STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
-	355094	A. BUILDING _____ B. WING _____	C 04/22/2010

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - MOHALL	602 E MAIN ST MOHALL, ND 58761

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification and complaint surveys, started on 04/19/10 and completed on 04/22/10, the sample included 3 residents for complete review, 9 residents for focused review, and 2 closed records for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000	F166 1. GSS form #213 will be utilized for Residents to offer suggestions and concerns. Protocol will be followed for retention of 18 months and department notification as stated on form. A reminder of the form and its use will be given at Resident Council once a month x 2 months and every other month thereafter. 2. All residents have the potential to be affected and should have the opportunity to voice their grievances. 3. a. Administrator and Dietary Manager will keep a communication log regarding discussions with residents regarding food service. b. A letter to residents and/or responsible parties has been implemented for all current residents and new admissions regarding participation in special events involving alternate foods. c. Dietary Manager will implement a variety of additional food options at least 1 x per week. d. Dietary Manager will implement an always available food selection list for the dinner and supper meals. It will be distributed to current residents/responsible parties in the next	
F 166 SS=F	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, group interview, resident interview, staff interview, facility policy review and review of information in the provider file, the facility failed, after receiving complaints regarding food, to resolve concerns for 10 of 10 residents (Resident A, B, C, D, E, F, G, H, I, and J). The facility failed to promptly address the concerns of these residents and failed to keep residents appropriately apprised of its progress toward resolution. This has been a concern area for residents of this facility for at least 2 years (the past three surveys). Finding include: Review of information in the provider file located at the Division of Health Facilities occurred on 04/19/10. Review of a 2567 survey report from the survey completed 05/15/2008, identified a	F 166		

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

Kelly L. Uhrig | Administrator | 5/13/2010

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 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.

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F 166	Continued From page 1 deficiency cited because this facility failed to resolve resident concerns regarding menu items. The residents wanted a better variety of foods served and also wanted more fresh fruits and vegetables. The provider file also contained a memo, dated 06/18/09, which stated, ". . . concerns had been cited in the previous survey with evidence including stated plans to start a salad bar or pass a platter of fresh vegetables during meals not being implemented . . . The dietary supervisor stated further plans to implement changes . . . including a salad bar or the service of a choice of fresh vegetables during meals. Resident group had continued dissatisfaction with menu. . . . " Review of the facility policy tilted "Choice at Meals" occurred 04/21/10. This policy, dated March 2009, stated, ". . . Visit with residents individually or at resident council regarding the possibility of choice dining and the benefits. . . . " Review of the facility policy titled "Substitutes at Meal Times" occurred 04/21/10. This policy, dated 09/09, stated, ". . . The director of dietary services [DDS] will visit with residents who have consistent complaints. . . ." Ten residents identified by the facility as interviewable, attended the group interview, on 04/20/10 at 10:00 a.m. All ten residents voiced concerns regarding the food served at the facility. During this interview Resident C, talking about food, stated, "you were here last year and nothing has changed no salad bar or fresh vegetables." During the group interview, Residents B, D, and F reported too much hotdish, canned fruit cocktail	F 166	**mailing 05/20/2010. A copy will be posted in common areas and reviewed at he next Resident Council meeting 6/01/2010.** **4. The Dietary Manager and LRD will interview resident population at least monthly regarding meal service & document outcome. Quality Assurance Committee will review data monthly.**	**05/27/10**

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and chicken. Residents A and I reported the rice in certain dishes as being under cooked.

A review of the Resident Town Meeting minutes dated June 2009 to March 2010 occurred on 04/19/10. This review of the minutes lacked evidence the facility addressed concerns regarding a salad bar or vegetable trays served during meals.

Review of the March 2010 Resident Town Meeting occurred on 04/19/10. This document listed the members menu of choice for the month of April, "roast turkey, mashed potatoes, sliced carrots and glorified rice." An observation on 04/20/10 of the posted menu, listed turkey, dressing, mashed potatoes/gravy, sliced carrots, and glorified rice as the items to be served on 04/21/10. An observation on 04/21/10 in the morning showed the menu items changed to mixed vegetables and ambrosia salad (canned fruit with whipped cream).

During the preparation of a test tray on 04/21/10 at 12:05 p.m., observation showed the cook served oriental blend vegetables. According to the posted menu the vegetable being served for the day had changed three times and salad changed once.

During interview on 04/21/10 at 2:15 p.m., an administrative staff member (#6) indicated facility staff members have discussed the issue of a salad bar at great length i.e.: feasibility, safety, ect. However, when asked, this staff member also indicated communication with the residents probably did not occur like it should have.

During an interview on 04/21/10 at 2:30 p.m., an

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F 166	Continued From page 3 administrative staff member (#5) reported looking at prices for a salad bar last year and having a discussion with the administrator, but indicated this information failed to be communicated to the residents. During an interview on 04/22/10 at 10:00 a.m., an administrative staff members (#5 and #7) indicated communication with the resident group and/or individual residents in order to resolve consistent complaints did not occur.	F 166	F323 1. Hot water temperatures have been monitored daily with correct temperature achieved on units 500 and 600. Water temperatures in all units of the facility will be checked 1 x per week x 1 month and monthly thereafter. Maintenance personnel will be responsible.	
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: 1. Based on hot water temperature readings, review of professional literature, review of facility policy/procedure, and staff interview, the facility failed to ensure the environment remained as free of accident hazards as possible in regard to safe water temperatures in 1 of 2 (South) units. Elevated water temperatures in hand washing sinks has the potential to result in burns caused by scalding. Findings include: The Centers for Medicare and Medicaid Services (CMS) has outlined standards of practice	F 323	2. All residents have the potential to be affected by hot water temperatures. 3. Water temperatures will be corrected at the time found to be above stated guidelines by adjusting gauges. Maintenance personnel will monitor. 4. Documentation will be kept by Maintenance personnel and monthly reporting will be done to QA/CQI committee. 1. Chemicals will be stored and locked in the soiled utility rooms on units 200, 300 and 400. Chemicals on 500 and 600 units will be stored in locked cupboards in the bathrooms or in bathing rooms. 2. All residents have the potential to be affected by unlocked chemicals.	5/27/10

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F 323	Continued From page 4 regarding hot water temperatures which states water may reach hazardous temperatures in hand sinks, showers, and tubs. Many residents in long-term care facilities have conditions that may put them at increased risk for burns caused by scalding. These conditions include: decreased skin thickness, decreased skin sensitivity, peripheral neuropathy, decreased agility (reduced reaction time), decreased cognition or dementia, decreased mobility, and decreased ability to communicate. Third degree burns can occur after five minutes of exposure to water at 120 degrees F. (Fahrenheit), three minutes exposure at 124 degrees F., and one minute exposure at 127 degrees F. Review of the facility policy titled "Water Temperature/Hardness Record" occurred on 04/22/10. This policy, dated April 1999, stated " . . . These checks should be completed and recorded at minimum weekly or more often if needed or required. Recommended check areas would be laundry, kitchen, and one resident room per wing. (Alternate resident rooms each week.) The surveyors visiting the facility may want to review these records, retain for a period of one year. . . ." - On 04/21/10 at 1:00 p.m., while running the water at the sink in resident room 613, the surveyor noted very hot water coming from the faucet. On 04/21/10 at 3:00 p.m., water temperatures taken in six random resident bathrooms revealed the hot water temperatures exceeded 118 degrees Fahrenheit. The potential for residents to receive a first, second, or third degree burn exists with hot water temperatures become very hot.	F 323	**3. Staff education will be implemented by written notice delivered individually and also posted in common areas.** **4. QA/CQI audits will be done weekly x 4 weeks to monitor correct storage of chemicals, then monthly x 3 months and then as needed as identified by QA/CQI process. Monthly reporting will be done to the QA/CQI committee.** 5/21/10 Enviormental 10:30am. Service Dept. staff. Per TC will do the QA/CQI audits Kelly 5/19 -	05/21/10

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The resident room numbers and the hot water temperature readings included the following:

* Room 506 - 118.4 degrees F.
* Room 515 - 119.2 degrees F.
* Room 522 - 119.9 degrees F.
* Room 601 - 122.9 degrees F.
* Room 608 - 119.6 degrees F.
* Room 613 - 119.9 degrees F.

During an interview on 04/21/10 at 3:35 p.m., an administrative environmental staff member (#3) stated the facility did not have a policy on what the range should be for hot water temperatures in resident care areas. The administrative environmental staff member (#3) stated the housekeeping department checks water temperatures weekly. When asked if the facility maintained evidence of checking water temperatures on a regular basis, the staff member (#3) stated no.

During an interview on 04/22/10 at 8:10 a.m., a housekeeping staff member (#4) stated the housekeeping department checks the resident care water temperatures weekly, but not on a specific day. The staff member (#4) stated " If I think about it [checking the water temperatures], I ask someone else if they have done it, and if not, I will then check them. No specific person is assigned to do it. " The staff member stated she considered any temperature over 130 degrees Fahrenheit to be too high for the residents.

2. Based on observation, review of Material Safety Data Sheets (MSDSs), and staff interview, the facility failed to maintain an environment free of hazardous chemicals in 2 of 2 (North and South) units. Accessible hazardous chemicals places cognitively impaired and wandering

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F 323	Continued From page 6 residents at risk for accidents/injury. Findings include: - Observation during the environmental tour on 04/21/10 at 2:00 p.m., and on the morning of 04/22/10 showed the following: * One can of End Bac II spray disinfectant within reach in an unlocked cabinet in the bathroom of the unlocked exam/report room located near the South nurses' station. * One bottle of Oasis 144 quaternary sanitizer in an unlocked cupboard under the sink in the resident recreation area on the South unit. * One can of Lysol disinfectant spray on the counter of the unlocked clean utility room located by the resident recreation area on the South unit. * One bottle of Virex II spray disinfectant within reach in an unlocked cupboard in the bathing room on the North unit. (Observed during the environmental tour on 04/21/10 only). Review of the MSDSs for the unlocked hazardous chemicals occurred on 04/22/10 and identified the following: * Oasis 144 stated "Skin and Eyes: Can cause severe irritation, possible chemical burns. If swallowed: Harmful. Can cause chemical burns of mouth, throat and stomach. If Inhaled: Can cause irritation of mouth, throat and airways, especially for sensitive individuals . . . KEEP OUT OF REAGH OF CHILDREN. " * Lysol disinfectant spray stated "Inhalation: . . . Susceptible individuals may experience dizziness, drowsiness, nausea and vomiting if exposed to extremely high concentrations of the vapors . . . Eyes: May cause mild, temporary eye irritation . . . KEEP OUT OF REACH OF CHILDREN. "	F 323		

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F 323	Continued From page 7 * Virex II stated "Eyes: Corrosive. May cause permanent damage including blindness. Skin: Corrosive. May cause permanent damage. Inhalation: May cause irritation and corrosive effects to nose, throat and respiratory tract. Ingestion: Corrosive. May cause burns to mouth, throat, and stomach . . . Individuals with chronic respiratory disorders such as asthma, chronic bronchitis, emphysema, etc., may be more susceptible to irritating effects . . . KEEP OUT OF REACH OF CHILDREN. " * End Bac II spray disinfectant stated "WARNING: Causes substantial but temporary eye injury . . . Ingestion: May be irritating to mouth, throat and stomach . . . KEEP OUT OF REACH OF CHILDREN. " During an interview on 04/21/10 at 2:10 p.m., an administrative environmental staff member (#3) confirmed staff should store hazardous chemicals in secure areas not accessible to residents. When asked for a policy specifically on the storage of hazardous chemicals, the facility provided none.	F 323		
F9999	FINAL OBSERVATIONS Based on observation, record review, staff interview, and resident and family interview, the complaint issues investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated	F9999		