

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355099		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/26/2020	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOTT				STREET ADDRESS, CITY, STATE, ZIP CODE 401 MILLIONAIRE AVE MOTT, ND 58646			
(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
E 000	Initial Comments			E 000			
F 000	A COVID-19 Emergency Preparedness Survey was completed by the Centers for Medicare and Medicaid Services (CMS) on 10/26/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024(b)(6). INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on 10/26/20. The facility was found to not be in compliance with 42 CFR 483.80 infection control regulations and will be cited at F886. The facility had 4 COVID-19 positive residents.			F 000			
F 886 SS=E	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;			F 886			11/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/12/2020

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 886	Continued From page 1 (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19. §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or	F 886			

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F 886	Continued From page 2 processing test results. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to document required COVID-19 test documentation for 3 of 3 sampled residents (Resident #1, #2, and #3). Failure to document COVID-19 testing results in each residents' medical record may lead to a lack of further required interventions and/or an incomplete medical record. Findings include: Review of resident medical records occurred on 10/26/20 and showed Resident #1, #2, and #3's records failed to contain documentation of COVID-19 negative test results. During an interview on 10/26/20 at 3:00 p.m., an administrative staff member (#1) confirmed the facility failed to ensure all resident medical records contained documentation of all COVID-19 negative laboratory test results.	F 886	Plan of Correction F886 1) The corrective action accomplished for Resident #1, #2, and #3 whose records failed to contain proper documentation of the COVID-19 negative test results was corrected on 10/27/2020 to comply with F886. 2) All residents have the potential to be affected. A chart review was completed to ensure all current residents COVID-19 test results were documented in the medical record. 3) The facility re-educated all licensed nursing staff and HIM and alerted staff to the facilities requirements towards compliance with the testing documentation portion of F886. 4) The Location HIM Director/designee will develop a chart audit to ensure all COVID-19 testing results are documented in the resident medical record. The audit will be conducted on all resident charts 1 x pre week for 4 weeks, Monthly x 3 All audit results will be brought to the QAPI committee for review and further recommendation. 5) Corrective action completion date: 11/30/2020		