

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Mary Jane Brown		STREET ADDRESS, CITY, STATE, ZIP CODE 110 South Walnut Avenue Luverne, MN 56156	
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** 48300</p> <p>Based on observation, interview, and document review, the facility failed to utilize enhanced barrier precautions (EBP) for 1 of 3 residents observed for infection prevention.</p> <p>Findings include:</p> <p>R3's significant change Minimum Data Set (MDS) dated [DATE] indicated R3 had intact cognition with diagnoses including stroke, diabetes, and depression.</p> <p>R3's care plan dated 12/4/24 indicated R3 required EBP related to indwelling medical devices: urinary catheter and feeding tube. R3's care plan instructs to don (put on) gown and gloves when performing high contact care activities including dressing, bathing, transferring, providing hygiene, changing linens, repositioning, checking and changing, device care and/or use, and wound care.</p> <p>On 12/27/24 at 11:17 a.m., registered nurse (RN)-A and nursing assistant (NA)-A were observed entering R3's room with a full mechanical lift. A magnet on the doorframe of the room indicated enhanced barrier precautions were required for high contact resident care activities including transferring. Neither RN-A or NA-A were observed to don a gown or gloves. Staff RN-A and NA-A were observed to transfer R3 from her wheelchair to the recliner with out wearing a gown or gloves. RN-A connected tubing from a feeding pump to the feeding tube on R3's abdomen.</p> <p>On 12/27/24 at 11:27 a.m., R3 stated staff wear a gown and gloves when they change her, but not when transferring from wheelchair to recliner.</p> <p>On 12/27/24 at 11:43 a.m., NA-A stated EBP should be worn when dressing a resident, providing catheter care or changing a resident's brief, but does not need to be worn when transferring a resident. She acknowledged she did not wear a gown when assisting with the transfer of R3.</p> <p>On 12/27/24 at 11:49 a.m., RN-A stated EBP needed to be utilized when dealing with whatever the resident is on EBP for, like catheters, wound care, and feeding tubes. EBP should also be worn when providing cares but did not need to be worn for transfers. She acknowledged she did not wear a gown when she assisted with the transfer or when attaching tubing to R3's feeding tube. She confirmed a gown and gloves should have been worn while working with R3's feeding tube.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245568
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/27/24 at 1:16 p.m., medical doctor (MD)-A stated lack of utilization of EBP could spread infections to other residents. Residents may be colonized (bacteria in the body without active infection) with bacteria the staff are unaware of. Residents with urinary catheters and indwelling medical devices have an increased risk of infection.</p> <p>On 12/27/24 at 1:46 p.m., RN-B stated EBP should be worn any time staff have direct contact with the resident or are working with something that is soiled. Examples of when EPB should be worn include caring for catheters or feeding tubes and during all transfers. EBP is worn to prevent spreading infection between residents. RN-B confirmed R3 requires EBP related to a feeding tube and urinary catheter. Residents who require EBP will have a magnet on the doorframe of their room.</p> <p>The Standard and Transmission-Based Precautions policy dated 4/2/24 informs EBP expand the use of PPE (personal protective equipment) beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of multi-drug resistant organisms to staff hands and clothing. High contact resident care activities include: transfers, urinary catheter care or use, and feeding tube care or use.</p>