STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY MILLER POINTE A PROSPERA CO	3500 21ST ST SE MANDAN, ND 58554

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 11/04/24 and concluded on 11/07/24.	F 000		
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: §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 §483.71 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;	F 880		12/12/24

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

Electronically Signed | 11/25/2024

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F 880	Continued From page 1 (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 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: 1. Based on observation, record review, review of facility policy, and staff interview, the facility	F 880	Transmission Based Precautions Residents noted to be affected by this	

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F 880	Continued From page 2 failed to follow standards of infection control and prevention for 1 of 3 sampled residents with an indwelling catheter (Resident #163) and 2 of 3 residents (Residents #34 and #89) on transmission-based precautions (TBP). Failure to practice infection control standards related to enhanced barrier precautions (EBP) and TBP has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Standard and Transmission-Based Precautions" occurred on 11/07/24. This policy, revised 04/02/24, stated, ". . . Purpose. To explain the use of transmission-based precautions. To assist in determining the appropriate type and duration of precautions for resident, included standard precautions and transmission-based precautions (e.g., contact, droplet and airborne) . . . Standard precautions should be used by all employees, contract workers . . . Standard precautions include handwashing, personal protective equipment, cleaning of resident care equipment . . . Enhanced barrier precautions (EBP) expand the use of PPE [personal protective equipment] beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs [multi drug resistant organisms] to staff hands and clothing. Enhanced Barrier Precautions are needed for residents . . . with indwelling urinary catheters. . . . Airborne Isolation. Airborne precautions are needed, as recommended . . . to appropriate type of precautions for residents/patients known or	F 880	deficient practice had no untoward affects and correction is not applicable. All residents have the potential to be affected by this deficient practice. The policy entitled Standard and Transmission based Precautions was reviewed and remains in place unchanged. The policy entitled Standard and Transmission based Precautions was reviewed with all staff and providers beginning 12/3/24. Beginning the week of 12/4/24 the QI coordinator and/or her designee will complete QI monitoring of random proper transmission-based precautions as the current situation requires weekly X 4, then monthly X 2 to ensure that Personal Protective Equipment is worn properly. Enhanced Barrier Precautions Resident #163 noted to be affected by this deficient practice was corrected during survey and remains in precautions at this time. All residents requiring Enhanced barrier precautions have the potential to be affected by this deficient practice. The policy entitled Standard and Transmission based Precautions was reviewed and remains in place unchanged. The policy entitled Standard and Transmission based Precautions was reviewed with all staff and providers beginning 12/3/24. Beginning the week of 12/4/24, the QI coordinator and/or her designee will complete QI monitoring that random	

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F 880	Continued From page 3 suspected to be infected with infectious agents . . . Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE. Gown, Gloves, N-95 or equivalent respirator, Eye protection. . . . Use disposable noncritical resident/patient care equipment . . . or implement resident /patient dedicated use of such equipment. . . " Observation on 11/05/24 at 11:40 a.m. showed a sign requiring transmission-based precautions on the door of two Covid-19 positive residents. A contract provider (#3) donned an N-95 mask and entered the room. The provider exited the room wearing the N95 mask, walked down the hall and spoke with another Covid-19 positive resident who had entered the hallway in a wheelchair. The provider (#3) touched the resident's arm, and listened to the resident's lungs with a stethoscope (a medical instrument used to listen to someone's heart or lungs). The provider replaced the stethoscope around her neck and proceeded down the hall, wearing the same N-95 mask. The provider failed to apply the recommended PPE consisting of gown, gloves, and eye shield prior to entering a Covid-19 positive resident room, remove the N-95 mask upon exiting the room, don a new N-95 mask and recommended PPE before interacting with another Covid-19 positive resident, sanitize the contaminated stethoscope, and remove the N-95 mask before leaving the resident area. The facility verified the provider removed the N-95 mask and performed hand hygiene before leaving the unit.	F 880	appropriate residents are correctly placed on enhanced barrier precautions weekly X 4, then monthly X 2 to ensure precautions are in place per policy. Colostomy Care Resident #26 noted to be affected by this deficient practice was provided with new toiletries and area sanitized. All Residents with Colostomy/Ileostomy have the potential to be affected by this deficient practice. The Policy entitled Ostomy of the intestinal tract was reviewed and remains in place unchanged. The Skills checklist entitled Colostomy /ileostomy pouch emptying clinical skill checklist was reviewed and remains in place unchanged. The Skills checklist entitled Colostomy/Ileostomy pouch emptying clinical skill checklist was reviewed with all staff certified to perform this task beginning 12/3/24. Beginning the week of 12/4/24, the QI coordinator and/or her designee will complete QI monitoring of random proper colostomy/ileostomy pouch emptying weekly X 4, then monthly X 2 to ensure that proper infection control is maintained. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results.	

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F 880	Continued From page 4 During an interview on 11/07/24 at 11:20 a.m., an administrative nurse (#4) confirmed contract staff are expected to wear correct PPE and follow facility policy for transmission-based precautions. - Review of Resident #163's medical record occurred on all days of survey. Physician's orders included an indwelling catheter. Observation on 11/05/24 at 8:15 a.m. showed Resident #163 with an indwelling catheter and not placed on EBP. During an interview on 11/05/24 at 8:43 a.m., a nurse (#6) confirmed Resident #163's indwelling catheter and lack of EBP in place. 2. Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 1 sampled resident (Resident #26) with an ileostomy (an artificial opening from the small intestine through the abdomen to empty bowels). Failure to practice infection control standards has the potential to spread infection throughout the facility. Review of the facility policy titled "Ostomy of the Intestinal Tract" occurred on 11/07/24. This policy, revised 03/29/24, stated, ". . . For pouch emptying, Bedpan, toilet or measuring device, Gloves, Tissue . . ." Review of a skills checklist titled "Colostomy/Ileostomy Pouch Emptying Clinical Skill Checklist" occurred on 11/07/24. This checklist, dated December, 2017, stated, ". . .	F 880		

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F 880	Continued From page 5 remove pouch from appliance (closed system) and empty into toilet, bedpan or other measuring device. . . " Review of Resident #26's medical record occurred on all days of survey. Diagnoses included ileostomy status. Physician's orders stated, "Empty ileostomy bag every shift and PRN (as needed). The current care plan stated, ". . . Ileostomy . . . Nursing staff to perform the following cares: empty bag, report to nurse if dressing/skin barrier becomes soiled, keep skin clean and dry around site . . ." Observation on 11/05/24 at 10:17 a.m. showed a certified nurse aide (CNA) (#5) emptied Resident #26's ileostomy bag. The CNA performed hand hygiene, donned gloves, removed the ileostomy bag and wiped bowel movement from around the stoma (artificial opening). The CNA (#5) placed the full ostomy bag under the resident's bathroom sink faucet, filled the bag with water, and carried the bag to the toilet to empty contents three times. After doffing gloves and performing hand hygiene the CNA turned off the faucet, donned clean gloves without first performing hand hygiene, returned to the resident, and cleansed the frontal perineal area. Without removing gloves the CNA took a walkie-talkie (used to communicate with other staff) out of her pocket, and called the nurse. The CNA placed the walkie-talkie on the resident's overbed table and completed cares. The CNA (#5) failed to properly clean an ostomy bag, complete hand hygiene/glove change, and disinfect equipment.	F 880		

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F 880	Continued From page 6 During an interview on 11/07/24 at 11:20 a.m., an administrative nurse (#1) confirmed she expected staff to follow the proper procedure for emptying/cleaning an ileostomy pouch and to follow infection control procedures for hand hygiene, cleaning of equipment and resident's items.	F 880		