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 12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - LARIMORE	**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 on-site revisit survey was conducted on 12/16/25 to determine compliance with deficiencies identified during the complaint survey completed on 11/05/25.	F0000		01/09/2026
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 observation, record review, review of facility policy, and staff interview, the facility failed to provide the necessary treatment/services to promote healing and prevent the worsening of pressure ulcers for 1 of 2 sampled residents (Resident #1) with pressure ulcers. Failure to consistently implement interventions to prevent worsening of existing pressures ulcer resulted in the deterioration of the heel pressure ulcers and may result in increased pain and debilitation. Findings Include: Review of the facility policy titled, “Pressure Ulcers" occurred on 12/16/25. This policy, dated 02/17/25, stated, ". . . A resident who has a pressure ulcer will receive the necessary treatment and services to promote	F0686	Resident #1 care plan and order were updated to state heel protector boots on when in bed and in chair. 1/1/2026 DNS provided education to wound nurse to update care plan when orders change. All residents at risk of pressure ulcers have the potential to be affected by this deficient practice. DNS provided re-education to nurses on Good Samaritan pressure ulcer prevention strategies and care-planning interventions specific to residents identified as being at risk for pressure ulcers prior to compliance date. All nursing staff educated to provide repositioning and prevalon boots to residents per care plan and document repositioning at the time care provided prior to compliance date. Process change: The Wound Care Nurse, in collaboration with the Director of Nursing Services (DNS), implemented a new resource packet for nursing staff to utilize when updating care plans in accordance with provider orders. During each business day DNS or designee pull order listing report and care plan verified. The Director of Nursing Services (DNS) or designee will conduct documentation audits on 3 residents for order entry with wound treatment and compare to care plan interventions for repositioning and prevalon boots, and audit tasks for completion of documentation on repositioning and prevalon boots 1X per day X 5 days, 1X per week X 4 weeks, 1x per month X 3 months, and quarterly X 1. DNS or designee will conduct observation audits on three residents for resident repositioning/turning, and application of boots 1X per week X 4 weeks, 1X per month X 3 months, and quarterly X 1.Any findings of non-compliance will be immediately addressed through corrective action and staff re-education. Audit results and identified trends will be reported to the Quality Assurance and Performance	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

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F0686 SS = G	Continued from page 1 healing, prevent infection and prevent new pressure ulcers from developing. . . ." Review of the facility policy titled, "Skin Assessment Pressure Ulcer Prevention and Documentation Requirements" occurred on 12/16/25. This policy, dated 12/08/25, stated, ". . . Developing an individualized repositioning schedule is required for those residents unable to position themselves and is based on nutrition, hydration, incontinence, diagnoses, mobility and observation of the resident's skin over a period of time. The positioning schedule should be communicated to the nursing assistants using the Kardex in PCC [point, click, care-the facility's electronic medical record] . . . The interdisciplinary team should determine any modifications that are necessary to the resident's plan of care. . . ." Review of Resident #1's medical record occurred on 12/16/25 and identified unstageable pressure ulcers to both heels and skin shear to buttocks. The current care plan stated, ". . . The resident has a hx [history] of stage II [2] [shallow open wound showing partial skin loss] pressure ulcers to sacrum [lower backbone] . . . 9/19 [25] open areas bilateral [both] buttocks . . . 12/10/25 DTI [deep tissue injury] (L) [left] heel . . . Monitor/Remind to turn/reposition at least every 2 hours . . . Provide heel protector boots when in bed. . . ." The current Kardex (care card) in PCC stated, ". . . Bed mobility. Turn from Side to Side: assist of 1. . . . Provide heel protector boots when in bed . . . Reposition as necessary to prevent skin breakdown . . ." Physician's orders, dated 12/13/25, included to check/appy heel protector boots to both feet at all times until DTI healed. Review of Resident #1's wound assessments identified the following: *12/10/25 Left Heel DTI 2.7 by 2 cm (centimeters). Treatment: Mepilex and heel boots for protection. Reposition. *12/13/25 Left Heel DTI increased in size to 3 by 2.9 cm. *12/13/25 New DTI to Right Heel 3 by 3.7 cm, dark purple in color. Treatment: Mepilex, heel protector boots on at all times. Reposition. Review of the repositioning schedules, dated December 1-15, 2025, showed facility staff failed to reposition	F0686	Continued from page 1 Improvement (QAPI) Committee on a monthly basis for review and implementation of additional interventions as needed to ensure ongoing compliance. Date of Completion: 1/9/2026	

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F0686 SS = G	Continued from page 2 Resident #1 every two hours. Observations of Resident #1 on 12/16/25 identified the following: *11:00 a.m., in bed with protective boots to both feet. Two certified nurse aides (CNAs) (#4 and #5) removed the protective boots and transferred resident with a sit to stand lift to the bathroom. *1:00 to 3:00 p.m., seated in a wheelchair without protective boots. The facility failed to reposition Resident #1 every two hours, update the care plan and Kardex to reflect heel protective boots at all times, and apply the protective boots while in the wheelchair.	F0686		