

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355097		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/05/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LARIMORE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 E FRONT ST , LARIMORE, North Dakota, 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	
F0000	INITIAL COMMENTS An unannounced onsite investigation survey regarding a complaint was completed on November 5, 2025.		F0000			11/21/2025	
F0686 SS = G	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 record review, facility policy/procedure review, and staff interview, the facility failed to provide the necessary treatment/services to promote healing and prevent the worsening of pressure ulcers for 2 of 2 sampled residents (Residents #2 and #3) with pressure ulcers. Failure to consistently implement interventions to prevent worsening of an existing pressure ulcer and identify changes resulted in delayed treatment and deterioration of the resident's pressure ulcers. Findings Include: Review of the facility policy titled, "Physician/Practitioner Orders" occurred on 11/05/25. This policy, dated 04/06/25, stated, ". . . PURPOSE: To provide individualized care to each resident by obtaining appropriate, accurate and timely		F0686	Resident #2 went to the hospital on 11.5.2025 and discharged return not anticipated on 11.20.2025. Resident #3 went to the hospital and discharged return not anticipated on 11.10.2025. All residents with pressure ulcers have the potential to be affected. Reviewed all current residents with pressure ulcers and updated care plan as indicated. On-Shift education to nurses on 11.6.2025 on correct order entry into correct order category and education to CNA's and Nurses on 11.6.2025 related to complying with MAR/TAR/TASKs as ordered/assigned. NEW PROCESS: Each clinical meeting review order entry report to ensure orders and referrals are put in correct order category. MDS nurse or designee checks order placement box each business day to ensure proper order completion. DNS or designee will conduct documentation audits for order entry with wound treatment on TAR, care plan interventions for repositioning and positioning devices, and wound treatments and utilization of repositioning devices 1X per week X 4 weeks, 2X per month X 1 month, 1x per month X 3 months, and quarterly X 1. All audit findings will be submitted to the monthly QAPI Committee for review and recommendations. Compliance Date: 11/12/2025		11/21/2025	

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355097		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/05/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LARIMORE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 E FRONT ST , LARIMORE, North Dakota, 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	
F0686 SS = G	Continued from page 1 physician/practitioner orders. To provide a procedure that facilitates the timely and accurate processing of physician/practitioner orders . . . POLICY: Verbal/Telephone orders will be taken only by a licensed nurse . . . who will enter the order promptly into PCC [point click care-electronic medical record] . . . PROCEDURE: Physician/Practitioner orders are a critical component to providing quality care to residents. . . The nursing services and health information management (HIM) departments each have responsibilities for processing physician/practitioner orders in a timely and accurate manner. . . ." The facility failed to provide a policy for processing referrals to an outside agency. - Review of Resident #2's medical record occurred on 11/05/25 and identified an admission date of 10/16/25. A nursing note, dated 10/16/25 at 2:57 p.m., stated, ". . . Resident admitted from . . . Hospital . . . Res [resident] has pressure ulcers to left ankle and sacrum. . . . "The care plan identified, ". . . The resident has 2 pressure ulcers on admit - coccyx and ankle. . . ." An intervention, dated 10/27/25, stated, ". . . Encourage, assist, supervise with use of assist bar, trapeze bar, etc. for resident to assist with turning. . . ." Physician's orders, dated 10/31/25, included: *Rotate (reposition) every two hours *Prevalon (protective padded boot) boot when in bed The medical record failed to show staff repositioned Resident #2 every two hours and applied the Prevalon boots as ordered. During an interview on 11/05/25 at 5:02 p.m., an administrative staff member (#1) confirmed Resident #2's medical record lacked documentation of repositioning and application of Prevalon boots. - Review of Resident #3's medical record occurred on 11/05/25 and identified and admission date of 9/12/25 with a diagnosis of spinal cord compression. The physician's admission orders failed to identify a pressure ulcer or pressure ulcer treatment. On 9/16/25 (4 days after admission) a nursing note identified deep tissue injuries (DTI) (pressure-induced damage to underlying tissues) to both buttocks. The facility obtained wound care orders on 09/17/25. Modifications to wound care orders occurred on 09/26/25, 10/09/25, and 10/20/25.	F0686					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355097		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/05/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LARIMORE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 E FRONT ST , LARIMORE, North Dakota, 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
F0686 SS = G	Continued from page 2 Resident #3's care plan identified assistance of two staff members required for bed mobility. A wound assessment, dated 09/25/25, stated to reposition the resident every 2-3 hours and as needed (PRN) however, the facility failed to add this intervention to the care plan until 10/15/25, approximately one month after identifying the DTI. The medical record lacked evidence staff repositioned Resident #3 every 2-3 hours and as needed. Review of Resident #3's medical record identified the following: *09/16/25 "... DTI to R) [right] buttock ... Length 3.2 cm [centimeter] ... Width 1.1 cm ... Calmoseptine [an ointment used to treat skin irritations] and Mepilex [an absorbent dressing] apply 3x/week [three times per] and PRN. ..." The nurse identified the assessment as the initial assessment. *09/25/25 "... DTI on both buttocks ... Length 3.2 cm ... Width 1.1 cm ... Depth 0.1 cm ... L) [left] buttock 4.4 cm x [by] 3 cm x 0.2 cm ..." *10/02/25 "... Pressure ulceration ... Length 4 cm ... Width 3.5 cm ... Depth 0 cm ... Is drainage present on the dressing? Yes. Is there drainage leaking around the dressing? Yes. Describe the condition of tissue surrounding the dressing: Purulent [a thick fluid that is a sign of infection]. Describe: Purulent, blackening tissue, malodorous [unpleasant smell] ... Additional information ... Dr [name] office contacted in regards to concerns of wound complication. Awaiting further orders ..." *10/04/25 "... Pressure ulcer progressed and both buttocks open ... Length 9 cm ... Width 8 cm ... Depth 0.2 cm ... ulcer to noted to be progressed and size increased from last assessment ... Comments: ... Pro Source ... BID [twice a day] to enhance wound healing ... Dr. [name] updated on wound progressing" (The bilateral buttock wounds merged into one sacral wound at this point). *10/07/25 at 9:43 a.m. "Communication/Visit with Physician Late Entry: ... Dr [name] at bedside visiting with resident ..." Review of the provider visit note failed to include reference of any skin issues or pressure ulcers. *10/08/25 "... Pressure ulcer to Sacrum/buttocks Comments: Fax sent to Dr. [name] wit [sic] wound			F0686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355097		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/05/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LARIMORE				STREET ADDRESS, CITY, STATE, ZIP CODE 501 E FRONT ST , LARIMORE, North Dakota, 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	
F0686 SS = G	Continued from page 3 updated to obtain order for wound clinic VA [veterans administration] referral . . ." *10/11/25 at 5:40 p.m. "Health Status . . . Late Entry: [entered into the electronic medical record on 10/24/25 at 12:18 p.m.] . . . Received order to refer resident to VA for wound care. Order entered and left voicemail for social worker to schedule appointment." *10/18/25 "Wound name . . . Unstageable pressure ulcer to buttock/Sacrum area . . . Length 6.7 cm . . . Width 6 cm . . . Comments: resident encouraged to reposition self . . ." *10/20/25 ". . . unstageable p/u [pressure ulcer] with tunneling to Sacrum area. Is there drainage leaking around the dressing? Yes. Describe the condition of tissue surrounding the dressing: macerated [soft and draining due to moisture exposure] and reddened. Is there a presence of possible complications . . . ? Yes Describe: increasing drainage, odor, slough [shedding of dead tissue], and necrotic [dead] tissues and tunneling . . . Describe dressing . . . Calcium alginate [an absorbent dressing] and Mepilex . . . Comments: Resident sent to . . . ER [emergency room] via ambulance . . ." An Emergency Room note, dated 10/20/25, identified Resident #3 presented with ulcers and pain. The resident was hospitalized with a stage 4 (the most severe type of pressure ulcer involving deep tissue damage, exposing muscle, tendon, or bone) pressure injury of the buttocks and acute cellulitis (bacterial skin infection that affects the deeper layers of the skin). During an interview on 11/5/25 at 4:00 p.m., an administrative staff member (#1) confirmed nursing staff failed to follow up with the requests for Resident #3's wound clinic referrals sent to the provider on 10/2/25 and 10/8/25, confirmed the provider failed to evaluate the resident's wound on 10/07/25, confirmed there were nine days between Resident #3's wound clinic referral order and coordination of the referral, and the medical record lacked documentation of repositioning. The facility failed to implement a repositioning schedule and ensure wound care follow up in a timely manner which resulted in deterioration of Resident #3's pressure ulcers.	F0686					