STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355104	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Lakota	608 4th Ave SW Lakota, ND 58344

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.19.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 5 of 13 sampled residents (Resident #2, #10, #23, #35, and #36). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION GG: FUNCTIONAL ABILITIES AND GOALS The Long-Term Care Facility RAI Manual, revised October 2024, pages GG-5 to GG-8, stated, . GG0115 Functional Limitation in Range of Motion: Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days. Coding: 0. No impairment, 1. Impairment on one side, 2. Impairment on both sides . - Review of Resident #23's medical record occurred on all days of survey. The care plan stated, . paralysis to upper extremities and right leg and needs assistance . Observation on 06/02/25 at 10:19 a.m. showed Resident #23's bilateral arms/hands and bilateral legs limp/unable to move. A quarterly MDS, dated [DATE], failed to identify Resident #23's impairments to the upper and lower extremities. During an interview on 06/03/25 at 09:18 a.m., an administrative nurse (#3) confirmed staff failed to code the MDS assessment correctly. SECTION I: ACTIVE DIAGNOSES The Long-Term Care Facility RAI User's Manual, revised October 2024, pages I-5 to I-8, stated, . Active Diagnoses . Coding Instructions: Code diseases that have a documented diagnosis in the last 60 days and have a direct relationship to the resident's current functional status . medical treatments . during the 7-day look-back period . - Review of Resident #36's medical record occurred on all days of survey. An admission provider's note, dated 05/07/25, identified a diagnosis of cancer. An admission MDS, dated [DATE], failed to (continued on next page)

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.

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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	identify an active diagnosis of cancer. SECTION M: SKIN CONDITIONS The Long-Term Care Facility RAI User's Manual, revised October 2024, page M-37 to M-39, stated, . Check all that apply in the last 7 days. Coding Instructions: . M1200A/M1200B pressure reducing devices redistribute pressure so that there is some relief on or near the area of the ulcer/injury. The appropriate pressure reducing device should be selected based on the individualized needs of the resident. Review of Resident #10's medical record occurred on days of survey. The care plan stated Roho [an alternating air cushion] cushion to wheelchair seat when up in chair. Observations on 06/03/25 at 8:24 a.m. and 1:29 p.m. showed a Roho cushion on Resident #10's wheelchair and a pressure relieving mattress to the bed. The annual MDS, dated [DATE], showed staff failed to code the use a Roho cushion and a pressure relieving mattress for Resident #10. SECTIONS N: MEDICATIONS The Long-Term Care Facility RAI User's Manual, revised October 2024, pages N-6 to N-8, stated, . Code all high-risk drug class medications according to their pharmacological classification . N0415K1. Anticonvulsant: Check if an anticonvulsant medication was taken by the resident at any time during the 7-day observation period . - Review of Resident #2's medical record occurred on all days of survey. A quarterly MDS, dated [DATE], showed facility staff coded anticonvulsant use during the seven-day assessment. The medical record failed to identify administration of an anticonvulsant medication during the assessment period. - Review of Resident #35's medical record occurred on all days of survey. A quarterly MDS, dated [DATE], showed facility staff coded anticonvulsant use during the assessment period. The medical record failed to identify an anticonvulsant medication administered in the look-back period. - Review of Resident #36's medical record occurred on all days of survey. An admission MDS, dated [DATE], showed facility staff coded anticonvulsant use during the assessment period. The medical record failed to identify administration of an anticonvulsant medication during the assessment period. During an interview on 06/03/25 at 09:29 a.m., two administrative nurses (#3 and #4) confirmed staff failed to code the MDS assessments correctly. SECTION P: RESTRAINTS AND ALARMS The Long-Term Care Facility RAI User's Manual, revised October 2024, pages P1 to P5, stated, . PHYSICAL RESTRAINTS: Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body. P0100: Physical Restraints . Coding Instructions: . After determining whether or not an item . is a physical restraint and was used during the 7-day look-back period, code the frequency of use: Code 0, not used: if the item was not used during the 7-day (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	look-back or it was used but did not meet the definition. Code 2, used daily: if the item met the definition and was used on a daily basis during the look-back period. - Review of Resident #10's medical record occurred on days of survey. The annual MDS, dated [DATE], showed facility staff coded bed rail used daily. - Review of Resident #36's medical record occurred on all days of survey. A Bed Rail Assessment, dated 05/07/25, stated, . Would the side rail be considered a restraint? . 'No.' If no the side rails do not meet the definition of a restraint for this resident. An admission MDS, dated [DATE], showed facility staff coded bed rail as used daily. During an interview on 06/03/25 at 09:18 a.m., an administrative nurse (#3) confirmed the bed rails were not used as a restraint and facility staff coded the MDS's incorrectly.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review, review of facility policy, and staff interviews, the facility failed to provide the necessary services for 1 of 13 sampled residents (Resident #10) and 2 supplemental residents (#11 and #12) who required staff assistance with bathing. Failure to provide bathing as scheduled may result in poor personal hygiene and decreased self-esteem. Findings include: Review of the facility policy titled Bathing occurred on 06/03/25. This policy, dated September 2024, stated, To promote cleanliness and general hygiene . To assist resident with personal care . During an interview on 6/02/25 at 8:28 a.m., a certified nurse aide (CNA) (#2), indicated he/she normally does baths, however, since the facility was working short staffed today he/she was working on the floor instead of giving resident baths. - Review of Resident #10's medical record occurred all days of survey. The care plan stated, . BATHING: Resident requires assist of 1 with bathing in whirlpool. Review of the bathing record from May 5 through June 3, 2025, showed the facility staff failed to bathe the resident from May 19 to June 3, 2025, (15 days). - Review of Resident #11's medical record occurred on 06/03/25. The care plan stated, . resident has an ADL [Activities of Daily Living] self care performance deficit. Review of bathing records from May 5 through June 3, 2025, showed the resident refused a bath on May 5, received a bath on May 12 and May 19. The facility failed to bathe the resident from May 20 to June 3 (15 days). - Review of Resident #12's medical record occurred on 06/03/25. The care plan stated, . BATHING: Resident requires moderate assist of 1 staff with bathing. Review of bathing records from May 5 through June 3, 2025, showed the resident received a bath on May 5 and May 20, and refused a bath May 30. The facility failed to bathe the resident from May 6 to May 19 (13 days). During an interview on 06/03/25 at 6:40 p.m., an administrative staff member (#1) confirmed Resident #10, #11 and #12's medical record lacked documentation staff provided bathing as scheduled.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide the necessary treatment and services to promote healing of a pressure ulcer for 1 of 2 sampled residents (Resident #10) with a pressure ulcer. Failure to provide wound treatment as ordered may result in delayed healing, wound infection, and worsening or development of a new pressure ulcer. Finding include: Review of the facility policy titled Wound Dressing Change occurred on 06/03/25. This policy, dated 11/01/24, stated, . Check the physician's order . Identify date and initials on dressing/tape. Chart dressing change . Review of Resident #10's medical record occurred on all days of survey. A physician's order, dated 04/02/25, stated, Decubitus Ulcer Coccyx [an open wound on or near the tailbone] Cleanse with Wound Cleanser, apply Collagen [a protein] Pad and cover with Bordered Gauze daily. every night shift for Decubitus Ulcer Coccyx. Observation on 06/03/25 at 8:24 a.m. showed two certified nurse aides (CNAs) (#8 and #9) assisted Resident #10 with a brief check and change. The dressing located on the resident's coccyx area showed a date of 05/31/25. During an interview on 06/03/25 at 10:50 a.m., a nurse (#10) stated the dressing is changed nightly and checked the treatment administration record (TAR). Documentation identified dressing changes completed on 05/31/25, twice on 06/01/25, and the resident refused on 06/02/25. Observation on 06/03/25 at 1:29 p.m. showed a nurse (#10) and the CNA (#8) completed a dressing change for Resident #10. The nurse (#10) confirmed the date written on the old dressing removed was 05/31/25. Review of the TAR for the month of May 2025 showed staff failed to complete/document dressing changes on 05/11/25, 05/20/25, and 05/24/25. The medical record did not indicate the resident refusal on these days.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on record review, review of facility policy, and resident interview, the facility failed to provide necessary services and assistance for 1 of 1 confidential resident (Resident A) who voiced concerns related to toileting assistance. Failure to provide toileting assistance in a timely manner may result in a loss of dignity and placed the residents at risk for incontinence, skin breakdown, poor grooming/hygiene, decreased self-esteem, urinary tract infections, and risk for fall and/or injuries. Findings include: Review of the facility policy titled Bowel & Bladder occurred on 06/03/25. This policy, dated May 2025, stated, . PURPOSE To achieve a comfortable voiding schedule with the least amount of incontinent episodes . Review of Resident A's medical record occurred on all days of survey. The care plan identified the following, . TOILET USE: Resident requires 1 staff assist. The current Minimum Data Set, identified required substantial/maximal assist for toileting and always continent of bladder. During an interview on 06/01/25 at 4:21 p.m., Resident A stated he/she has been incontinent of urine due to waiting for staff assistance with toileting. The resident stated when he/she uses the call light for staff assistance it often takes 15-45 minutes. Review of Resident A's toileting log, dated May 4 through June 2, 2025, showed staff failed to toilet the resident for 4-11 hours on four occasions and resulted in urinary incontinence. The facility staff failed to provide the necessary services and assistance for Resident A to maintain urinary continence.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on record review, review of facility policy, and resident and staff interviews, the facility failed to provide respiratory care in accordance with professional standards and the plan of care for 1 of 1 sampled resident (Resident #25) with a diagnosis of severe obstructive sleep apnea. Failure to obtain or check on the status of a Continuous Positive Airway Pressure (CPAP) device may result in cardiovascular issues, daytime fatigue, impaired cognitive function and affect overall quality of life. Findings include: Review of the facility policy titled Non - Invasive Respiratory Support occurred on 06/03/25. This policy, dated October 2024, stated, . PURPOSE . Provide the most effective treatment option . for those suffering with respiratory insufficiency. Review of Resident #25's medical record occurred on all days of survey and included diagnoses of severe sleep apnea and acute respiratory failure with hypoxia. During an interview on 06/01/25 at 4:41 p.m., Resident #25 stated, I had a home sleep study in January and I'm supposed to have a CPAP, but they haven't gotten it for me yet. A home sleep test report, dated 02/22/25, identified Resident #25 had severe obstructive sleep apnea and indicated the need for a CPAP device. The medical record included an order request for a CPAP device to a medical equipment supplier on 02/27/25 and an order request to another medical equipment supplier on 05/23/25. During an interview on 06/03/25 at 2:38 p.m. an administrative staff member (#6) confirmed staff failed to order Resident #25's CPAP device until 05/23/25. The facility failed to follow up on obtaining a CPAP device for Resident #25 for over 3 months.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, review of facility policy, and staff interview, the facility failed to ensure posting of staff information on 2 of 3 days of survey (June 1-2, 2025). Failure to post staffing data does not allow residents and visitors information related to the number of licensed and unlicensed staff on duty each shift. Findings include: Review of the facility policy titled Nursing Staff Daily Posting Requirements occurred on 06/03/25. This policy, dated December 2024, stated, . post daily the staffing and resident census at the beginning of each shift . Observation on all days of survey showed a Nurse Staffing Posting Information form posted on a board in the hall by the residents' dining room. Review of the staffing information posted on 06/01/25 showed the data posted for 05/30/25. Review of the staffing information posted on 06/02/25 showed the data posted for the previous day. The facility failed to post current staffing information for June 1 and 2, 2025. During an interview on 06/03/25 at 6:40 p.m., an administrative staff member (#1) confirmed staff failed to post the appropriate staffing form for June 1-2, 2025.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and review of facility policy, the facility failed to follow standards of infection control and prevention for 4 of 5 sampled residents (Resident #10 #23, #24, and #35) observed during cares. Failure to practice infection control standards related to enhanced barrier precautions (EBP), perineal care, hand hygiene, and cleaning of a mechanical lift has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Standard, Enhanced Barrier, and Transmission-Based Precautions occurred on 06/04/25. This policy, revised April 2025, stated, . Enhanced barrier precautions expand the use of personal protective equipment [PPE] beyond situations in which exposure to blood or body fluids is anticipated and refer to the use of a gown and gloves during high-contact resident care activities . Enhanced barrier precautions are also used for residents with chronic wounds (i.e., pressure ulcers .) . indwelling medical devices (i.e., indwelling urinary catheters, feeding tubes .) . High-contact resident care activities include transfers, dressings, assisting during bathing, providing hygiene, changing briefs or assisting with toileting . Review of the facility policy titled Hand Hygiene occurred on 06/04/25. This policy, revised March 2022, stated, . To establish hand hygiene as the single most important factor in preventing the spread of disease-causing organisms to patients . hand hygiene: a general term that applies to either handwashing or applying hand sanitizer . All employees will . adhere to the 4 Moments of Hand Hygiene and 2 Zones of Hand Hygiene. 1. Entering Room, 2. Before Clean Task, 3. After Bodily fluid/Glove Removal, 4. Exiting Room, 5. Zones: Patient zone and Health-care zone . Review of the facility policy titled Environmental Cleaning Principles occurred on 06/04/25. This undated policy, stated, . Environmental cleaning plays an important role in an infection control program. Multi-use equipment should be disinfected after use. - Review of Resident #10's medical record occurred all days of survey. The care plan stated, The resident requires Enhanced Barrier Precautions [related to] open wound . [Apply] gown and gloves when performing high contact care activities including: . checking and changing . wound care. During an observation on 06/03/25 at 8:24 a.m., two certified nursing assistants (CNAs) (#8 and #9) provided perineal cares for Resident #10. At 1:29 p.m., the CNA (#8) assisted with wound care. During both observations the CNAs failed to wear PPE prior to providing care to a Resident #10. - Review of Resident #23's medical record occurred on all days of survey. The current care plan stated, . requires Enhanced Barrier Precautions (EBP) R/T [related to] indwelling medical device (feeding tube and catheter). Observation on 06/03/25 at 10:19 a.m. showed an EBP sign on Resident #23's door frame and a supply container outside the resident's room containing PPE. Two CNAs (#2 and #5) entered the room, performed hand hygiene, and applied gloves, but failed to wear gowns. The CNA (#5) obtained a wet wipe and cleansed the perineal area from back to front instead of front to back. The CNAs rolled the resident onto her left side and the CNA (#5) cleansed the rectal area, removed the soiled brief, and placed a clean brief under the resident. Without removing the soiled gloves, the CNA (#5) assisted the CNA (#2) with other personal cares. The CNA (#5) then removed the soiled gloves and without performing (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hand hygiene, obtained mouth swabs and mouthwash and completed oral cares. The CNA (#5) picked up soiled linen on the floor with ungloved hands and exited the room. The CNA (#5) failed to apply gloves and perform hand hygiene. The CNAs (#2 and #5) failed to apply gowns before providing cares. The CNA (#5) failed to provide appropriate incontinence cares, failed to remove soiled gloves and perform hand hygiene before applying clean gloves, handled soiled linen without gloves, and failed to perform hand hygiene before exiting Resident #23's room. - Review of Resident #24's medical record occurred on all days of survey. The current care plan stated, . has an ADL [activities of daily living] self care performance deficit R/T impaired cognition, mobility E/B [evidenced by] assist of 1-2 for cares . TOILETING USE: . requires assist of 2 and full lift. has bladder incontinence R/T impaired cognition E/B urinary incontinence . Observation on 06/01/25 at 2:57 p.m. showed two CNAs (#7 and #8) entered Resident #24's room, performed hand hygiene, applied gloves and transferred the resident from the wheelchair to the bed with the full body mechanical lift. The CNA (#7) completed perineal cares, placed a new brief under the resident, and removed the soiled gloves. Without performing hand hygiene, the CNA (#7) completed personal cares for the resident. The CNA (#8) performed hand hygiene, exited the room with the mechanical lift, and placed it in the hallway. The CNA (#8) failed to sanitize the lift prior to exiting the resident's room. - Review of Resident #35's medical record occurred on all days of survey. The current care plan stated, . requires Enhanced Barrier Precautions (EBP) R/T indwelling medical device (Foley catheter) . Observation on 06/02/25 at 1:25 p.m. showed two CNAs (#2 and #5) entered the resident's room, performed hand hygiene, applied a gown and gloves and transferred the resident from the wheelchair to bed. The CNA (#5) performed catheter cares, cleansed the rectal area, discarded the soiled brief, and placed a clean brief under the resident. Without removing their soiled gloves and performing hand hygiene, the CNA (#5) completed other personal cares for the resident.