STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355104	A. BUILDING _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - LAKOTA	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 An unannounced onsite complaint and facility reported incident survey was completed on October 11, 2023. During the complaint investigation the facility was found noncompliant with regulatory requirements.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, staff interviews, and information from a complainant, the facility failed to ensure resident safety for 1 of 1 resident (Resident #1) closed record reviewed for smoking safety. Failure to ensure the safety of a resident who smoked placed the resident at risk for adverse events, serious injury, and death. Findings include: Review of the facility policy titled "[Facility Name] Smoking Procedure for Residents, Employees and Visitors" occurred on 10/11/23. This policy dated 04/01/23 stated, ". . . Smoking and tobacco use in the location is not permitted. On July 1, 1994, all locations of the [Facility Name] implemented a procedure to establish a smoke-free environment. This policy applies to	F 689	1. Resident #1 discharged from our facility on October 6, 2023, therefore we are unable to intervene in his care to prevent this from happening again. 2. We will place a fire extinguisher within the vestibule between the building and the garden. We will also utilize door alarms on the doors exiting and entering the garden so as to alert staff to a resident out there. 3. Education will be provided on October 31, 2023 to all staff and residents on the importance of the care plan matching the care we provide in regards to smoking. 4. There are no skilled nursing residents whom smoke currently and we are no longer accepting new residents whom smoke as of April 1, 2023. However, we	10/31/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 10/30/2023

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F 689	Continued From page 1 residents, employees, and location visitors. As of April 1, 2023, [Facility Name] does not allow smoking on facility grounds. . . These procedures are in addition to the "Smoking and Tobacco Use - Rehab/Skilled and Outpatient Therapy" Policy (dated 10/13/22) endorsed by [Facility Name] and [Facility Name] locations. . . . Resident Smoking Procedure. Per [Facility Name] Policy, we do not condone resident smoking. However, if that resident should choose to forgo our recommendations, and they have were [sic] a current resident and smoking before April 1, 2023, they have that right. . . . The outdoor garden space to the west of the building is our designated resident smoking area for those that were a current resident and smoking before April 1, 2023. . . ." Review of Resident #1's medical record occurred on 10/11/23 and showed the following: * Sustained an injury on 10/06/23 while outdoors smoking. * Current care plan stated, "Focus: The resident has impaired cognitive function/dementia or impaired thought processes . . . E/B [evidenced by] slight memory impairment, poor judgment skills & safety awareness, and impaired decision-making abilities . . . Revision on: 09/27/2023. . . . Focus: The resident uses tobacco products E/B use of cigarettes. . . . Goal: Resident will safely use tobacco products in designated area. . . . Interventions: . . . Monitor resident via cameras at nurses' station or where easily visible while out in the garden. Revision on: 05/23/2023." * A smoking assessment, completed on 12/16/22, stated, ". . . Cognitive Loss . . . [marked as modified independence] . . . Physical Limitations .	F 689	will be auditing all whom have a history of smoking and evaluating their potential to start smoking again. These audits will be performed once weekly for two months by the Director of Nursing or designee. These audits will be integrated into the quality assurance program. 5. This corrective action will be completed by October 31, 2023.	

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F 689	Continued From page 2 . . [marked as no] . . ." * Admitted to the facility as a smoker in 2019. * "Grandfathered in" to smoke on the property per facility policy. * On 10/06/23 only skilled nursing facility smoker. Observation of the facility's main nurses' station on 10/11/23 at 9:25 a.m. showed a surveillance monitor screen scrolling through views of indoor hallways and outdoor areas, including the designated smoking area. No staff were present in the nurses' station at this time. Observation on 10/11/23 at 11:00 a.m. with an administrative staff member (#1) showed an interior locked door with a numbered keypad. A code needed to be entered to exit to and enter from the facility's designated smoking area. No alarm sounded when code was entered, or when the door opened. Interviews occurred on 10/11/23 from 12:39 p.m. to 2:30 p.m. Questions asked: Were the monitors at the nurses' station on at the time of the incident? Were any staff in the nurses' station when Resident #1 went out to smoke? Where/what were you doing during the time of the incident? * Staff (#2) had been in the nurses' station at the start of shift, could not recall if surveillance monitors were on, and was not in the nurses' station when Resident #1 was out smoking. Staff #2 was walking down the hallway carrying a clean soaker pad on the way to a resident's room. A resident walking in the hall told this staff member it smelled like something was burning. Staff member went down the hall and saw the resident in the vestibule, opened the door, tried	F 689		

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F 689	Continued From page 3	F 689		

to assist the resident, called the charge nurse on walkie talkie, smoke alarm went off, and maintenance and charge nurse responded.
* Staff (#3) had been in the nurses' station earlier in shift, and the surveillance monitor was on. Staff #3 was in another resident's room when Resident #1 was out smoking, and the fire alarm sounded.
* Staff (#4) does not routinely use the nurses' station and does not know if surveillance monitor was on. Staff #4 heard the fire alarm and responded to the area.
* Staff (#5) had not been in the nurses' station, does not know if surveillance monitor was on, and was not in the nurses' station when Resident #1 was out smoking. Staff #5 heard the fire alarm while working in the kitchen.
* Staff (#6) had been in the nurses' station throughout the morning, and the surveillance monitor was on. Staff #6 was in another resident's room when Resident #1 was out smoking, and the fire alarm sounded.

During an interview on 10/11/23 at 2:45 p.m., when asked how facility staff monitor cameras at the nurses' station if no one is present, an administrative staff member (#1) stated, "There is a doorbell that alerts at the nurses' station when that door opens. I don't know if it was on that day. It makes a sound; you can choose ring tones."

On 10/06/23 Resident #1 sustained injury from fire, was transported by ambulance to the hospital, and later to a burn center where the resident died. The facility failed to monitor Resident #1 while smoking in the designated smoking area and ensure an alarm sounded/alerted staff when the resident left the

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F 689	Continued From page 4 building.	F 689		