

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</p> <p>Based on observation, interview and document review, the facility failed to ensure dignity was maintained for 2 of 3 residents (R1, R2) reviewed for dignity.</p> <p>Findings include:</p> <p>R1</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 was cognitively intact, and was dependent upon staff for all activities of daily living (ADLs). Identified R1 had diagnoses that included traumatic spinal cord dysfunction and quadriplegia.</p> <p>R1's care plan dated 8/26/24, indicated R1 had a self-care performance deficit related to quadriplegia and further indicated due to paralysis and contractures, R1 needed assistance with personal hygiene.</p> <p>On 4/1/25 at 1:44 p.m., during an interview and observation, R1 stated her nails were trimmed very occasionally and thought it had been weeks since they had been cut. R1 stated she preferred them short. R1's left hand was not covered by the blanket and her fingernails were very long. R1 stated she felt like staff did not want to help her or take care of her.</p> <p>On 4/2/25 at 11:48 a.m., during an observation and interview, the director of nursing (DON) observed R1's fingernails and stated the nails were too long, and should have been cut during R1's bath. The DON stated residents did not feel great when they did not get their care.</p> <p>R2</p> <p>R2's significant change MDS dated [DATE], indicated R2 was cognitively intact, had an indwelling catheter, and diagnosis of an unspecified neurological condition.</p> <p>R2's diagnoses list printed 4/2/25, indicated epilepsy, a bladder disorder, and cystitis (an inflammation of the bladder).</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's care plan dated 12/5/24, indicated R2 had a self-care performance deficit and required one staff for bathing and preferred baths/showers twice a week. R2's care plan lacked preferences for hair care and beard care.</p> <p>On 4/1/25 at 5:07 p.m., during an interview, nursing assistant (NA)-B stated she was not able to find documentation of R2 receiving baths in the electronic health record (EHR) in the past few weeks. NA-B stated R2 would want his showers, liked to look good, and all the residents liked to look good.</p> <p>On 4/2/25 at 9:48 a.m., during an observation and interview, R2 was sitting in the dining room with his hair uncombed and long over his ears, and a beard that appeared long and un-groomed. R2 stated it had been a couple of weeks since he had shower and had one beard trim and hair cut in the seven months he had been in the facility. R2's fingernails were long and jagged. R2 stated he needed them cut, but the activity staff who normally cut them had been gone, and no one else had cut them. R2's catheter was uncovered and in view of other residents and visitors in the dining room. R2 stated he did not look like he did when he lived at home and wanted to go home to look better again, and wished his catheter bag was covered.</p> <p>On 4/2/25 at 10:48 a.m., a message was left for R2's family member (FM)-A to return a call to the surveyor.</p> <p>FM-A returned the call on 4/2/25 at 5:28 p.m. During an interview, FM-A stated R2 liked his hair short, beard trimmed, and R2 paid attention to his appearance before he was admitted to the facility. FM-A stated R2 liked his nails trimmed short and if they were long, R2 would have felt unkept. FM-A stated R2 spent his life going to work in a suit every day and looked professional. Additionally, FM-A stated R2 would be embarrassed if his catheter was showing and if it was noticeable by others. FM-A stated R2 would not like it.</p> <p>On 4/2/25 at 11:31 a.m., during a follow-up interview, DON stated residents felt better when they received their scheduled showers and care, and without scheduled care, the residents would experience a loss of dignity. The DON further stated R2 would not like his catheter showing and would want staff to cover it.</p> <p>The Resident Dignity policy dated 12/11/24, indicated the interdisciplinary team would assist in maintaining the dignity of all residents by grooming residents as they wished to be groomed (hair combed and styled, beards shaved/trimmed, nails clean and clipped). The policy further indicated staff would refrain from keeping urinary bags uncovered.</p> <p>The Catheter: Care, Insertion & Removal, Drainage Bags, Irrigation, Specimen policy dated 7/30/24 indicated every effort is made to keep a resident's catheter covered or out of sight. Catheter bags should be covered when up in a chair and out in public or visible from door/hall. Catheter tubing is secured to the resident's leg, coiled on bed with no kinks, obstructions and the rest of the tubing should be in a straight line into urinary drainage bag.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</p> <p>Based on observation, interview and document review, the facility failed to ensure nail care was provided for 2 of 3 residents (R1, R2) and bathing/shower assistance was provided for 2 of 3 residents (R2, R3) reviewed for activities of daily living (ADLs).</p> <p>Findings include:</p> <p>R1</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 was cognitively intact, and was dependent upon staff for all ADLs. Identified R1 had diagnoses that included traumatic spinal cord dysfunction and quadriplegia.</p> <p>R1's care plan dated 8/26/24, indicated R1 had a self-care performance deficit related to quadriplegia and further indicated due to paralysis and contractures, R1 needs assistance with personal hygiene.</p> <p>On 4/1/25 at 1:44 p.m., during an interview and observation, R1 stated her nails were trimmed very occasionally and thought it had been weeks since they had been cut. R1 stated she preferred them short. R1's left hand was not covered by the blanket and her fingernails were very long.</p> <p>On 4/2/25 at 10:37 a.m., during an interview nursing assistant (NA)-C stated she was unsure who was supposed to cut R1's nails and was unsure if the nursing assistants were supposed to and acknowledged she had not cut R1's nails.</p> <p>On 4/2/25 at 10:58 a.m., during an interview, family member (FM)-A stated R1's nails were long and needed to be cut.</p> <p>R2</p> <p>R2's significant change MDS dated [DATE], indicated R2 admitted to the facility 9/5/24, was cognitively intact, had an indwelling catheter, and diagnosis of an unspecified neurological condition.</p> <p>R2's diagnoses list printed 4/2/25, indicated epilepsy, a bladder disorder, and cystitis (an inflammation of the bladder).</p> <p>R2's care plan dated 12/5/24, indicated R2 had a self-care performance deficit and required one staff for bathing and preferred baths/showers twice a week. The care plan lacked preferences for hair care and beard care.</p> <p>R2's bath task log printed 4/2/25, indicated baths on Monday and Friday evening, adjusted on 4/2/25, for showers on Saturday evenings only and indicated the following bath data:</p> <p>3/3/25 shower</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/7/225 NA [not applicable]</p> <p>3/10/25 shower</p> <p>3/14/25 NA</p> <p>3/17/25 non facility staff provided care 100% of the time [for residents on hospice - R2 was not on hospice].</p> <p>3/21/25 NA</p> <p>3/24/25 did not occur</p> <p>On 4/1/25 at 4:59 p.m., during an interview registered nurse (RN)-C acknowledged R2 had two baths in the past 30 days and stated the bath schedule did not match the printed schedule which may be why the baths were not completed.</p> <p>On 4/1/25 at 5:07 p.m., during an interview NA-B stated she could not find baths recorded for R2 in the electronic health record (EHR) in the past few weeks. NA-B stated the facility had enough staff to provide baths for residents, and the schedule was printed and posted on the nursing cart.</p> <p>On 4/2/25 at 9:48 a.m., during an observation and interview, R2 was sitting in the dining room with his hair uncombed and long over his ears, with a beard that appeared long and un-groomed. R2 stated it had been a couple of weeks since he had shower and had one beard trim and hair cut in the seven months he had been in the facility. R2's fingernails were long and jagged. R2 stated he needed them cut, but the activity staff who normally cut them had been gone, and no one else had cut them. The director of nursing (DON) approached R2 and inquired about his hair and beard preferences. R2 told the DON he preferred a monthly trim, and had only had one beard trim since he arrived. DON stated to R2 she would add his preferences to his care plan.</p> <p>On 4/2/25 at 10:15 a.m., during an interview, NA-A stated R2 had not had a shower he was aware of, but thought he was scheduled for evening showers. NA-A stated the chart indicated R2 showered on Monday and Friday evening, but was supposed to get showers on Saturday evenings. NA-A stated the data in the EHR did not match the schedule, and may be why the showers were not completed. NA-A further stated R2 needed his nails cut but the nursing assistants could not do it because R2 was diabetic.</p> <p>On 4/2/25 at 10:39 a.m., during an interview ,NA-D stated there was enough staff to provide baths and did not know why R2 was not getting showers weekly. NA-D acknowledged R2 did not refuse showers.</p> <p>On 4/2/25 at 10:24 a.m., during an observation, the DON observed R2's nails, acknowledged R2's nails should have been cut and asked a nurse to cut R2's nails.</p> <p>On 4/2/25 at 10:48 a.m., a message was left for R2's family member to return a call to the surveyor.</p> <p>FM-A returned the call on 4/2/25 at 5:28 p.m. During an interview, FM-B stated R2 liked his hair short and beard trimmed and he paid attention to his appearance before he was admitted to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3</p> <p>R3's Medicare 5-Day MDS dated [DATE], indicated R3 was unable to participate in the cognitive assessment but had a memory problem. Identified R3 was dependent in all ADLs and had diagnoses that included Multiple Sclerosis (MS).</p> <p>R3's care plan dated 10/17/23, indicated R3 had a self-care performance deficit related to MS and required assistance of staff for bathing. The care plan indicated R3 did not like showers but was updated on 4/2/25, to indicate R3 could use the tilt in space shower chair to take a shower.</p> <p>R3's bath task data printed 4/2/25, indicated R3 had baths on Monday evenings, Wednesday and Saturday mornings, and indicated the following bath data:</p> <p>3/15/25 bed bath</p> <p>3/17/25 sponge bath</p> <p>3/19/25 NA</p> <p>3/22/25 NA</p> <p>3/24/25 NA</p> <p>3/31/25 bed bath</p> <p>On 4/1/25 at 4:50 p.m., during an observation, R3 was lying in bed, her hair appeared greasy.</p> <p>On 4/2/25 at 10:39 a.m., during an interview ,NA-D stated there was enough staff to provide baths, did not know why R3 was not getting showers weekly and acknowledged R3 did not refuse showers.</p> <p>On 4/1/25 at 5:07 p.m., during an interview, NA-B stated R3 did not have her scheduled bath on 3/22/25, did not know why, and acknowledged R3 did not refuse baths. NA-B stated the NAs were supposed to tell the nurses when residents refused baths, and further acknowledged there was no documentation to indicate R3 refused any baths.</p> <p>On 4/2/25 at 11:31 a.m., during an observation and interview, the DON observed R1's fingernails and stated they were too long and would have staff cut them. The DON stated the facility had a performance improvement plan (PIP) for baths, and she had changed the bath schedules that morning (4/2/25) to be performed once weekly. The DON stated residents could request an extra bath, but they were no longer scheduled more than once weekly. The DON stated resident nail care was supposed to occur on bath days. Further, the DON acknowledged R2 and R3 did not receive weekly baths and did not know why. DON stated the facility had enough staff to provide weekly baths. In addition, the DON acknowledged R2's last documented shower was 3/10/25, and R3 missed three baths in March that were charted as NA and did not know why. The DON stated residents felt better when they received their scheduled showers and cares.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/2/25 at 4:15 p.m., an email sent by the administrator indicated the facility implemented a performance improvement plan (PIP) on 3/19/25, to ensure residents were showered/ bathed weekly. The email indicated there was some improvement however, acknowledged R2 and R3 were identified as not having scheduled baths on 3/29/25, and did not provide baths/showers for either resident until 4/2/25.</p> <p>On 4/3/25 at 2:20 p.m., an email sent by the administrator included documentation R2 was offered a shower and face trim after survey exit and declined.</p> <p>The Activities of Daily Living policy dated 12/4/23, indicated any resident who was unable to carry out activities of daily living would receive necessary services to maintain good grooming, personal care, and oral hygiene. The policy stipulated ADLs, were those necessary tasks conducted in the normal course of a resident's daily life. Included in these tasks were care of hair, hands, face, shaving, nails, and oral care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</p> <p>Based on interview and document review, the facility failed to ensure a provider order for a TSH (thyroid-stimulating hormone - a protein produced in the brain that regulates the thyroid gland's production of thyroid hormones) blood draw was performed as ordered for 1 of 3 residents (R3) reviewed for services performed as ordered.</p> <p>Findings include:</p> <p>R3's Medicare 5-Day Minimum Data Set (MDS) dated [DATE], indicated R3 was unable to complete the cognitive assessment, but had a memory problem. Identified a diagnosis that included a thyroid disorder.</p> <p>R3's diagnoses list printed 4/2/25, included hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone).</p> <p>R3's progress notes dated 3/19/25, at 3:28 p.m. indicated the TSH (thyroid-stimulating hormone) lab level was not drawn because the order was missing the resident's room number, and the lab would be redrawn 3/21/25. The medical record lacked indication an order was placed to redraw the lab on 3/21/25, nor that it had been performed.</p> <p>R3's provider orders printed 4/1/25, lacked an order for a TSH level to be re-drawn 3/21/25, as indicated in the progress note.</p> <p>On 4/2/25 at 11:30 a.m., during an interview, registered nurse (RN)-A stated she was new and not aware of the lab order for R3, nor the lab process, and requested the director of nursing (DON) assist with answering the questions.</p> <p>On 4/2/25 at 11:31 a.m., during an interview the DON stated the nurses were responsible to enter the lab orders, a lab technician came the facility on Wednesdays and Fridays to draw labs, and the nurses followed up with the ordering provider after lab results were reported to the facility. The DON stated she was unsure how the TSH order got missed.</p> <p>On 4/2/25 at 12:46 p.m., during an interview the nurse practitioner (NP)-A stated she ordered the TSH level, and it should have been obtained. NP-A stated R3's levothyroxine (medication used to treat hypothyroidism) dose was decreased from 124 micrograms (mcg) to 112 mcg on 2/24/25, because R3's TSH level was 10.2 [mIU/L - milli-international units per liter] on 2/21/25, with a normal range of 0.3 to 4.2 [mIU/L]. NP-A acknowledged R3's TSH was not performed as ordered but was ordered because when the previous TSH result was too high, the levothyroxine dose was adjusted. The TSH level was required to determine if further medication adjustment was required. NP-A stated if R3's TSH level was too high, R3 could experience weight loss, loss of appetite, or feel cold. NP-A indicated R3's health was already declining and NP-A did not want to see a decline related to an elevated TSH level.</p> <p>The Processing and Auditing Laboratory and Diagnostic Orders policy dated 4/16/24, indicated the facility staff would enter provider orders into the clinical record, and there would be a process in place to track when labs were due.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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** 44654</p> <p>Based on observation, interview, and document review, the facility failed to ensure proper hand hygiene was completed for 1 of 3 residents (R1). Additionally, the facility failed to secure a leg bath for a catheter off the floor for 1 of 1 resident (R2) reviewed for infection control.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 was cognitively intact, had an indwelling catheter, an ostomy (a surgically created opening in the abdomen that allows waste to exit the body), a feeding tube, and was dependent upon staff for all activities of daily living (ADLs). Identified R1 had diagnoses that included traumatic spinal cord dysfunction, a neurogenic bladder (loss of bladder function due to a nerve problem), and quadriplegia.</p> <p>R1's care plan dated 8/26/24, indicated R1 had an indwelling foley catheter, a feeding tube, and indicated enhanced barrier precautions (EBP) (measures intended to prevent the spread of multi-drug-resistant organisms) was in place related to wounds and an indwelling catheter.</p> <p>On 4/1/25 at 1:25 p.m., during an observation R1's door had two signs posted to indicate the following:</p> <p>Enhanced Barrier Precautions (EBP)</p> <p>Sign 1: Families and Visitors, please follow enhanced barrier precautions. If you have questions, please see nurse. Everyone must clean their hands before entering room and when leaving the room. Providers and</p> <p>Sign 2: Providers and Staff: Wear gloves and a gown for the following high-contact resident care activities:</p> <p>Bathing/ showering, transferring residents from one position to another, changing bed linens, providing hygiene (only during high contact activities such as peri-care), changing briefs or assisting with toileting, caring</p> <p>for assisting with an indwelling medical device (for example central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care) and performing wound care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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>On 4/1/25 at 2:03 p.m., during an observation, registered nurse (RN)-B entered R1's room with medications wearing gloves. While performing cares, RN-B doffed his gloves and donned clean gloves to move a graduated cylinder off R1's tray table without performing hand hygiene between glove changes. R1 asked RN-B to scratch the back of her head. RN-B doffed gloves and re-donned gloves, without performing hand hygiene between.</p> <p>On 4/1/25 at 2:24 p.m., during an interview, RN-B acknowledged he had not performed hand hygiene between gloves changes and stated he had not because he was only in the room to give medications. RN-B acknowledged he touched many items in the room and should have performed hand hygiene according to EBP.</p> <p>On 4/2/25 at 9:32 a.m., during an observation, RN-A entered R1's room to view R1's tube feeding (TF) pump. RN-A donned a gown and gloves and entered R1's room without performing hand hygiene. RN-A stated the TF pump was not working, and RN-A doffed her gloves and gown, and left the room without performing hand hygiene. RN-A returned to the room with new tubing for the TF, donned gown and gloves and entered the room without performing hand hygiene.</p> <p>On 4/2/25 at 9:41 a.m., during an interview, RN-A acknowledged she had not performed hand hygiene during her interactions with R1 but should have when she entered and exited the room. RN-A stated she was in a rush and just did not do it. RN-A stated R1 was on contact precautions, and R1 could get an infection from staff if the precautions were not followed. RN-A looked at the precaution signs on R1's door and stated, No, she is on Enhanced Barrier Precautions. It's the same, I think.</p> <p>R2</p> <p>R2's significant change MDS dated [DATE], indicated R2 was cognitively intact, had an indwelling catheter, and diagnosis of an unspecified neurological condition.</p> <p>R2's diagnoses list printed 4/2/25, indicated a bladder disorder, and cystitis (an inflammation of the bladder).</p> <p>R2's care plan dated 9/5/24, indicated R2 had a Foley catheter, and on 9/6/24, was on EBP.</p> <p>On 4/1/25 at 4:48 p.m., during an observation, R2 had EBP signs on his door.</p> <p>On 4/2/25 at 9:48 a.m., during an observation and interview, R2 was sitting in the dining room, his catheter leg bag was full and sitting on the floor between R2's feet, and the strap to secure the bag was also resting on the floor. R2 stated he wished the bag was strapped to his leg and further stated he did not want an infection from the bag being on the ground as he had many urinary infections before.</p> <p>On 4/2/25 at 10:15 a.m., during an interview, nursing assistant (NA)-A acknowledged R2's catheter bag was full, sitting on the floor, and the outlet tube was touching the floor. NA-A stated the floor was not a clean place for the catheter bag, and R2 could get an infection from the catheter bag and outlet sitting on the ground. NA-A secured the catheter bag to R2's leg.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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>On 4/2/25 at 10:24 a.m., during an interview, the director of nursing (DON) stated R2's catheter bag should not rest on the floor to prevent infection. During a follow-up interview on 4/2/25 at 11:31 a.m., the DON stated staff were expected to perform hand hygiene prior to entering /exiting a room and in between glove changes.</p> <p>The Hand Hygiene policy dated 3/29/22, indicated hand hygiene should be performed before entering a room, before a clean task, after glove removal, and after exiting a room.</p> <p>The Catheter: Care, Insertion & Removal, Drainage Bags, Irrigation, Specimen policy dated 7/30/24, indicated</p> <p>catheter tubing should never be allowed to touch the floor.</p>		