STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8104	A. BUILDING: _____ B. WING _____	12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - FARGO	4502 37TH AVE S FARGO, ND 58104

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B 000	INITIAL COMMENTS For the announced licensure survey started on December 2, 2019 and completed on December 4, 2019, the sample included 15 residents for complete review and three closed records for review. In addition, the sample included one supplemental resident to verify specific concerns during the survey. Tier II citations included B0950, B1240, and B1320, and B1700.	B 000		
B 950	33-03-24.1-09,5 GOVERNING BODY 5. The governing body shall ensure sufficient trained and competent staff are employed to meet the residents' needs. Staff must be in the facility, awake and prepared to assist residents twenty-four hours a day. This state licensing rule is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure the availability of sufficiently trained staff for 7 of 7 sampled residents (Residents #3, #4, #7, #10, #11, #14, and #15) with a full code status. Failure to ensure staff are trained in cardiopulmonary resuscitation (CPR) and available at all times does not provide for the residents' needs and is a violation of their rights. Findings include: Review of the policy titled "Responding to Medical Emergencies" occurred on 12/04/19. This policy, dated June 2014, stated, ". . . Training and	B 950		

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B 950	Continued From page 1 Preparation . . . Provide training and clear communication to SLC [senior living community] residents and family members (when appropriate) on medical emergency response procedures. It is equally important to communicate what you will do and what you will not do in the event of a medical emergency situation. . . ." Review of Resident #3, #10, #11, #14, and #15's medical records identified a form titled "Emergency Situation Response." The form stated, ". . . In an emergency situation, CPR will be initiated and the emergency medical system will be activated. . . ." The form included two options, one to resuscitate, and one for do not resuscitate. Residents #3, #10, #11, #14, and #15 checked the box which stated "In an emergency situation, I DO wish to be resuscitated." Resident #4 and #7's medical record lacked this form, but identified a full code status. During an interview on the morning of 12/04/19, an administrative nurse (#1) confirmed CPR-trained staff are not always on site.	B 950		
B1240	33-03-24.1-12,4 RESIDENT ASSESSMENTS/CARE PLANS 4. The care plan must be updated as needed, but no less than quarterly. This state licensing rule is not met as evidenced by: Based on record review and review of facility policy, the facility failed to update care plans as needed for 3 of 15 sampled residents (Resident #5, #8 and #9). Failure to update care plans to address residents' current needs may result in inconsistent/inadequate care delivery.	B1240		

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B1240	Continued From page 2 Findings include: Review of the facility policy titled "Resident Service Plan" occurred on 12/04/19. This policy, dated June 2018, stated, ". . . The Resident Service Plan [care plan] will be updated according to changes in the resident assessment and at least annually or per state regulations . . ." - Review of Resident #5's medical record occurred on all days of survey and identified the resident used oxygen at night. The current care plan failed to identify the use of oxygen. - Review of Resident #8's medical record occurred on all days of survey and identified the resident as a Full Code. Review of Resident #8's POLST (Provider Orders for Life-Sustaining Treatment) form identified DNR (Do Not Resuscitate)/Comfort Measures. The current care plan failed to identify the resident's current status of DNR/Comfort Measures. - Review of Resident #9's medical record occurred on December 3-4, 2019. Diagnoses included end stage renal disease. Observation on the afternoon of 12/03/19 showed Resident #9 had a fistula for dialysis to her right arm. The resident's current care plan lacked information related to the fistula, such as location, monitoring, no blood pressures in the right arm, etc.	B1240		
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	B1320		

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B1320	Continued From page 3 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 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.	B1320		

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B1320	Continued From page 4 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, review of facility policy, and staff interview, the facility failed to ensure complete medical records, including evidence of transfer forms/information sent with residents upon transfer to another facility for 4 of 5 sampled residents (Resident #4, #5, #9 and #14) transferred to the emergency room (ER). Failure to ensure necessary medical information is sent with residents limits staff's ability to ensure appropriate care and treatment at the receiving facility. Findings include: Review of the facility policy titled "DISCHARGE/TRANSFER" occurred on 12/04/19. This policy, revised August 2019, stated, " . . . To identify situations where discharge or transfer is necessary. To document discharge/transfer of residents appropriately . . . "	B1320		

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B1320	Continued From page 5 - Review of Resident #4's medical record identified transfers to the emergency room (ER) on 11/04/19. The record lacked evidence of transfer forms/information sent with the resident upon transfer to the ER. - Review of Resident #5's medical record identified transfers to the emergency room (ER) on 04/16/19, 05/09/29, 06/01/19, 07/30/19, 10/07/19, and 10/21/19. The record lacked evidence of transfer forms/information sent with the resident upon transfer to the ER. - Review of Resident #9's medical record identified transfers to the emergency room (ER) on 06/14/19 and 08/03/19. The record lacked evidence of transfer forms/information sent with the resident upon transfer to the ER. - Review of Resident #14's medical record identified transfers to the ER on 11/21/18 and 06/27/19. The record lacked evidence of transfer forms/information sent with the resident upon transfer to the ER. During an interview on 12/04/19, an administrative nurse (#1) confirmed the facility does not complete transfer forms.	B1320		
B1700	33-03-24.1-17 NURSING SERVICES 33-03-24.1-17. Nursing services. Nursing services must be available to meet the needs of the residents either by the facility directly or arranged by the facility through an appropriate individual or agency providing nursing services.	B1700		

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B1700	Continued From page 6 This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide nursing services to meet resident's needs for 1 of 2 sampled residents (Resident #5). Failure to monitor weights and ensure physician orders are completed may result in negative health outcomes for Resident #5. Findings include: Review of Resident #5's medical record occurred on all days of survey. A physician visit, dated 10/28/19, stated ". . . Keep a daily log of weights. Call if weight has increased more than 3 pounds in a day, or 5 pounds in a week . . ." Review of the November 2019 MAR (Medication Administration Record) showed six occasions with a three pound weight gain and two weeks with a five pound weight gain. The record lacked documentation the facility notified the physician of the weight gains. During an interview on the morning of 12/04/19, a supervisory nurse (#1) stated staff should notify the nurse of a three pound weight gain overnight or five pounds in a week.	B1700		