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	8062	A. BUILDING: _____ B. WING _____	C 07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - ARTHUR (PRAIRIE VIL	150 COUNTY RD 34 ARTHUR, ND 58006

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B 000	INITIAL COMMENTS For the unannounced licensure and complaint survey, started on 07/09/24 and completed on 07/10/24, the sample included 5 residents for complete review and 1 closed record for review. Tier II citations included B1120, B1320, B1540, B1830, and B1900.	B 000		
B1120	33-03-24.1-11,2 EDUCATION PROGRAMS 2. On an annual basis, all employees shall receive inservice training in at least the following: a. Fire and accident prevention and safety. b. Mental and physical health needs of the residents, including behavior problems. c. Prevention and control of infections, including universal precautions. d. Resident rights. This State Licensing Rule is not met as evidenced by: Based on review of employee education records and staff interview, the facility failed to ensure completion of annual training for 2 of 8 employee records reviewed (Employee #4 and #5). Failure to provide employees with relevant training limits the staffs' ability to develop or enhance job skills needed to meet the needs of residents. Findings include: Review of education records for eight employees occurred on 07/10/24. This review found two	B1120		

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B1120	Continued From page 1 employees (#4 and #5) lacked annual training in mental and physical health needs of residents, including behavior problems. During an interview on 07/10/24 at 2:15 p.m., an administrative staff member (#1) confirmed the employees lacked the required annual education in the above area.	B1120	1. Education provided and employees #4 and #5 completed annual training for behavior problems. 2. All staff have the potential to be affected. 3. The administrator or designee will monitor employee's annual assigned education for evidence of education being completed in a timely manner. If concerns are identified, this will be addressed with the employee and corrective action taken if needed.	7/19/2024
B1320	33-03-24.1-13,2 RESIDENT RECORDS 2. Resident records must include: a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person. b. The licensed health care practitioner's orders and report of an examination of the resident's current health status. c. An admission note. d. A copy of an initial and current assessment and care plan. e. Documentation of resident observations by authorized staff. f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional	B1320		

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B1320	Continued From page 2 status, psychosocial interactions, and needs. h. Documentation of review of prescribed diets. i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility. j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts. k. Documentation of an annual medication regimen review. l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund. m. Documentation of a fire drill walk-through within five days of admission. n. All agreements or contracts entered into between the facility and the resident or legal representative. o. A discharge note. This State Licensing Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a complete medical record for 5 of 5 sampled residents (Resident #1, #2, #3, #4, and #5), 1 of 1 closed resident record (Resident #6), and 1 supplemental sampled	B1320		

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B1320	Continued From page 3 resident (Resident #7). Failure to include the required identifying information, resident observations, transfer forms, and a discharge note may affect continuity of care. Findings include: Medical record review for all sampled residents occurred on both days of the survey and identified the following records lacked required information: * Resident #1, #2, #3, #4, and #5 records lacked identifying information including social security number, marital status, previous address, religion, and/or dentist. * Information provided by the facility on 07/09/24 indicated Resident #1 walked away from the facility on 07/05/24. As of 07/10/24, the resident still had not returned to the facility. Review of Resident #1's record found no documentation to address this significant event. * Residents #5, #6, and #7 were transferred out of the facility for medical care. Resident #5 transferred 05/14/24 and again 06/30/24, Resident #6 transferred 04/05/24, and Resident #7 transferred 03/16/24 and 03/26/24. The resident records lacked evidence of transfer information sent with the resident. * The facility discharged Resident #6 on 04/06/24. The resident record lacked evidence of a discharge note. During an interview on the afternoon of 07/10/24, an administrative staff member (#1) confirmed the above records lacked the required information.	B1320	1. Facesheet updated for residents #1, #2, #3, #4, and #5 to include all identifying information listed. 2. All residents have the potential to be affected. 3. On 7/10/2024, education provided on policy and procedure on progress notes and resident discharge/transfers and the importance of keeping documentation up to date in chart. 4. The RN or designee will monitor resident records for evidence of proper documentation as outlined discharge/transfer policy.	7/18/2024
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES	B1540		

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B1540	Continued From page 4 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This State Licensing Rule is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure proper administration of medications for 1 supplemental resident (Resident #10) and proper documentation of the efficacy for a PRN (as needed) medication for 1 supplemental resident (Resident #8) observed receiving medication for anxiety. Failure to properly administer and document medication may result in an incorrect dose and adverse consequences for the residents. Findings include: Review of the facility policy titled "Medication Administration - North Dakota" occurred on 07/10/24. This policy, dated 06/18/24, stated, ". . . Procedure: . . . B. Medication aide I will: . . . B. Prepare, administer, and document all medications given . . . D. Bring to the attention of the nurse the: 1. Resident's need for PRN medication . . ." Review of the facility policy titled "PRN Medication Administration" occurred on 07/10/24. This policy,	B1540		

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B1540	Continued From page 5 dated 03/12/24, stated, ". . . Procedure: . . . 6. PRN medications should be documented on the Medication Administration Record [MAR]. . . ." Following review of these policies, a staff member (#1) confirmed results of the PRN medication should be included in the documentation. - Observation at 1:45 p.m. on 07/09/24 showed a medication assistant (MA) (#3) administered Hydroxyzine (for anxiety) 50 milligrams to Resident #8, per the resident's request. Review of Resident #8's medical record occurred on 07/10/24. The physician's orders included Hydroxyzine as a PRN medication. Review of the MAR found the MA (#3) failed to document results of the Hydroxyzine. Further review of the MAR found Resident #8 received Hydroxyzine on 07/03/24 and staff failed to document results of the medication at that time as well. - Observation at 7:15 a.m. on 07/10/24 showed a MA (#4) administer medications, including Fluticasone (a nasal spray) to Resident #9. The MA handed the nasal spray to the resident who sprayed one spray into each nostril and handed the medication back to the MA. Review of Resident #9's medical record occurred on 07/10/24. The physician's orders included Fluticasone nasal spray "Directions: Spray 2 sprays into each nostril 1 time per day" An interview occurred on the afternoon of 07/10/24 with two staff members (#1 and #2). One staff member (#2) said Resident #9 can administer his own nasal spray and he chooses to only do one spray in each nostril. Both staff agreed the physician should be notified and the	B1540	1. 7/10/2024 staff education provided regarding documentation of prn medication results. 2. All residents have the potential to be affected. 3. Physician for Resident #9 contacted and orders updated. 4. The RN or designee will monitor MARs and observe medication passes on an ongoing basis to ensure accuracy.	7/12/2024

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B1540	Continued From page 6 order updated to reflect the dose Resident #9 is taking.	B1540		
B1830	33-03-24.1-18,3 DIETARY SERVICES 3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks. This State Licensing Rule is not met as evidenced by: Based on observation, resident interview, and staff interview, the facility failed to offer morning snacks and list morning and afternoon snacks on the daily menus on 1 of 2 days of survey (07/09/24). Failure to offer morning snacks and keep residents informed of snack choices, may result in unresolved hunger, and does not keep residents informed of available snacks. Findings include: Resident interviews occurred on both days of the survey. Four of the five residents interviewed (Residents A, B, C, and D) said they don't get a snack in the morning, or they have to ask for a snack. These residents confirmed snacks aren't readily available in the morning. Observation at 12:10 p.m. on 07/09/24 showed a daily menu posted in the hallway which identified the morning snack as "variety" and the afternoon snack as "cook's choice". On 07/09/24 at 2:30 p.m., an interview occurred with the administrator (#1). When asked about snacks, this staff member confirmed that "variety"	B1830		

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B1830	Continued From page 7 and "cook's choice" are often listed on the menu as the snack being offered. When asked how the snacks are offered, this staff member approached a locked closet near the nurse's station and said snacks are kept in there and residents can ask a staff member for a snack in the morning. This staff member said snacks in the afternoon are offered in the dining room at coffee time and evening snacks are brought to the lounge area on a cart and are available for residents there. During interview on 07/09/24 at 4:45 p.m., when asked about morning snacks, Resident C said she could probably get one if she asked for it. The resident confirmed morning snacks are not out and available for residents, they have to ask staff for a snack in the morning. On 07/10/24 at 10 a.m., while visiting with residents in the lounge, a staff member (#4) entered the area and informed residents there was morning snack in the dining room. Resident D said this is the first time they have ever done that. The resident said they used to get a morning snack and then it changed, and they had to ask for one. Resident A said she has lived here for several months, and this is the first time they have offered morning snack. Resident B said she likes a 10 a.m. snack and "we've never had those before this morning."	B1830	1. Snack menu was updated to include morning, afternoon and evening snack being offered that day. This is to be updated daily by Dietary Staff. 2. All residents have the potential to be affected. 3. The administrator or designee will monitor daily snack menu for observation of appropriate documentation on an ongoing basis.	7/10/2024
B1930	33-03-24.1-19,3 ACTIVITY SERVICES 3. Activities must be available and provided to meet the needs of all residents during the day, in the evening, and on the weekend.	B1930		

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B1930	Continued From page 8 This State Licensing Rule is not met as evidenced by: Based on review of facility policy, review of activity calendar, resident interview, and staff interview, the facility failed to provide activities to meet the needs of 2 of 5 residents (Resident A and D) interviewed. Failure to provide activities may result in decreased quality of life for residents. Findings include: Review of the facility policy, "Recreation/Well-Being . . ." occurred on 07/10/24. This policy, revised 01/29/24, stated, ". . . will provide for an ongoing recreation/well-being program in accordance with the individualized service plan and designed to meet the interests, abilities and functional limitations of each resident. The recreation/well-being program will be coordinated and supported by employees. Continued involvement in the local community will be encouraged . . ." Review of the activity calendar for July 2024 found very few organized activities on the calendar. Regular activities included: Worship hour (on television), coffee social (in the dining room during 3 p.m. snack), cards, and chair exercises (three days a week at 10 a.m.). Resident A, during interview on 07/09/24 and 07/10/24 brought up that she would like more activities. An interview occurred with Resident D on 07/10/24. This resident indicated there are very few activities. The resident said the facility used to have an activity person, but they no longer have one, "so we really don't have much going on."	B1930		

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B1930	Continued From page 9 During an interview on 07/09/24 at 5:15 p.m., the administrator (#1) said she is the activities staff person who does the calendars and the staff on the floor offer/provide the activities. This staff member said the "cards" activity is for those residents who like to play cards in the lounge. The staff member agreed there aren't many organized activities on the calendar, stating it is hard to come up with activities the residents like to participate in.	B1930	1. Documentation of activity participation implemented for all residents 7/11/2024. 2. All residents have the potential to be affected. 3. Monthly Activity Committee and Resident Council meetings will be continued to encourage and assist residents in implementing activities that they desire. Documentation will continue on an ongoing basis to ensure activities on the activity calendar are meeting the interests and abilities of residents.	7/11/2024