

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355104		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/08/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LAKOTA				STREET ADDRESS, CITY, STATE, ZIP CODE 608 4TH AVE SW LAKOTA, ND 58344			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 686 SS=D	An unannounced onsite complaint survey was completed on January 8th, 2025. During the complaint investigation the facility was found noncompliant with regulatory requirements. Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide the necessary treatment/services to promote the healing or prevent the development of pressure ulcers for 2 of 3 sampled residents (Resident #1 and #2) identified with pressure ulcers. Failure to apply pressure relieving devices as ordered, complete weekly assessments with measurements of pressure ulcers per facility policy, may result in new pressure ulcers, the deterioration of existing pressure ulcers, and delayed healing. Findings include:			F 686	1. Upon discovery of Resident #2's consistent refusal of heel boots, they were discontinued on 1/9/25. In addition, Resident #2 discharged on 2/1/25 and Resident #1 was discharged from the facility on 1/10/25. 2. All residents with wounds have the potential to be affected by this deficient practice. 3. Re-education will be provided to all RNs on the requirements of the Wound RN Assessment, emphasizing the		2/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/09/2025

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.

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F 686	Continued From page 1 Review of the facility policy titled "Skin Assessment Pressure Ulcer Prevention and Documentation Requirements" occurred on 01/08/25. This policy, dated April 2024 stated, ". . . The pressure ulcer should be assessed/evaluated at least weekly . . . and should include at the least the following: Measurements - length, width, depth . . ." Review of the "Wound Data Collection" form occurred on 01/08/25 and stated, ". . . Measurements - Required at least every once every 7 days . . ." - Review of Resident #1's medical record occurred on 01/08/25. Diagnoses included a history of urinary tract infections (UTIs), and clostridium difficile (inflammation of the colon caused by bacteria that can result in frequent diarrhea). The record identified a total of seven wounds, including two unstageable pressure ulcers and one stage two pressure ulcer. Physician's orders included weekly skin assessments, initiated 07/02/24; weekly registered nurse assessments, initiated 11/12/24; and wound care-right thigh, left gluteal fold, right gluteal fold - cleanse with wound cleanser, apply anasept gel (an antimicrobial skin and wound cleanser), with hydrogel gauze, cover dressings with border gauze every day shift and every one hour as needed for dislodged or soiled dressing, initiated 12/11/24. An initial assessment to Resident #1's left thigh wound, dated 11/07/24, measured 0.5 centimeters (cm) length x (by) 1.0 cm width x 0.1 cm depth. A second assessment, dated 11/19/24	F 686	importance of its timeliness and proper documentation of measurements. In addition, all nursing staff will be re-educated on the Sanford/GSS Policy and Procedure dated April 2024: Skin Assessment Pressure Ulcer Prevention and Documentation Requirements, the Wound Documentation Workflow, and Wounds and PointClickCare. Re-education will be provided on needed Supplementary Documentation for physician's orders in PointClickCare as relates to any skin/wound protection device. Nursing Leadership will oversee the timely completion of the Wound RN Assessments at least weekly. Re-education will be provided to all nursing staff on February 13, 2025 or prior to their next scheduled shift. 4. The Director of Nursing or designee will conduct medical record reviews for all residents with wounds to ensure Wound RN Assessments are being completed timely and that nursing leadership is overseeing the timely completion of these UDAs at least weekly. In addition, the Director of Nursing or designee will conduct resident observations weekly for all residents with skin/wound protection devices and that the orders are being followed correctly and proper documentation is taking place. These audits will be conducted at the following frequency: weekly for one month, monthly for two months and once quarterly. Audits will be reviewed and reported at monthly Quality Committee meetings.		

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F 686	Continued From page 2 (12 days later), failed to include measurements. Record review showed staff failed to complete weekly assessments and measurements after 11/19/24. An initial assessment to Resident #1's right thigh, dated 11/07/24, indicated an unstageable pressure ulcer and failed to include wound measurements. A second assessment dated, 11/13/24, showed a measurement of 2.5 cm x 4.0 cm. A third assessment dated, 11/19/24, showed a measurement of 3.0 cm x 2.8 cm x 0.2 cm. A fourth assessment dated, 12/06/24, indicated a stage two pressure ulcer with a measurement of 1.8 cm x 1.8 cm. Record review showed staff failed to complete weekly measurements after 12/06/24. An initial assessment to Resident #1's right gluteal fold, dated 12/07/24, indicated an unstageable pressure ulcer and showed a measurement of 0.7 cm x 1.6 cm. A second assessment, dated 12/11/24, showed a measurement of 8.2 cm x 5.5 cm x 0.1 cm. Record review showed staff failed to complete weekly wound measurements after 12/11/24 even though the resident's wound increased in size. An initial assessment to Resident #1's left gluteal thigh, dated 11/19/24, indicated a stage two moisture related pressure ulcer and measured 0.8 cm x 0.5 cm x 0.1 cm. A second assessment, dated 12/06/24 (17 days later), stated ". . . open wound with necrosis [irreversible death of body tissue) at the center. . . ." and measured 2.0 cm x 1.7 cm. A third assessment, dated 12/07/24,	F 686	5. The corrective action will be completed by February 21, 2025.		

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F 686	Continued From page 3 indicated an unstageable pressure ulcer with a measurement of 1.6 cm x 1.0 cm. Record review showed staff failed to complete weekly wound measurements after 12/07/24. An initial assessment to Resident #1's right buttocks, dated 12/06/24, indicated an unstageable pressure ulcer with a measurement of 3.0 cm x 2.5 cm. Record review showed staff failed to complete weekly wound measurements after 12/06/24. An initial assessment to Resident #1's coccyx wound, dated 11/19/24, failed to include measurements and stated, ". . . multiple areas to coccyx/peri area have moisture related first layer of skin removed. . . ." Record review showed staff failed to complete weekly assessments with wound measurements after 11/19/24. An assessment to Resident #1's left buttock wound, dated 11/20/24, stated, ". . . red area with scattered small open areas . . ." and measured 11.1 cm x 9.0 cm x 0.1 cm. Record review showed staff failed to complete weekly assessments with wound measurements after 11/20/24. Review of nursing progress notes showed Resident #1 had multiple loose incontinent stools throughout the day and received loperamide (an anti-diarrheal) as needed for the loose stools. The electronic treatment record showed the facility staff completed dressing changes as ordered and as needed due to the loose incontinent stool.			F 686			

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F 686	Continued From page 4 - Review of Resident #2's medical record occurred on 01/08/25. A significant change Minimum Data Set dated 12/09/24, indicated two unstageable pressure ulcers. A physician's order, dated 12/19/24, stated, ". . . Bilateral heel check for wound condition, offloading and heel protector boot placement BID [twice a day]. Bilateral heels must remain raised offloaded in bed and chair. Keep heel protector boots on at all times. . . ." Observation on 01/08/25 at 10:04 a.m. showed Resident #2 in the recliner in his room, with a pillow under his knees and his heels resting directly on the foot rest of the recliner, without protector boots in place. Observation on 01/08/25 at 12:00 p.m. showed Resident #2 in the recliner in his room, with bilateral heels resting over the edge of the recliner's foot rest, without protector boots in place. The facility failed to follow pressure relief interventions as identified by the physician's orders. Assessments of Resident #2's right heel pressure ulcer showed the following: * 11/24/24 - 2.2 cm x 3.1 cm. * 12/07/24 - 3.0 cm x 3.5 cm., (13 days later) * 12/19/24 - 1.1 cm x 1.6 cm., (12 days later) * 12/25/24 - 1.0 x 0.6 cm. * 12/30/24 - 1.0 cm x 1.0 cm * Record review showed staff failed to complete weekly wound measurements. Assessments of Resident #2's left heel pressure ulcer showed the following:			F 686			

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F 686	Continued From page 5 * 12/07/24 - 2.0 cm x 2.5 cm. * 12/19/24 4 cm x 5 cm., (12 days later) * Record review showed staff failed to complete weekly wound measurements after 12/19/24 and showed the resident's pressure ulcer increased in size. During an interview on 01/08/25 at 1:30 p.m., and administrative staff member (#1) verified the facility failed to ensure interventions were being followed and the medical record lacked weekly wound measurements. The facility failed to complete weekly assessments with measurements to monitor Resident #1 and #2's pressure ulcers to determine further treatments and interventions to prevent the deterioration of the pressure ulcers.	F 686			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an	F 690			2/21/25

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F 690	Continued From page 6 indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure appropriate care and services for 1 of 1 sampled resident (Resident #1) with an indwelling urinary catheter. Failure to obtain a physician order for an indwelling urinary catheter, and provide catheter care may result in urinary tract infections (UTI's), unnecessary discomfort, unnecessary skin issues, and/or sepsis. Findings include: Review of Resident #1's medical record occurred on 01/08/25. Diagnoses included retention of urine, pressure ulcers, resistance to multiple antimicrobial drugs and recurrent UTI's. The quarterly Minimum Data Set, dated 11/22/24, identified a urinary catheter. The care plan stated, ". . . indwelling medical device (foley	F 690	1) Resident #1 was hospitalized during the time of survey and discharged to another facility at a later time; therefore, we were unable to obtain an order for a catheter for Resident #1 to correct this deficient practice. 2) All residents with urinary catheters have the potential to be affected by this deficient practice. 3) Re-education will be provided to nurses on our policy of catheter: care, insertion & removal, drainage bags, irrigation, specimen as it relates to physician order and how often to change the catheter on February 13, 2025 or prior to their next scheduled shift. In addition, the facility admission orders will be		

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F 690	Continued From page 7 catheter) . . ." Review of the medical record included a nurse practioner's note dated 12/18/24 and stated, ". . . Patient returned to nursing home [from hospital] on 11/18/2024. . . . A trial off the foley catheter occurred shortly after return with noted urinary retention. . . . She has a urology consult 2/12/2024 (sic) for urinary retention and recurrent UTIs. . . ." Review of Resident #1's progress notes included the following: * 11/19/24 at 3:07 p.m. ". . . catheter draining yellow urine. . . ." * 12/25/24 at 4:14 p.m. ". . .Indwelling foley catheter replaced today with 16fr [french] Cathether (sic). . . ." The facility failed to obtain a physician order for an indwelling foley catheter and how often to change the catheter. During an interview on 01/08/24 at 1:20 p.m., an administrative staff member (#1) confirmed Resident #1's medical record lacked an order for the catheter.	F 690	adjusted to include catheter as a selectable option for treatments, so that the provider and facility ensure the order is available immediately upon admission. 4) The Director of Nursing or designee will conduct record reviews on all residents with catheters to ensure that there is an order in place, that the order is being followed correctly and proper documentation is taking place. These audits will be conducted at the following frequency: weekly for one month, monthly for two months and once quarterly.. Audits will be reviewed and reported at monthly Quality Committee meetings. 5) The corrective action will be completed by February 21, 2025.		