

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245455	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Jackson		STREET ADDRESS, CITY, STATE, ZIP CODE 601 West Jackson Jackson, MN 56143	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>40614</p> <p>Based on observation, interview, and document review, the facility failed to ensure insulin was administered per standard of practice and manufacturer recommendations during 2 of 2 insulin administrations for 2 of 2 residents (R4, R20). The facility's medication error rate was greater than 5% at 6.9 percent (%) rate.</p> <p>Findings include:</p> <p>On observation and interview 9/4/24 at 11:00 a.m., registered nurse (RN)-A was observed preparing and administering insulin to R4 via a Humalog Kwikpen (instrument used to deliver insulin). RN-A completed blood glucose level using Libre Freestyle (a small sensor that automatically tracks glucose levels) which was 194. RN-A removed the cap off the Kwikpen, swabbed insulin pen port with alcohol and then attached a disposable needle to the rubber stopper at end of the pen. After attaching the needle to the Kwikpen, RN-A dialed to 1 unit, and primed pen (getting insulin ready to dose by getting rid of air that may collect in insulin pen) then dialed to 18 units and administered the insulin into R4's abdomen. RN-A confirmed she primed the needle with 1 unit of insulin stating that is what she was taught to do.</p> <p>On observation and interview 9/5/24 at 7:40 a.m., LPN-A was observed preparing and administering insulin to R20 via a Humulin N Kwikpen. LPN-A swabbed the insulin pen port with alcohol and attached a new disposable needle to the rubber stopper. LPN-A dialed Kwikpen to 1 unit and then dialed the pen to 22 units before injecting into R20's left lower quadrant of abdomen. LPN-A did not observe needle tip while priming the needle to ensure Kwikpen was primed. LPN-A confirmed she used 1 unit to prime the Kwikpen and needle stating that is what she was taught to do. LPN-A added they have yearly training on insulin administration.</p> <p>R4's physician orders included Humalog solution, inject 15 units subcutaneous with meals. Humalog solution per sliding scale: if 100-150=none; 151-200=3 units, 201-250=5 units.</p> <p>R20's physician orders included Humulin N insulin, inject 22 units subcutaneous one time a day.</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
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Humalog Kwikpen and Humulin N Kwikpen manufacturer's instructions for use included: Pull off the pen cap. Wipe the rubber stopper with an alcohol swab. Remove the protective tab from a disposable needle. Screw the needle tightly onto your Kwikpen. Pull off the outer needle cap and but do not dispose of it. Priming the pen means removing the air from the needle and cartridge that may collect during normal use and ensures the pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin. Prime your Kwikpen by turning the dose knob to select 2 units. Hold the Kwikpen with the needle pointing up. Tap the cartridge holder gently to collect air bubbles at the top. Continue holding your pen with needle pointing up and push the dose knob in until it stops and 0 is seen in the dose window, holding the dose knob in for a count of five. You should see insulin at the tip of the needle. If no insulin is seen, repeat the previous steps.</p> <p>During interview on 9/5/24 at 9:30 a.m., the director of nursing (DON) and RN-B, also identified as clinical nurse educator, confirmed insulin pens should be primed with 2 - 3 units of insulin prior to administration per manufacturing instructions. RN-B included staff need to observe insulin come out of the tip of the needle to ensure the pen is primed before use.</p> <p>The facility Insulin Administration, Insulin Pens, Insulin Pumps policy dated 12/14/23, included: Wipe the tip of the pen where the needle will attach with an alcohol swab. Remove the protective pull tab from the needle and screw it onto the pen until snug. Remove both plastic outer cap and inner needle cap. Turn the dosage knob to 2 units to prime the pen. Holding the pen with the needle pointing upwards, press the button until at least a drop of insulin appears. Dial in the ordered dose of units.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50764</p> <p>Based on observation and interview, the facility failed to ensure beverageware and metal pans were completely dry before storing to prevent bacterial growth. This had potential to affect all 41 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an observation and interview on 9/3/24 at 2:05 p.m., with cook (C)-A observed multiple metal steam table pans stacked upside down, one on top of the other, on a shelving rack. When C-A removed the top pan, it had visible water on the inside surface. Two additional pans were lifted and had visible water on the inside surface. Multiple drink cups were stacked upside down on a solid plastic tray and condensation was visible in the clear tumblers. C-A acknowledged staff should not have put pans away while still wet and should not stack drink cups while still wet as that could promote bacterial growth.</p> <p>During interview on 9/5/24 at 9:50 a.m., certified dietary manager (CDM) verified that dishes should be allowed to air dry completely prior to being put away.</p> <p>The facility Safe Handling of Personal Food, Outside Food- Food and Nutrition policy revised 5/13/24, did not indicate instructions for drying dishes.</p> <p>-</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50761</p> <p>Based on observation, interview, and document review the facility failed to ensure appropriate infection prevention and control practices for hand hygiene and equipment cleaning/disinfection. Equipment cleaning/disinfection included a mechanical lift for 2 of 2 residents (R13, R5) which were not cleaned/disinfected after resident use. In addition, the facility failed to ensure enhanced barrier precautions were followed for 1 of 1 residents (R5) who had a wound.</p> <p>Findings include:</p> <p>Hand Hygiene</p> <p>On 9/4/24 at 12:04 p.m., Environmental Service Technician (EST)- A was observed bringing clean laundry into R6, R7, and R15's room without performing hand hygiene before entering and exiting the rooms. EST-A was observed touching closet doorknobs, hangers, and clean clothing while in resident rooms.</p> <p>On 9/5/24 9:19 a.m., RN-C confirmed hand hygiene should be done on entrance/exit of resident rooms, before and after donning gloves, and hands are to be washed with soap and water when visibly dirty.</p> <p>Mechanical Lift</p> <p>R13's significant change Minimum Data Set (MDS) dated [DATE], indicated R13 had moderate cognitive impairment and was dependent on staff for transfers and personal cares. Diagnoses included osteoporosis.</p> <p>On 9/5/24 at 7:55 a.m., NA-A and NA-C were observed exiting R13's room with a mechanical lift. R13 was on enhanced barrier precautions (EBP). NA-A and NA-C placed the mechanical lift in the hallway and walked away without cleaning/disinfecting the mechanical lift. NA-A and NA-C confirmed the mechanical lift should have been cleaned after resident use. NA-A and NA-C stated other staff wouldn't know if the lift had been cleaned before using it for another resident. If mechanical lifts are in the hallways, they are presumed clean and available to use.</p> <p>40614</p> <p>Mechanical Lift and Enhanced Barrier Precautions</p> <p>R5's face sheet printed 9/5/24 included diagnoses of dementia, heart failure and muscle weakness.</p> <p>R5's significant change Minimum Data Set (MDS) dated [DATE], indicated R5 had severe cognitive impairment and was dependent on staff for transfers and personal cares.</p> <p>R5's plan of care dated 6/21/24, indicated assist with transfer using 2 assist and total lift. In addition, the resident requires enhanced barrier precautions (EBP), dated 8/27/24, related to wound (burn) to right thigh region with dressing change.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation on 9/4/24 at 9:51 a.m., a cart with gowns and gloves was outside of R5's room. A magnet attached to the doorway indicated R5 was on EBP. Nursing assistant (NA)-A and NA-B entered the room and did not gown, but did wear gloves. R5 was transferred from her chair to her bed using a mechanical lift. NA-A and NA-B checked incontinence pad, which was wet so R5 was changed along with perineal care completed. Once completed, NA-A and NA-B removed their gloves and completed hand hygiene. NA-A removed the lift from the room and parked it in hallway along the wall. NA-A did not clean the lift with sanitizer. NA-A then went down the hallway into another residents room. NA-B exited the room and went to the nurses station. NA-B confirmed the lift should have been cleaned before parking it in the hallway. NA-B indicated R5 is on EBP related to a burn she received in July and requires dressing changes. NA-B indicated she just forgot to put her gown on since she hasn't been on EBP for very long.</p> <p>During interview on 9/4/24 at 11:00 a.m., NA-B confirmed she did not clean the lift when she came out of R5's room earlier. NA-B indicated lifts should be cleaned after each use. NA-B also confirmed she did not wear a gown and stated she hasn't been on EBP that long so its easy to forget.</p> <p>During observation on 9/4/24 at 11:14 a.m., NA-A and NA-B gowned and gloved and entered R5's room. Using the lift from the hallway entered R5's room and transferred R5 from the bed to the chair. NA-A parked lift in the hallway without sanitizing and went down the hallway into another resident's room and NA-B wheeled R5 to the dining room.</p> <p>During interview 9/5/24 at 9:37 a.m., the director of nursing (DON) confirmed the lift should be cleaned after each use before parking it in the hallway. The DON confirmed EBP should be used with risk for resident infection such as wounds and gown and gloves should be worn when providing care to the resident including incontinence pad changes.</p> <p>During interview on 9/4/24 at 10:49 a.m., registered nurse (RN)-C, also identified as infection preventionist confirmed if staff are transferring a resident or changing an incontinence pad, they should have their gown and gloves on for residents in EBP. RN-C confirmed lifts are required to be cleaned after each patient use and before parking the lift in a public hallway.</p> <p>The facility Environmental Cleaning Principles policy dated 10/19/21, included:</p> <ul style="list-style-type: none"> -Semi-critical items is defined as items that are potentially exposed to mucous membranes. These items may warrant consideration for more frequent disinfecting and may require higher level disinfectant - Semi-critical items should be disinfected after each use. The disinfecting procedures for these items is dependent on their use. -There should be emphasis on frequently cleaning high touch areas. For example, between resident, patient or child contact with equipment. -High touch area- includes surfaces that have a high probability of contact with skin. For example, a doorknob, handles on equipment and a phone would be high touch areas. <p>Environmental cleaning plays an important role in an infection control program. All staff members play a role and should be aware of the general principles of environmental cleaning and safety.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>General cleaning principles- there should be an emphasis on frequently cleaning high touch areas.</p> <p>The facility current hand hygiene staff education document based on the World Health Organization dated 2009, indicated: Soap and water to be used with visibly soiled hands, C. Diff, Norovirus, before eating, and after using the restroom. Hand sanitizer is to be used all other times.</p> <p>Clean hands before entering the resident's room, immediately before a clean procedure/task, immediately after an exposure to bodily fluid, after a dirty task/glove removal, and before exiting the resident's room.</p> <p>The facility Enhance Barrier Precautions protocol undated, included:</p> <ul style="list-style-type: none"> -Using EBP decision-making algorithm determine if EBP, contact isolation of standard precautions are needed for all resident with open wounds or indwelling medical devices. -Set up PPE (personal protective equipment) outside the resident's room. -Notify staff the EBP is needed in the room during high contact care activities: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, indwelling device care/use, wound care. -Post sign on the outside of the door.