STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355097	A. BUILDING _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - LARIMORE	501 E FRONT ST LARIMORE, ND 58251

(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 on-site revisit survey was conducted on 03/27/24 to determine compliance with deficiencies identified during the recertification and complaint survey completed on 02/01/24.	{F 000}		
{F 686} SS=D	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: DURING THE ON-SITE REVISIT COMPLETED ON MARCH 27, 2024, EVIDENCE SHOWED THE FACILITY FAILED TO ACHIEVE COMPLIANCE WITH THIS REQUIREMENT. Refer to 02/01/24 CMS-2567. Based on observation, record review, and resident interview, the facility failed to provide care and services to promote the healing or prevent the development of pressure ulcers for 3 of 3 sampled residents (Resident #6, #10, and #12). Failure to provide pressure relief interventions may result in the deterioration of existing pressure ulcers and/or the development	{F 686}	1) Resident #6,10 and 12 care plan updated to include pressure relieving boots, off for cares and laundering. Float heels when boots are not in place. 2) All residents at risk for pressure ulcers have the potential to be affected by this deficient practice. Review and update care plan for all residents using boots 3) All nursing staff will be re-educated providing heels boots as per care plan, to float heels for pressure ulcer prevention when boots are not in place. Education provided by DNS or Designee on 3/28/24	3/28/24

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

Electronically Signed | 04/11/2024

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{F 686}	Continued From page 1 of new pressure ulcers. Findings include: - Review of Resident #6's medical record occurred on 03/27/24. Diagnoses included diabetes mellitus type II. The care plan stated, ". . . The resident has potential for pressure ulcer development R/T [related to] Immobility, Incontinence, Diabetes . . . Interventions . . . Provide pressure relieving device on bed and chair. Heel protect boots to B/L [bilateral] feet at all time [sic] for off load. . . ." A "Braden Scale for Predicting Pressure Sore Risk," dated 01/25/24, identified a score of 11 (high risk). Observation on 03/27/24 at 2:00 p.m. showed two certified nurse aides (CNAs) (#4 and #5) assisted Resident #6 to the bed. One CNA (#5) stated, "Here, [Resident #6] let me take those off for you," and removed the resident's heel boots. Observations later in the afternoon showed Resident #6 remained in bed without heel boots in place. - Review of Resident #10's medical record occurred on 03/27/24. Diagnoses included peripheral vascular disease and a pressure ulcer to the left heel. The care plan stated, ". . . potential for further pressure ulcer development R/T stays in bed majority of day and cath [catheter] in place . . . Interventions . . . Provide pressure relieving device on bed and chair, heel protector boot to be on at all times . . ." Observation on 03/27/24 at 2:51 p.m. showed Resident #10 in bed without heel protector boots in place.	{F 686}	or prior to next scheduled shift. 4) The Director of Nursing or designee will conduct observation audits for all residents using heel protector boots, for proper placement or floating of heels when boots are not in use. Audits will be completed 1 X / week for 4 weeks, then 1 time X month for 2 months. Audit results will be submitted to the monthly QAPI Committee for review and recommendation. 5) This corrective action will be completed by March 28, 2024	

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{F 686}	Continued From page 2 - Review of Resident #12's medical record occurred on 03/27/24. The resident's current care plan stated, ". . .The resident has actual impairment to skin integrity R/T decreased mobility E/B [evidenced by] blister to right heel . . . Resident needs protection for the feet, heel protectors on at all times. . . ." A "Braden Scale for Predicting Pressure Sore Risk," dated 03/22/24, identified a score of 8 (score of 9 or below indicates very high risk). Observation on 03/27/24 at 11:55 a.m. showed Resident #12 in the dining room seated in a wheelchair without heel protectors in place. Observation at 2:20 p.m. showed Resident #12 in bed without heel protectors in place. Resident #12 stated, "I used to wear them [heel protectors], but I haven't had them for quite a while." The facility failed to implement pressure relief interventions for Residents #6, #10, and #12.	{F 686}		
{F 689} SS=D	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: DURING THE ON-SITE REVISIT COMPLETED ON MARCH 27, 2024, EVIDENCE SHOWED	{F 689}	1) Resident #1 and 9 Sit-Stand-Walk Data Collection UDA was completed on	3/28/24

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{F 689}	Continued From page 3 THE FACILITY FAILED TO ACHIEVE COMPLIANCE WITH THIS REQUIREMENT. Refer to 02/01/24 CMS-2567. Based on record review and staff and resident interview, the facility failed to provide appropriate and sufficient supervision and/or assistive devices for 2 of 3 sampled residents (Resident #1 and #9) reviewed for transfers. Failure to provide appropriate assistance and assistive devices during transfers placed the residents at risk for accidents, falls, and/or injuries. Findings include: Review of the policy/procedure titled "Safe Resident Handling Program Resource Packet" occurred on 03/27/24. This policy, revised 08/01/23, stated, ". . .The Care Plan is part of the communication process to the caregiver. Interventions must include. . . the type and size of the sling, the size of the harness, and the number of employees required for safety . . ." - Review of Resident #1's medical record occurred on day of survey and showed the following: * The current care plan stated, ". . .TRANSFER: Extensive assist of 2 with sit to stand lift medium size harness. . . " * A Sit-Stand-Walk Data Collection Tool, dated 02/18/24, stated, ". . .Stand Up. . . sit-to-stand for resident. . . Number of employees to assist. . . 2 . . ." * The Transfer: Support Provided task completed 03/15/24 through 03/27/24 indicated "One person physical assist."	{F 689}	03/27/24. 2) All residents have the potential to be affected by this deficient practice. All current residents reviewed to ensure last completed Sit-Stand-Walk Data Collection UDA is accurate for residents current condition and care plan includes UDA findings for safe transfer. 3) All licensed nurses re-educated on accurate completion of Sit-Stand-Walk Data Collection UDA and updating care plan to include instructions for safe transfer. All CNAs re-educated to provide resident care as per care plan. Re-education provided by DNS or designee on 3/28/24 or prior to next scheduled shift. 4) The Director of Nursing or designee will conduct resident transfer observation audits and documentation review on three residents to ensure their most recent Sit-To-Stand-Walk Collection Tool matches the care plan intervention and care is provided as per care plan. Audits will be completed 1 X / week for 4 weeks, then 1 X / month for 2 months. Audit results will be submitted to the monthly QAPI Committee for review and recommendations. 5) This corrective action will be completed by March 03/28/2024	

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{F 689}	Continued From page 4 During an interview on 03/27/24 at 11:45 a.m., the Resident #1 confirmed he is transferred with an assist of one staff. During an interview on 03/27/24 at 2:40 p.m., a certified nurse aide (CNA) (#6) confirmed the Resident #1 is transferred with an assist of one. During an interview on 03/27/24 at 3:15 p.m., an administrative nurse (#2) confirmed Resident #1 is transferred with an assist of two. The medical record lacked documentation of an assessment that Resident #1 can safely transfer with assist of one staff. - Review of Resident #9's medical record occurred on day of survey and showed the following: * The current care plan stated, ". . .TRANSFER: Extensive assist of 2 with sit to stand lift medium size harness. . . ." * A Sit-Stand-Walk Data Collection Tool, dated 01/24/24, stated, ". . . Stand Up . . . Number of employees to assist . . . 2 . . ." * A progress note, dated 03/15/24, stated, ". . . Extensive assist of 1 for transfers with the use of mechanical lift sit to stand lift.. . . " * The Transfer: Support Provided task completed 03/15/24 through 03/27/24 indicated "One person physical assist." During an interview on 03/27/24 at 2:06 p.m., the Resident #9 confirmed she is transferred with an assist of one.	{F 689}		

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{F 689}	Continued From page 5 During an interview on 03/27/24 at 2:07 p.m., a certified nurse aide (CNA) #3 confirmed the Resident #9 is transferred with assist of one. The medical record lacked documentation of an assessment that Resident #9 can safely transfer with assist of one staff. During an interview on 03/27/24 at 3:59 p.m., an administrative nurse (#2) could not confirm Resident #9's staff assistance level for transfers.	{F 689}		