

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

PRINTED: 04/03/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155282		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO				STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST JASPER, IN 47547			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00400564 and Complaint IN00401247.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaint IN00398107. This survey included a State Residential Licensure Survey.</p> <p>Complaint IN00400564 Unsubstantiated. Due to lack of evidence.</p> <p>Complaint IN00401247 Substantiated. Federal/state deficiencies related to the allegations are cited at F880.</p> <p>Complaint IN00398107 Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 30, 31, February 1, 2, 3, 6, 7, 8, 9, 2023.</p> <p>Facility number: 000180 Provider number: 155282 AIM number: 100274190</p> <p>Census Bed Type: SNF/NF: 55 Residential: 22 Total: 77</p> <p>Census Payor Type: Medicare: 11 Medicaid: 29 Other: 15 Total: 77</p>			F 0000	<p>The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute 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.</p>		

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

TITLE

(X6) DATE

Edwin Onwukegwu

Administrator

03/16/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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 0880 SS=E Bldg. 00	<p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 16, 2023.</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §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.</p> <p>§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:</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: (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</p>						

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	<p>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 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.</p> <p>Based on observation, interview, and record review, the facility failed to properly prevent</p>			F 0880	A. Immediate actions taken for those residents identified: Facility training on gloves use:		03/14/2023

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	<p>and/or contain COVID-19 during 1 random observation of staff entering a COVID-19 positive resident room, 3 of 5 resident observed for care, and 1 of 4 residents observed for medication administration. Gloves were not changed from dirty to clean tasks, hands were not washed appropriately, staff was not appropriately wearing a face mask, staff did not sanitize hands prior to providing incontinence care, and staff did not sanitize hands prior to handling medications. (Resident B, Resident G, Resident K, Resident M, Resident J)</p> <p>Findings include:</p> <p>1. On 2/2/23 at 10:32 A.M., CNA (Certified Nurse Aid) 88 was observed to assist Resident B with incontinence care and a shower. CNA 88 assisted Resident B to the shower room already wearing a pair of gloves. CNA 88 pulled the resident's pants and brief down around her ankles, and assisted her to sit on the toilet. After toileting, CNA 88 wiped the resident with 3 (three) wipes, pulled up the resident's brief and pants, put a new pair of gloves on, then walked with the resident to the shower area. CNA 88 turned on the water, pulled Resident B's pants and brief down, and assisted the resident to sit on a shower chair. CNA 88 removed the resident's slippers, touching the bottoms of the slippers. CNA 88 then closed the curtains, and removed the resident's socks, pants, and brief. CNA 88 then removed all other clothing from Resident B. CNA 88 used a key to unlock a cabinet, and obtained washcloths and soap from the cabinet. CNA 88 began to rinse and wash the resident. Without changing her gloves, CNA 88 handed Resident B a washcloth with soap and indicated to her she could wash her own "private area". Resident B could not perform the task, so CNA 88 washed her area for her. CNA finished</p>				<p>All staff were trained on proper hand hygiene practices and appropriate glove use. Each staff demonstrated competency at the conclusion of the training. Proof of education/training completion with staff with sign-in sheet. Increased audit/monitoring of hand hygiene compliance and PPE usage Facility training on N95 and PPE use:</p> <p>All staff were trained on proper N95 and PPE use. Each staff demonstrated competency at the conclusion of the training. Proof of education/training completion with staff sign-in sheet. Increased audit/monitoring of N95 and PPE usage compliance. Facility will ensure that residents (B, G, K, M, and J) are all receiving care from staff practicing safe nursing care with minimum or no risk of cross-infection.</p> <p>B. How the facility identified other residents:</p> <p>All residents have the potential to be affected by the alleged deficiency.</p> <p>C. Measures put into places/System Changes:</p> <p>The facility IP nurse received additional re-education on IP control and practices from the IP consultant.</p> <p>All pertinent staff in-service on handwashing, glove change, hand sanitizing, masking and medication handling.</p> <p>D. How the corrective actions will</p>		

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	<p>washing the resident, rinsed the soap off, dried, and clothed the resident. CNA 88 then combed Resident B's hair, and looked under her fingernails before taking her gloves off.</p> <p>On 2/6/23 at 9:40 A.M., CNA 23 and CNA 35 assisted Resident B to her bathroom. CNA 23 nor CNA 35 washed their hands or used hand sanitizer before putting on gloves to assist Resident B with toileting. After assisting Resident B with toileting, CNA 23 washed her hands with a 9 (nine) second lather with soap, and CNA 35 washed her hands without lathering the soap in her hands.</p> <p>2. During an observation on 2/6/23 at 2:53 P.M., CNA 39 provided incontinence care for Resident G. CNA 39 cleaned resident and failed to change gloves after opening a drawer, grabbing a remote, and removing resident's blankets. CNA 39 then provided incontinence care and failed to change gloves from dirty to clean tasks. After incontinence care was provided, CNA 39 placed a clean brief and removed gloves. CNA 39 failed to sanitize hands with hand sanitizer before Resident G's blankets were pulled up and the bed was lowered. CNA 39 then disposed of the soiled brief and lathered her hands for 1 (one) second.</p> <p>During an interview on 2/7/22 at 11:45 A.M, the Infection Preventionist (IP) indicated staff should obtain clean gloves before touching the resident and sanitize hands and change gloves after performing incontinence care. At that time, she indicated staff should lather for 45 seconds with soap when washing hands.</p> <p>3. On 2/2/23 at 8:04 A.M., QMA (Qualified Medication Aide) 65 was observed preparing medications for Resident J and failed to sanitize</p>			<p>be monitored: Infection control nurse or designee will audit 5 occurrences hand hygiene including gloving weekly x6 months/till resolve for proper procedure. IP nurse/designee will audit 5 med passes/week x6 months/ till resolve for proper medication handling. Findings will be taken to QAPI for 6 months/till resolve for review and revision as warranted. E.POC Completion Date: 3/14/2023.</p>			

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	<p>their hands prior to preparing the medications. They then proceeded to hold back capsules with a finger in the medication cup as they were pouring other pills into the bag to crush them. They touched the inside of the bag with fingers to open it and dump the crushed pills back out.</p> <p>4. On 2/2/23 at 8:14 A.M., QMA 65 was observed preparing medications for Resident K and failed to sanitize their hands prior to preparing the medications. They then held the the medication with their fingers inside the medication cup and in the water cup.</p> <p>During an interview on 2/7/23 at 3:07 P.M., the DON (Director of Nursing) indicated staff should either sanitize or wash their hands before and after administrating medications.</p> <p>5. On 2/1/23 at 9:07 A.M., CNA (certified nursing assistant) 7 was observed entering Resident M's room. A cart was observed outside the door that contained PPE (personal protective equipment) and signs were observed on the door that indicated the resident was on contact isolation and droplet precautions. CNA 7 was observed putting on gown, eye protection, and gloves. Already wearing a surgical mask, CNA 7 placed an N95 mask over the surgical mask before entering the room. The N95 mask did not snuggly fit on her face.</p> <p>On 2/1/23 at 9:17 A.M., CNA 7 was observed putting on gown, eye protection, gloves and N95 mask over surgical mask before entering Resident M's room. The N95 mask did not fit snuggly on her face.</p> <p>On 2/3/23 at 9:19 A.M., Resident M's clinical</p>						

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	<p>record was reviewed. Diagnosis included, but was not limited to, COVID-19.</p> <p>Current physician's orders included, but not limited to, resident on isolation due to respiratory infection. Droplet precautions ordered 1/24/23.</p> <p>During an interview on 2/7/23 at 11:45 A.M., Infection Preventionist indicated for contact and droplet isolation staff would be expected to wear a faceshield or goggles, N95 mask, gown and gloves. She indicated staff could wear an N95 mask on over a surgical mask and go in a Covid positive room, but they would need to change the surgical mask after they left the contaminated room.</p> <p>On 2/6/23 at 1:45 P.M., a current Personal Protective Equipment policy, dated 10/21/22, was provided by the Administrator, but lacked information on applying an N95 mask over a surgical mask, and indicated the center will provide at no cost to the employee, the following appropriate personal protective equipment for all employees considered at risk for occupational exposure: masks.</p> <p>A current Oral Medication Administration policy, dated 11/4/22, was provided by the Administrator on 2/6/23 at 11:22 A.M., and indicated " ... Staff will wash their hands in accordance with infection control policy before and after assisting with medication administration ... "</p> <p>On 2/6/23 at 11:28 A.M., a current undated Hand Hygiene policy was provided and indicated during hand washing, the hands should be rubbed vigorously for at least 15 seconds before rinsing. The policy further indicated hand hygiene should be performed when entering a</p>						

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	resident's room, before a clean task, after a dirty task or glove removal, and before exiting a room.  This Federal tag relates to Complaint IN00401247  3.1-18(b) 3.1-18(l)						