

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/28/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Maplewood		STREET ADDRESS, CITY, STATE, ZIP CODE  550 Roselawn Avenue East Saint Paul, MN 55117	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and document review, the facility failed to ensure insulin pens were stored in a manner to prevent cross-contamination in 3 of 3 medication carts on the transitional care unit (TCU). This deficient practice had the potential to affect all residents who required insulin administration via an insulin pen who resided in the facility. Findings include: During observation and interview on 8/27/25 at 10:38 a.m., registered nurse (RN)-E was at the one of three medication carts on TCU preparing medication administration. RN-E removed an insulin pen from a plastic cup in a red tote in the bottom of the medication drawer. The plastic cup contained other insulin pens prescribed for multiple residents, no barrier noted between the pens. RN-E stated this was the way the insulin pens had always been stored after opening and stated they were all in one cup, touching each other without a barrier between. During observation and interview on 8/27/25 at 12:22 p.m., RN-F opened remaining two of three medication carts on TCU. RN-F stated there were several different resident's insulin pens together without a barrier separating the pens. RN-F stated not being aware the insulin pens should not be stored together and touching other resident's pens and that this was how they had been stored since she started working at this facility. During interview on 8/27/25, RN-A stated was not aware of an issue with insulin pens being stored together. RN-A thought they should be stored apart from other types of medication. During interview on 8/27/25 at 1:31 p.m., Infection Preventionist (IP) stated each resident's insulin pens should be separated from other resident pens. IP stated separating the pens with a barrier would prevent possible cross contamination. During interview on 8/27/25 at 1:36 p.m., director of nursing (DON) stated they were not aware insulin pens needed to be stored separated by resident or with a barrier between each resident's pen, but thought it was a good idea. Facility policy Medication: Insulin Administration, Insulin Pens, Insulin Pumps dated 9/5/24, indicated, Contamination of these devices [insulin pens] can occur externally [even in the absence of visible blood].resulting in the potential for transmission of blood borne pathogens when used for multiple people. Facility policy Medications: Acquisition Receiving Dispensing and Storage dated 3/4/25, indicated, All medication will be stored in accordance with manufacturers' recommendations. Refer to [facility] Insulin Administration. policy.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245221
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