (4) residents for complete review, nine (9) residents for focused review, and two (2) closed records for review.	F 000		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441		8/18/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/21/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GOOD SAMARITAN SOCIETY - BOTTINEAU	725 E 10TH ST BOTTINEAU, ND 58318

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F 441	Continued From page 1 professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, review of a facility document, and staff interview, the facility failed to ensure staff followed appropriate infection control practices for 1 of 2 sampled residents (Resident #1) with a Foley catheter. Failure to use an appropriate method to rinse the graduate (plastic container) after emptying the catheter can increase the risk of infection in residents. Findings include: Review of an untitled facility document occurred on 07/14/16. The document, posted in Resident #1's bathroom, stated, "Use a plastic cup to get water from the sink to rinse out the graduate. Then dump the dirty water into the toilet." Observation on 07/12/16 at 10:25 a.m., showed a certified nursing assistant (CNA) (#2) provided catheter cares for Resident #1. The CNA (#2) drained the urine from Resident #1's catheter into a graduate and emptied the urine into the toilet in Resident #1's bathroom. The CNA (#2) filled the graduate with water from the sink faucet and emptied it in the toilet. Observation on 07/12/16 at 3:30 p.m., showed a	F 441	Resident #1□s individual needs have been met by staff washing and drying measuring container with a plastic cup to obtain water from the sink to rinse out graduate and dump dirty water into toilet. All current residents that have Foley catheters have the potential to be affected by this deficiency. Education was communicated to all staff via Point Click Care - Communication Board regarding deficiency on July 14, 2016. Copy of Policy and Procedure has been placed at each nurse□s station for nursing staff to review and acknowledge. All nursing staff will be educated on July 27, 2016 at a mandatory nurse/CNA meeting reviewing Policy and Procedure titled, Catheter Drainage Bag Emptying with a focus on #8 □ wash and dry measuring container according to location procedure. An audit tool will be developed to monitor if staff are using a plastic cup to obtain water from the sink to rinse out graduate	

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F 441	Continued From page 2 CNA (#3) provided catheter cares for Resident #1. The CNA (#3) drained the urine from the Resident #1's catheter into a graduate and emptied the graduate into the toilet in Resident #1's bathroom. The CNA (#3) filled the graduate with water from the sink faucet and emptied it in the toilet. During an interview on the morning of 07/14/16, an administrative nurse (#1) stated it was not appropriate to rinse the graduate in the sink of the resident's bathroom.	F 441	and dump dirty water into toilet. If not, education will be provided at the time to staff involved. Audit will be completed by Infection Preventionist or Designee 3 □ 5 times weekly X 2 weeks, then weekly X 4 weeks, then monthly X 2 months, then quarterly X 3 quarters. Findings will be reported to QAPI committee for further recommendations.	