

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/24/2015
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - PARK RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 S COUNTY ROAD 12B PARK RIVER, ND 58270		
(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) COMPLETE DATE	
B 000	INITIAL COMMENTS For the unannounced licensure survey started on 09/23/15 and completed on 09/24/15, the sample included 4 residents for complete review and 1 closed record for review. In addition, the sample included 1 supplemental resident to verify specific concerns during the survey. Good Samaritan Society - Park River is in substantial compliance with the requirements of North Dakota Administrative Code Chapter 33-03-24.1 "Licensing Rules for Basic Care Facilities in North Dakota."	B 000			

Health Resources Section

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

TITLE

(X6) DATE