

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145930	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN - PONTIAC		STREET ADDRESS, CITY, STATE, ZIP 1225 SOUTH EWING DRIVE PONTIAC, IL 61764	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to cohort COVID-19 (Coronavirus Disease) positive residents (R1, R4, R5, R6). This failure has the potential to affect all other residents residing on the 200 unit of the facility (R7-R20.) The facility staff also failed to wear appropriate Personal Protective Equipment (PPE) during care of a COVID-19 positive resident (R1) reviewed for infection control in the sample of 20. Findings include: The facility's COVID-19 Testing Plan and Response Strategy revised on 9/7/20 documents the facility has a designated space at the end of Charleston unit (hallway located on 200 unit) for residents with COVID-19. This policy documents a resident identified to be COVID-19 positive will be placed into droplet/contact precautions and moved to the COVID-19 designated area. This policy documents a face shield or eye protection, and face mask are required for the COVID-19 unit. This policy documents an N95 mask will be worn when providing [MEDICAL CONDITION] care, administering nebulizer treatments, if the resident is actively coughing, and when swabbing for COVID-19 testing. 1. The facility's Midnight Census Report dated 9/22/20 documents R1, R4, R5, and R7-R20 all reside on the 200 unit. R6's Census dated 9/23/20 documents R6 resided on the 200 unit between 4/24/20 and 9/15/20. R4's COVID-19 laboratory report dated 9/9/20 documents R4 was positive for COVID-19. R4's Nursing Note dated 9/11/20 at 11:46 PM by V12 Licensed Practical Nurse (LPN) documents R4 was having symptoms of COVID-19 including fever, fatigue, and diarrhea. R5's COVID-19 laboratory report dated 9/10/20 documents R5 was positive for COVID-19. R6's COVID-19 laboratory report dated 9/10/20 documents R6 was positive for COVID-19. R6's Nursing Note dated 9/13/20 at 4:05 PM by V11 Registered Nurse (RN) documents R6 had an occasional dry cough. R1's COVID-19 laboratory report dated 9/10/20 documents R1 was negative for COVID-19. R1's COVID-19 laboratory report dated 9/17/20 documents R1 was positive for COVID-19. R1's Admission Record dated 9/23/20 documents R1 admitted to the 200 unit on 3/16/20, and has [DIAGNOSES REDACTED]. R1's Nursing Note dated 9/21/20 at 12:38 PM by V21 LPN documents R1 had loose stools and complained of aching all over. R7's COVID-19 laboratory reports dated 9/10/20 and 9/17/20 document R7 was negative for COVID-19. R7's Admission Record dated 9/23/20 documents R7 admitted to the 200 unit on 3/27/18, and has [DIAGNOSES REDACTED]. R8's COVID-19 laboratory reports dated 9/10/20 and 9/17/20 document R8 was negative for COVID-19. R8's Admission Record dated 9/23/20 documents R8 admitted to the 200 unit on 8/25/20, and has [DIAGNOSES REDACTED]. R9's COVID-19 laboratory reports dated 9/9/20 and 9/17/20 document R9 was negative for COVID-19. R9's Admission Record dated 9/23/20 documents R9 admitted to the 200 unit on 7/7/20, and has [DIAGNOSES REDACTED]. R10's Admission Record dated 9/23/20 documents R10 admitted to the 200 unit on 1/11/18, and has [DIAGNOSES REDACTED]. R11's COVID-19 laboratory reports dated 9/11/20 and 9/18/20 document R11 was negative for COVID-19. R11's Admission Record dated 9/23/20 documents R11 admitted to the 200 unit on 8/20/19, and has [DIAGNOSES REDACTED]. R12's COVID-19 laboratory reports dated 9/10/20 and 9/17/20 document R12 was negative for COVID-19. R12's Admission Record dated 9/23/20 documents R12 admitted to the 200 unit on 4/18/20, and has [DIAGNOSES REDACTED]. R13's COVID-19 laboratory reports dated 9/10/20 and 9/18/20 document R13 was negative for COVID-19. R13's Admission Record dated 9/23/20 documents R13 admitted to the 200 unit on 3/27/20, and has [DIAGNOSES REDACTED]. R14's COVID-19 laboratory report dated 9/10/20 document R14 was negative for COVID-19. R14's Admission Record dated 9/23/20 documents R14 admitted to the 200 unit on 2/26/20, and has [DIAGNOSES REDACTED]. R15's COVID-19 laboratory reports dated 9/10/20 and 9/17/20 document R15 was negative for COVID-19. R15's Admission Record dated 9/23/20 documents R15 admitted to the 200 unit on 5/7/18, and has [DIAGNOSES REDACTED]. R16's COVID-19 laboratory reports dated 9/11/20 and 9/17/20 document R16 was negative for COVID-19. R16's Admission Record dated 9/23/20 documents R16 admitted to the 200 unit on 1/15/20, and has [DIAGNOSES REDACTED]. R17's COVID-19 laboratory reports dated 9/9/20 and 9/17/20 document R17 was negative for COVID-19. R17's Admission Record dated 9/23/20 documents R17 admitted to the 200 unit on 7/28/20, and has [DIAGNOSES REDACTED]. R18's COVID-19 laboratory reports dated 9/11/20 and 9/17/20 document R18 was negative for COVID-19. R18's Admission Record dated 9/23/20 documents R18 admitted to the 200 unit on 1/12/18, and has [DIAGNOSES REDACTED]. R19's COVID-19 laboratory reports dated 9/10/20 and 9/17/20 document R19 was negative for COVID-19. R19's Admission Record dated 9/23/20 documents R19 has [DIAGNOSES REDACTED]. R19's Census dated 9/23/20 documents R19 has resided on the 200 unit since 4/14/20. R20's COVID-19 laboratory report dated 9/17/20 documents R20 was negative for COVID-19. R20's Admission Record dated 9/23/20 documents R20 admitted to the 200 unit on 8/21/20, and has [DIAGNOSES REDACTED]. On 9/22/20 between 10:36 AM and 11:40 AM, a tour of the facility's designated COVID-19 unit (200 unit) was conducted. R1, R4, and R7-R20 were observed to be residing within the three hallways located on the 200 unit of the facility. There was no section within the 200 unit to identify where the facility's designated COVID-19 positive rooms were located. V11 RN, V12, V13, and V15 Certified Nursing Assistants were observed entering multiple resident rooms on the three hallways within the 200 unit. On 9/22/20 at 3:34 PM V2 Director of Nursing (DON) confirmed the facility's designated COVID-19 positive unit is assigned to the 200 unit, and confirmed that both COVID-19 positive and negative residents reside on the unit. V1 stated some residents who reside on the 200 unit were already in those rooms prior to assigning the 200 unit as the COVID-19 unit. V2 stated after positive COVID-19 cases developed on the 200 unit, we didn't want to transfer the residents to another area due to the risk of exposing other residents. On 9/23/20 at 8:15 AM V19 Local Health Department Communicable Disease Preparation Coordinator stated V19 was not aware that the facility was housing residents who are COVID-19 positive and residents who are COVID-19 negative on the same unit. V19 stated residents who are COVID-19 positive should be in a separate area of the facility away from residents who have tested negative for COVID-19. 2. R1's COVID-19 laboratory report dated 9/17/20 documents R1 was positive for COVID-19. R1's Nursing Note dated 9/21/20 at 12:38 PM by V21 LPN documents R1 had loose stools and complained of aching all over. On 9/22/20 at 10:36 AM V2 DON entered R1's room wearing a face shield, surgical mask, isolation gown, and gloves. V2 swabbed R1's nose to conduct COVID-19 testing. On 9/22/20 at 1:53 PM V1 Administrator stated a surgical mask should be worn while conducting COVID-19 testing and when entering COVID-19 positive resident rooms. V1 stated N95 masks are only used during aerosol generating procedures such as administering nebulizers. V1 confirmed the facility's COVID-19 policy documents N95 masks will be worn during COVID-19 testing. On 9/22/20 at 3:20 PM V2 DON stated after V2 conducted R1's COVID-19 testing, V2 went back to V2's office. V2 stated V2 assisted R12 on the Charleston unit with lunch that day.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.