STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING _____ B. WING _____	C 09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY MILLER POINTE A PROSPERA CO	3500 21ST ST SE MANDAN, ND 58554

(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 investigation survey regarding a facility reported incident and a complaint was completed on September 14, 2023. During the report and complaint investigation the facility was found to be in compliance with regulatory requirements.	F 000		
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: Based on observation, record review, review of facility policy, manufacturer resources, and staff interviews, the facility failed to ensure residents received adequate supervision/assistance to prevent accidents for 1 of 4 sampled residents (Resident #3) who required a full body mechanical lift with sling for transfers. Failure to ensure staff utilize the proper size sling for each resident placed all residents who transfer with a mechanical lift at risk for accident and/or injury. Findings include: Review of the facility policy titled "SRHP-Safe Resident Handling Program Overview-R/S, LTC" occurred on 09/14/23. This policy, revised 01/11/23, stated, ". . . This program includes mobility and bathing equipment, program	F 689	F-689: Free of Accident Hazards/Supervision/Devices It is the intent of this facility to remain in compliance with F-689 and provide care in an environment that remains free of accident hazards as evidenced by the following: Resident #3 was evaluated and correct slings were placed in resident room. Education on following the care plan was provided to Staff on duty during survey. Education on proper sling selection and risks was provided to all staff beginning 10/4/2023 All residents using Total lifts have the potential to be affected by this deficient	10/19/23

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

Electronically Signed | 10/06/2023

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F 689	Continued From page 1 elements to support the use of equipment, employee training and a 'Culture of Safety'. . . Mechanical lifting equipment and/or other approved resident handling aids must be used to prevent manual lifting . . . Mobility equipment - Refers to total lift, ceiling lift, sit-to-stand, stand aid and walkers. Includes any device that utilizes a sling or harness and assists a resident with mobilization tasks. . . ." Review of "FDA Patient Lift Safety Guide" at https://ezlifts.com/resources, dated 09/14/23, stated, ". . . Select Patient's Sling Size . . . SLING TOO LARGE: Patient may slip out . . . SLING TOO SMALL: Patient may fall out. . . ." Review of "EZ Way Sling Sizing Chart" occurred on 09/14/23. This form, revised 07/31/18, stated, ". . . Beige M [medium] . . . Burgundy L [large] . . . Color Coding is used on the binding of slings . . . " Review of Resident #2's medical record occurred on 09/14/23. The current care plan stated, ". . . self care performance deficit R/T [related to] limited mobility/generalized weakness . . . TRANSFER: Assist of 2 [two] with hoyer [full body mechanical lift]. Medium standard sling. . . " Observation on 09/14/23 at 11:03 a.m., showed two certified nurse aides (CNAs) (#1 and #2) place a white mesh sling with burgundy binding under Resident #3. The CNAs transferred Resident #3 from the bed to the wheelchair with a mechanical lift. The CNA (#1) stated the sling was "a large regular", and showed the tag on the sling. The CNAs both explained the kardex/careplan identified the sling size to use for	F 689	practice. All residents using the total lift were thoroughly evaluated for correct sling and correct care plan. Education was held with Nursing Leadership and Minimum Data Set staff 9/21/2023 directly from EZ-Way in a train the trainer format. Content as follows: 1. Proper sling size and type selection 2. Proper placement of sling Each unit was furnished with a list of residents using total lifts as well as their sling size All nursing staff were provided with the Educational Video directly from EZ-Way entitled “Placing proper sling under the patient”. Policy entitled SRHP-Safe Resident Handling Program Overview – Rehab/Skilled, Long term care was reviewed and will remain in place unchanged. QI Monitoring using the audit tool entitled Safe Resident handling equipment competency will begin the week of 10/9/23. Random audits will be completed weekly x 4 weeks, monthly x 2 months. QI monitoring will be completed by the QI coordinator and/or her designee. QI monitoring will include resident #3. Results of the QI monitoring will be reviewed as part of the monthly facility QAPI meetings and then summarized at the Quarterly QAPI meeting with the Medical Director in attendance. The need for further monitoring will be determined	

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F 689	Continued From page 2 every resident. The CNA (#1) showed the surveyor Resident #3's kardex from the bathroom, which stated, ". . . medium standard sling . . ." During an interview on 09/14/23 at 1:00 p.m., administrative staff members (#3 and #4) confirmed they expected staff to use the correct size sling to transfer residents with mechanical lifts.	F 689	based on these results.	