

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Miller Pointe A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 21st St SE Mandan, ND 58554	

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>45873</p> <p>1. Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 3 sampled residents with an indwelling catheter (Resident #163) and 2 of 3 residents (Residents #34 and #89) on transmission-based precautions (TBP). Failure to practice infection control standards related to enhanced barrier precautions (EBP) and TBP has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Standard and Transmission-Based Precautions occurred on 11/07/24. This policy, revised 04/02/24, stated, . Purpose. To explain the use of transmission-based precautions. To assist in determining the appropriate type and duration of precautions for resident, included standard precautions and transmission-based precautions (e.g., contact, droplet and airborne) . Standard precautions should be used by all employees, contract workers . Standard precautions include handwashing, personal protective equipment, cleaning of resident care equipment . Enhanced barrier precautions (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 MDROs [multi drug resistant organisms] to staff hands and clothing. Enhanced Barrier Precautions are needed for residents . with indwelling urinary catheters. Airborne Isolation. Airborne precautions are needed, as recommended . to appropriate type of precautions for residents/patients known or suspected to be infected with infectious agents . Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE. Gown, Gloves, N-95 or equivalent respirator, Eye protection. Use disposable noncritical resident/patient care equipment . or implement resident /patient dedicated use of such equipment.</p> <p>Observation on 11/05/24 at 11:40 a.m. showed a sign requiring transmission-based precautions on the door of two Covid-19 positive residents. A contract provider (#3) donned an N-95 mask and entered the room. The provider exited the room wearing the N95 mask, walked down the hall and spoke with another Covid-19 positive resident who had entered the hallway in a wheelchair. The provider (#3) touched the resident's arm, and listened to the resident's lungs with a stethoscope (a medical instrument used to listen to someone's heart or lungs). The provider replaced the stethoscope around her neck and proceeded down the hall, wearing the same N-95 mask.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The provider failed to apply the recommended PPE consisting of gown, gloves, and eye shield prior to entering a Covid-19 positive resident room, remove the N-95 mask upon exiting the room, don a new N-95 mask and recommended PPE before interacting with another Covid-19 positive resident, sanitize the contaminated stethoscope, and remove the N-95 mask before leaving the resident area.</p> <p>The facility verified the provider removed the N-95 mask and performed hand hygiene before leaving the unit.</p> <p>During an interview on 11/07/24 at 11:20 a.m., an administrative nurse (#4) confirmed contract staff are expected to wear correct PPE and follow facility policy for transmission-based precautions.</p> <p>- Review of Resident #163's medical record occurred on all days of survey. Physician's orders included an indwelling catheter.</p> <p>Observation on 11/05/24 at 8:15 a.m. showed Resident #163 with an indwelling catheter and not placed on EBP.</p> <p>During an interview on 11/05/24 at 8:43 a.m., a nurse (#6) confirmed Resident #163's indwelling catheter and lack of EBP in place.</p> <p>2. Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 1 sampled resident (Resident #26) with an ileostomy (an artificial opening from the small intestine through the abdomen to empty bowels). Failure to practice infection control standards has the potential to spread infection throughout the facility.</p> <p>Review of the facility policy titled Ostomy of the Intestinal Tract occurred on 11/07/24. This policy, revised 03/29/24, stated, . For pouch emptying, Bedpan, toilet or measuring device, Gloves, Tissue .</p> <p>Review of a skills checklist titled Colostomy/Ileostomy Pouch Emptying Clinical Skill Checklist occurred on 11/07/24. This checklist, dated December, 2017, stated, . remove pouch from appliance (closed system) and empty into toilet, bedpan or other measuring device.</p> <p>Review of Resident #26's medical record occurred on all days of survey. Diagnoses included ileostomy status. Physician's orders stated, Empty ileostomy bag every shift and PRN (as needed). The current care plan stated, . Ileostomy . Nursing staff to perform the following cares: empty bag, report to nurse if dressing/skin barrier becomes soiled, keep skin clean and dry around site .</p> <p>Observation on 11/05/24 at 10:17 a.m. showed a certified nurse aide (CNA) (#5) emptied Resident #26's ileostomy bag. The CNA performed hand hygiene, donned gloves, removed the ileostomy bag and wiped bowel movement from around the stoma (artificial opening). The CNA (#5) placed the full ostomy bag under the resident's bathroom sink faucet, filled the bag with water, and carried the bag to the toilet to empty contents three times. After doffing gloves and performing hand hygiene the CNA turned off the faucet, donned clean gloves without first performing hand hygiene, returned to the resident, and cleansed the frontal perineal area. Without removing gloves the CNA took a walkie-talkie (used to communicate with other staff) out of her pocket, and called the nurse. The CNA placed the walkie-talkie on the resident's overbed table and completed cares.</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 - Some</p>	<p>The CNA (#5) failed to properly clean an ostomy bag, complete hand hygiene/glove change, and disinfect equipment.</p> <p>During an interview on 11/07/24 at 11:20 a.m., an administrative nurse (#1) confirmed she expected staff to follow the proper procedure for emptying/cleaning an ileostomy pouch and to follow infection control procedures for hand hygiene, cleaning of equipment and resident's items.</p> <p>31725</p>		