STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245476	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Pine River	518 Jefferson Avenue Pine River, MN 56474

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure appropriate hand hygiene was used during personal cares for 1 of 1 resident (R3) reviewed for activities of daily living (ADL's).Findings include:R3's quarterly Minimum Data Set (MDS) dated [DATE], identified R3 had severe cognitive impairment and diagnoses included dementia with mood disturbance, anxiety, and post-traumatic stress disorder (PTSD). R3 was always incontinent with bowel and bladder and was dependent on staff for activities of daily living (ADL's) including toileting and transfers.R3's care plan updated 2/16/26, identified R3 was non-ambulatory and required two staff and a total mechanical lift for transfers.During observation on 3/24/26 at 4:29 p.m., R3 was lying in bed while nursing assistant (NA)-A and NA-B were checking R3's brief. NA-A and NA-B were both wearing disposable gloves. NA-B assisted R3 to turn on his right side while NA-A cleaned feces from R3's skin with a disposable wipe and gloved hands. NA-A placed and fastened a clean brief on R3 and pulled up the R3's pants. NA-A failed to remove her dirty gloves after cleaning R3 and prior to assisting R3 with a clean brief and dressing. After R3 was fully dressed and ready for transfer NA-A removed the dirty gloves and washed her hands with soap and water in the bathroom.During interview on 3/24/26 at 4:45 p.m., NA-A stated she should have removed her dirty gloves and washed her hands right after cleaning feces from R3's skin. NA-A stated there was an increased risk of spreading bacteria when wearing dirty gloves and touching clean clothing and/or other surfaces.During interview on 3/24/26 at 7:23 p.m., the director of nursing (DON) stated staff should have removed their dirty gloves and washed their hands prior to completing any other tasks. Staff were instructed in orientation to always wash their hands after performing a dirty task including incontinence cares.The facilities Hand Hygiene policy reviewed 11/13/25, identified the purpose of the policy was to establish hand hygiene as the single most important factor in preventing the spread of disease-causing organisms to patients and personnel in healthcare settings. The policy defined hand hygiene as a general term that applied to either handwashing or applying hand sanitizer. The policy further identified staff were to perform hand hygiene during times including upon entering a room, before a clean task, after bodily fluid/glove removal, and upon exiting a room.

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