

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2130 Harrison Street Quincy, IL 62301	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to utilize Enhanced Barrier Precautions for 2 (R1 and R3) of 3 residents reviewed for wound care in a total sample of 5. Findings Include: The facility's undated Enhanced Barrier Precautions policy documents: It is the policy of the facility to use Enhanced Barrier Precautions in addition to standard precautions as a method of infection control, requiring the use of gown and gloves in situations of high-contact resident care. Definition: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms. EBP requires gown and glove use during high-contact resident care activities and prevents the spread of infection to and among residents and staff. EBP will also be initiated for all residents with indwelling medical devices such as, but not limited to central lines, urinary catheters, feeding tubes and tracheostomies. A peripheral intravenous line (not peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP. Resident with wounds such as but not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds and venous stasis ulcers will also be placed on EBP. In addition to following Standard Precautions, gowns and gloves should be worn during the following: Wound care; any skin opening requiring a dressing. 1.R1's medical record indicates R1 was admitted [DATE], with diagnosis to include but not limited to atherosclerosis of native arteries with intermittent claudication bilateral lower extremities, chronic kidney disease, and hypertension. On 7/17/25 at 9:30 AM, V5 (Registered Nurse) performed R1's wound care as ordered by the physician. V5 only wore gloves during wound care. During the cares, V5 stated R1 is not on Enhanced Barrier Precautions because R1's wound drainage has never seeped through the dressing, and R1 has never been diagnosed with a MDRO (Multi-drug Resistant Organism). 2.R3's Medical Record documents she was admitted in 6/13/25, with diagnosis to include but not limited to systemic scleroderma. R3 was admitted with two pin point open areas between her 3rd and 4th toes on the right foot. On 7/17/25 at 10:15 AM, V5 (Registered Nurse) performed R3's scheduled wound care as ordered by the physician. V5 only wore gloves during the wound care. During the cares, V5 stated R3 was not in Enhanced Barrier Precautions because the drainage from her wound has never soaked through her primary dressing, On 7/17/25 at 11:45 AM, V2 (Director of Nursing) confirmed EBP (Enhanced Barrier Precautions) should be used with every resident who has a wound, regardless of the drainage being contained by the dressing or not.</p>

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.

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