STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355099	A. BUILDING _____ B. WING _____	06/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - MOTT	401 MILLIONAIRE AVE MOTT, ND 58646

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on May 31, 2016 and completed on June 2, 2016, the sample included three (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide perineal care in a manner consistent with standards of practice for 2 of 6 sampled residents (Resident #3 and #4) observed receiving perineal care. Failure to provide perineal care according to acceptable standards of practice placed Residents #3 and #4 at risk of developing a urinary tract infection (UTI). Findings include:	F 315	1) F 315- The corrective action accomplished for Residents #3 and #4 related to providing appropriate perineal care is that the DNS will educate all nursing staff on proper perineal care per facility policy/procedure on or before 6/16/2016. 2) All residents who are incontinent have the potential to be affected by the same practice and have been identified by querying the POC (Point of Care)	7/1/16

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

Electronically Signed | 06/16/2016

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F 315	Continued From page 1 Review of the facility policy titled "Perineal Care" occurred on 06/02/16. This policy, dated May 2016, stated, ". . . 6. . . . For females: a. using gentle downward strokes from the front to the back of the perineum. . . . For males: a. Grasp penis gently with one hand and wash. . . . c. . . . Lift scrotum and wash perineum. . . . 7. Turn resident (both male and female) on side to wash, rinse and dry anal area. . . ." - Review of Resident #4's medical record occurred on all days of survey. Diagnoses included dementia, diarrhea, and UTI. The significant change Minimum Data Set (MDS), dated 04/08/16, identified total assistance required for toileting. Observation on 05/31/16 at at 3:13 p.m. showed two certified nursing assistants (CNAs) (#6 and #8) performed perineal cares for Resident #4. The CNAs (#6 and #8) applied gloves and turned the resident on his side. The resident's brief was soiled with urine and bowel movement (BM). The CNA (#6) cleaned the BM from Resident #4's buttocks and failed to provide frontal pericare. - Review of Resident #3's medical record occurred on all days of survey. The admission MDS, dated 04/09/16, identified extensive assistance required for toileting. Observation on the morning of 06/01/16 showed a CNA (#7) assisted Resident #3 with toileting and performed perineal cares. After Resident #3 had a BM, the CNA (#7) assisted Resident #3 off the toilet to a standing position and wiped the resident's perineal area utilizing a washcloth from back to front. The CNA (#7) failed to wipe front to	F 315	Resident Response Rate Report for both bowel and bladder incontinence. 3) Measures put into place to ensure the practice will not recur is that all nursing staff will be educated by the DNS on or before 6/16/2016 on proper perineal procedure per facility policy. In addition, all nursing staff will be required to complete the on-line learning module "Perineal and Catheter Care". 4) The facility plans to monitor its performance to make sure solutions are sustained by assigning the MDS coordinator or designee to monitor by using audits that proper perineal care is being provided. Audits will be completed weekly x 4, monthly x 3, then quarterly x 1 year. Results will be reported to the QA team with corrective action implemented.	

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F 315	Continued From page 2 back.	F 315		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 05/28/2015 Based on observation, review of facility policy, review of Material Safety Data Sheets (MSDS), and staff interview, the facility failed to maintain an environment free of hazardous chemicals in 2 of 3 utility rooms (unit 100 and unit 200) and 1 of 1 laundry room. Accessible hazardous chemicals placed cognitively impaired and wandering residents at risk for accident/injury. Findings include: Review of the facility policy, titled "Housekeeping and Laundry Departments Safety Rules" occurred 06/02/16. This policy, dated September 2012, stated, ". . . 7. . . . Do not leave any chemicals unattended in resident rooms or in any area to which residents have access. Store chemicals in a locked area. . . ." Review of the MSDS occurred on 06/02/16 and	F 323	1) F 323- The corrective action accomplished related to maintaining an environment free of hazardous chemicals is that all chemicals in the utility rooms on units 100 and 200, as well as the laundry room, have been removed as of 6/1/2016. In addition, all locking mechanisms have been inspected and repaired and all obstructions to the locking mechanisms have been removed. 2) The facility recognizes that all residents have the potential to be affected by the same practice. 3) Measures put into place to ensure the practice will not recur is that housekeeping staff will be educated by the environmental services supervisor and all nursing staff will be educated by the DNS on or before 6/16/2016 on a)proper hazardous chemical storage, b)keeping sink cabinets free of	7/1/16

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F 323	Continued From page 3 identified ". . . Virex II 256 . . . Eye contact: Corrosive. Causes permanent eye damage, including blindness. Skin contact: Corrosive. Causes permanent damage. Inhalation: May cause irritation and corrosive effects to nose, throat, and respiratory tract. Ingestion: Corrosive. Causes burns to mouth, throat, and stomach. . . . Clorox Cleaner wipes. . . IF SWALLOWED- . . . Call a physician or poison control center. . . . Redi San RTU [ready to use] Hard Surface Sanitizer . . . May cause eye irritation. Avoid contact with eyes. . . ." Observation on 06/01/16 at 1:12 p.m., showed the 100 unit dirty utility room door unlocked. The unlocked room contained a spray bottle labeled Red San RTU Hard Surface Sanitizer inside the sink cabinet. The sink cabinet door child lock mechanism was broken. Observation on 06/01/16 at 1:18 p.m., showed the 200 unit dirty utility room door unlocked. The unlocked room contained a spray bottle labeled Virex one step disinfectant, identified by an administrative staff member (#4) as being the same as Virex II 256, and one container of Clorox cleaner wipes inside the sink cabinet. The sink cabinet door child lock mechanism was obstructed with a plastic trash bag hanging over it. Observation on 06/01/16 at 2:14 p.m., during the environmental tour showed the laundry room doors unlocked. The unlocked room contained a large sized spray bottle labeled Virex II 256 sitting inside the sink basin. During an interview on 06/02/16 at 7:38 a.m., an	F 323	obstruction and c)reminded to report defective locking mechanisms to maintenance for repair. In addition, signage has been placed on the utility room doors on units 100, 200 and 300 to remind staff of proper chemical storage. 4) The facility plans to monitor its performance to make sure solutions are sustained by assigning the Environmental Services Supervisor or designee to monitor by using audits that chemicals are safely stored and locked and sink cabinets are free of obstruction. Audits will be done monthly x 1 year. Results will be reported to the QA team with corrective action implemented.	

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F 323	Continued From page 4 administrative staff member (#4) stated he expected all chemicals to be locked.	F 323		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's guidelines, and staff interview, the facility failed to clean and sanitize per manufacture's direction 1 of 1 ice machine utilized for residents, staff, and visitors. Failure to maintain ice dispensing equipment may result in foodborne illness and unsanitary dining conditions. Findings Include: Review of the manufacturer's guidelines for the facility's "Scotsman Ice System" ice machine occurred on 06/02/16. The guidelines, dated May 2001, page 18, stated, ". . . Maintenance and Cleaning should be scheduled at a minimum of twice per year. Sanitizing of the ice storage bin should be scheduled for a minimum of 4 times a year. . . ." During the environmental tour on 06/02/16 at	F 371	1) F 371- The corrective action accomplished related to cleaning and sanitizing the ice machine is that the ice machine will be cleaned and sanitized per manufacturer's guidelines by 7/1/2016. 2) The facility recognizes that all residents using the ice machine have the potential to be affected by the same practice. Note: This is the only ice machine in the facility. 3) Measures put into place to ensure the practice will not recur is that maintenance staff has added the bi-annual cleaning and quarterly sanitizing of the ice machine, following manufacturer's guidelines, to the maintenance schedule binder.	7/1/16

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F 371	Continued From page 5 2:14 p.m., the maintenance staff member (#5) could not state how often the ice dispensing duct or internal mechanism is cleaned or sanitized. During an interview on 06/02/16 at 7:38 a.m., an administrative staff member (#4) stated he was unaware of a cleaning or sanitizing schedule per manufacturer's guidelines, and the facility had no ice machine cleaning/maintenance policy.	F 371	4) The facility plans to monitor its performance to make sure solutions are sustained by assigning the Environmental Services Supervisor or designee to monitor by using audits that the ice machine is cleaned and sanitized per manufacturer's guidelines. Audits will be done quarterly x 1 year. Results will be reported to the QA team with corrective action implemented.	
F 441 SS=E	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.	F 441		7/1/16

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F 441	Continued From page 6 (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted 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: TUB SANITIZATION Based on observation, review of facility policy, review of chemical manufacturer's recommendations, and staff interview, the facility failed to follow accepted infection control practices for disinfecting 1 of 1 bathtub. Failure to follow the accepted infection control practices when disinfecting the bathtub between residents has the potential to spread infection within the facility. Findings include: Review of the facility policy titled "Toilets, Sinks, Tubs, and Showers" occurred on 06/02/16. This policy, dated March 2016, stated, ". . . Tubs 1. Clean and disinfect common tubs after each use. . . ." Review of the chemical's manufacturer instructions titled "Virex II 256 One-Step Disinfectant Cleaner and Deodorant" occurred on 06/01/16. The undated instructions stated, ". . . For use as a One-Step Cleaner/Disinfectant: . . .	F 441	1) F 441- The corrective action accomplished related to cleaning and sanitizing the bathtub between residents is that all nursing staff have been educated on or before 6/16/2016 by the DNS and maintenance supervisor on the manufacturer's recommendations of the procedure for cleaning the bathtub as well as allowing the disinfectant cleaner to remain on the surface for ten minutes to properly disinfect the bathtub between residents. 2) The facility recognizes that all residents using the bathtub have the potential to be affected by the same practice. 3) Measures put into place to ensure the practice will not recur is that all nursing staff will be educated on or before 6/16/2016 on the manufacturer's recommendations of cleaning and disinfecting the bathtub. In addition, a copy of the manufacturer's procedure for	

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F 441	Continued From page 7 To disinfect, all surfaces must remain wet for 10 minutes. Wipe surfaces and let air dry. . . . To kill fungi: . . . Apply Use Solution . . . Allow surface to remain wet for 10 minutes. . . ." Observation on 06/01/16 at 1:20 p.m. showed a CNA (#9) used the chemical disinfectant labeled Virex II 256 to clean the bathtub. The CNA (#9) stated the process to clean the tub in between each resident is to "rinse the tub, spray the chemical (which the CNA (#9) identified as Virex II 256) on the tub, and rinse the tub." She stated the disinfectant needs to remain on the tub 2-3 minutes before the next resident. During an interview on 06/01/16 at 1:56 p.m., an administrative nurse (#3) verified that the disinfectant needs to remain on the tub for 10 minutes between each resident. The facility failed to follow the chemical manufacturer's recommendation of allowing the chemical to remain on the wet surface for ten minutes to properly disinfect the bathtub between each resident.	F 441	cleaning and disinfecting the bathtub has been posted in the tub room for reference. Signage has also been posted near the bathtub to remind staff that the disinfectant cleaner must remain on the surface for 10 minutes between baths. 4) The facility plans to monitor its performance to make sure solutions are sustained by assigning the MDS coordinator or designee to monitor by using audits that bath aides are cleaning and disinfecting the bathtub between residents per manufacturer's guidelines. Audits will be done weekly x 4, monthly x 3, then quarterly x 1 year. Results will be reported to the QA team with corrective action implemented.	