STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355095	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - OAKES	213 N 9TH ST , OAKES, North Dakota, 58474

(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 complaint survey was completed on 07/07/25. During the complaint investigation the facility was found noncompliant with regulatory requirements.	F0000		
F0686 SS = D	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, review of facility policy, and staff interview, the facility failed to provide the necessary care and services for 1 of 2 sampled residents (Resident #2) with a pressure ulcer and 1 closed record (Resident #3). Failure to routinely assess and monitor progression of pressure ulcers has the potential to result in complications. Findings include: Review of the facility policy titled, "Pressure Ulcer/Wound Care Resource Packet," occurred on 07/07/25. This policy, revised 07/07/25, stated, ". . . Wound care management may include the management and	F0686	Resident #3 is no longer in the facitliy. Resident #2 is on hospital leave. DNS verbally re-educated licensed nurses on duty after surveyor exit (7/7/25) related to wound data collection/assessment requirements, including weekly measurments with documentation. DNS re-educated license nurses via email communication on 7/16/25 and GSS Pressure Ulcer/Wound Care Resource Packet placed at nurses' station for licensed nurse reference and education. All residents with alteration in skin intergrity have the potential to be affected by this deficient practice. On 7/17/25, DNS reviewed measurements and documentation on all current residents' with alterations in skin integrity. 10 of 10 residents had documentation including wound measurements completed last week. All licensed nurses will be re-educated by DNS on GSS "Pressure ulcer/Wound Care Resource Packet" specific to technique of measuring wounds with required frequency of completion/documention on PCC Wound Data Collection UDA and Wound Assessment UDA. Education will be completed by compliance date. New Facility Process is each business day, clinical team will review PCC for new wounds. The Clinical leadership team will review wound documentation at IDT (interdisclipinary team) weekly meeting. Any missing measurements/documentation will be addressed immediately. DNS or designee will audit documentation of IDT meeting minutes to ensure wound measurements and documentation are reviewed at each weekly IDT meeting and conduct observation audit of 1 licensed nurse measuring wounds to ensure proper procedure is completed with documentation. Audits will be conducted 1x/week for 4 weeks, then 1 X/month for 2 months, then 1X/ quarter for 3 quarters. All audit results will be submitted to the monthly QAPI committee for review and recommendations.	07/31/2025

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: 355095	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2025

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GOOD SAMARITAN SOCIETY - OAKES	213 N 9TH ST , OAKES, North Dakota, 58474

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F0686 SS = D	Continued from page 1 treatment of surgical wounds, pressure ulcers, diabetic ulcers and skin conditions, as well as arterial and venous ulcers. . . . Promotion of healing . . . and prevention of complications is extremely important, as well as accurate assessment and documentation. . . . Wound Data Collection UDA [User Defined Assessment] completed by licensed nurse and is required for documenting daily monitoring, is required at least weekly when skin integrity is impaired or open area is present (i.e., pressure ulcer, surgical wound, venous ulcer) and is required to be used daily and with every treatment . . . Wound RN [registered nurse] Assessment UDA is required at least every seven days and as needed when skin integrity is impaired or open area is present. . . ." - Review of Resident #2's medical record occurred on 07/07/25 and identified a diagnosis of peripheral vascular disease (reduced blood flow to the limbs) and a pressure ulcer on the right heel. Review of the "Wound Data Collection UDA" and the "Wound RN Assessment UDA" from 12/09/24 to 06/22/25 identified facility staff failed to measure Resident #2's pressure ulcer and failed to consistently document wound characteristics. - Review of Resident #3's medical record occurred on 07/07/25 and identified a pressure ulcer on the sacrum (an area of the lower back near the buttocks), present on admission in September 2024 until discharge in March 2025. Review of the "Wound Data Collection UDA" and the "Wound RN Assessment UDA" from October 2024 to February 2025 identified facility staff failed to consistently measure Resident #3's pressure ulcer at least weekly. The documents identified the following: October 2024 - lacked measurements for two weeks (between October 1st and 21st) January 2025 - lacked measurements for 1 week (between January 15th and 28th) February 2025 - lacked measurements for 2 weeks (between February 6 and 27th)	F0686	Continued from page 1 This deficiency will be corrected by 7/31/25.	

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F0686 SS = D	Continued from page 2 Interviews with nursing staff on 07/07/25 identified the following: * 5:30 p.m., A nurse (#3) stated she does not measure wounds and only the registered nurses do the measuring. The nurse stated she is not sure how often wounds should be measured. * 6:10 p.m., A nurse (#2) stated she measures wounds, but is not sure how often they should be measured. The nurse stated the computer alerts them as to when it should be done and the alert can come at any time of the day - on the day shift or the night shift. * 6:20 p.m., A nurse (#4) stated she is not sure how often wounds are measured but it is on the assignment sheet if they need to be measured. During an interview on 07/07/25 at 7:05 p.m., an administrative nurse (#1) indicated nursing staff (registered nurses and licensed practical nurses) are expected to assess and measure pressure ulcers/wounds weekly and confirmed staff are not always completing this assessment.	F0686		