

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Lorrain Drive Bismarck, ND 58503	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and staff interview, the facility failed to review and revise care plans to reflect the residents' current status for 2 of 13 sampled residents (Resident #33 and #39). Failure to update care plans limited the staffs' ability to communicate needs and ensure continuity of care.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - Review of Resident #33's medical record occurred on all days of survey. A physician's order, dated 07/16/24, stated, Hiprex [antibiotic/antibacterial medication] Oral Tablet 1 GM [gram] . Give 1 tablet by mouth two times a day for prevent uti [urinary tract infection]. The current care plan stated, . Monitor/document for s/s [sign/symptoms of] UTI . The facility failed to update Resident #33 care plan to include a medication to prevent UTIs. - Review of Resident #39's medical record occurred on all days of survey. A physician's order, dated 09/23/24, stated, Hiprex Oral Tablet 1 GM . Give 1 tablet by mouth two times a day for Recurrent [sic] UTIs. The current care plan stated, . Monitor/document for s/s UTI . The facility failed to update Resident #39's care plan to include a medication for recurring UTIs. <p>During an interview on 01/30/25 at 12:19 p.m., an administrative nurse (#1) confirmed staff failed to revise Resident #33 and Resident #39's care plans.</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Lorrain Drive Bismarck, ND 58503	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, review of facility policy, review of manufacturer's instructions, and staff interview, the facility failed to ensure staff followed standards of practice for 1 of 2 residents (Resident #33) observed for insulin preparation and administration. Failure to properly prime an insulin pen and administer insulin correctly may result in residents receiving an inaccurate dose of insulin.</p> <p>Findings include:</p> <p>Review of the facility policy titled Insulin Administration, Insulin Pens, Insulin Pumps occurred on 01/30/25. This policy, revised 09/05/24, stated, . Insulin Pen. Turn the dosage knob to '2' units to prime the pen. 10.) Holding the pen with the needle pointing upwards, press the button until at least a drop of insulin appears. 11.) Dial in the ordered dose of units. Inject the dose into the chosen site. Be sure to wait 6 seconds to ensure that the full dose has been delivered.</p> <p>Review of manufacturer's Instructions For Use of Lantus occurred on 01/30/25 and stated, . Injecting your Lantus Dose: Place your thumb on the injection button. Then press all the way in and hold. Keep the injection button held in and when you see '0' in the dose window, slowly count to 10. This will make sure you get your full dose. After holding and slowly counting to 10, release the injection button.</p> <p>Observation on 01/29/25 at 11:30 a.m. showed a staff nurse (#9) prepared Resident #33's Lantus insulin pen for administration. The nurse (#9) primed the insulin pen holding the pen down towards the garbage can. The nurse (#9) administered the insulin and immediately removed the needle from the resident's skin. The nurse failed to hold the pen upward when priming, hold the injection button in and count to 10.</p> <p>During an interview on 01/30/25 at 12:24 p.m., an administrative nurse (#1) stated she expected staff to prime an insulin pen with the needle upright and to hold the needle into the skin per policy/instructions.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Lorrain Drive Bismarck, ND 58503	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, review of manufacturer's instructions and staff interview, the facility failed to sanitize surfaces in 1 of 1 facility kitchen. Failure to ensure the concentration of quaternary (quat) sanitizing solution is within manufacturer's guidelines may result in an incorrect solution concentration. Inadequate sanitization of the kitchen surfaces places residents at risk for foodborne illness.</p> <p>Findings include:</p> <p>Review of the manufacturer's instructions for Ecolab's Oasis 146 Multi-Quat Sanitizer occurred on 01/29/25. This information identified a concentration of 150- 400 ppm (parts per million) for effective sanitizing.</p> <p>Observation during the initial kitchen tour on 01/27/25 at 10 a.m., showed a dietary staff member (#11) wiped a food-prep counter in the kitchen with a cloth from a bucket of solution. The dietary staff (#10) identified the solution in the bucket as the quat disinfecting solution she obtained from the main kitchen earlier that morning. Upon request, the dietary staff member (#10) tested the solution twice using expired Hydriion QT 40 test strips. The results measured 50-100 ppm, below the 150-400 ppm manufacturer's recommendation.</p> <p>Observation in the kitchen on 01/30/25 at 10:20 a.m., showed an administrative staff (#2) tested a bucket of pre-mixed quat solution prepared for disinfection of the kitchen counters. The quat solution tested below 100 ppm, and staff discarded it. Testing of a second bucket of pre-mixed quat solution showed 100 ppm and staff discarded it.</p> <p>During an interview on 01/30/25 at 10:30 a.m., an administrative staff (#2) stated staff are expected to test quat solution with up to date test strips and assure the solution is mixed to the correct concentration.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Lorrain Drive Bismarck, ND 58503	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 5 of 13 sampled residents (Resident #20, #30, #36, #38 and #200) and one supplemental resident (Resident #2) observed during cares and medication pass. Failure to practice infection control standards related to enhanced barrier precautions (EBP), droplet precautions, and hand hygiene, has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Hand Hygiene occurred on 01/28/25. This policy, revised on 03/29/22, stated, . Policy: . All employees in patient cares areas . will adhere to . Hand Hygiene . 3 After bodily Fluid/Glove Removal . according to standard precautions . 2. Hand hygiene should be performed after glove removal . Procedure: HCW [Health Care Workers] will use waterless alcohol-based hand sanitizer or soap and water to clean their hands: . After removing gloves regardless of task completed . After contact with a patient's excretions . When moving from contaminated body site to clean body site during patient care .</p> <p>Review of the facility policy titled Standard and Transmission-Based Precautions occurred on 01/28/25. This policy, reviewed/revised on 04/02/2024, stated, . Standard precautions apply to . all body fluids . excretions . Standard precautions include handwashing, personal protective equipment, cleaning of resident care equipment . Enhanced Barrier Precautions . refer to the use of gown and gloves during high-contact resident care activities . Enhanced Barrier Precautions are needed for . Residents with Indwelling Medical Devices (. indwelling urinary catheters, feeding tubes .) . High-Contact Resident care Activities include: Transfers, dressing, assisting during bathing, providing hygiene, changing briefs . contact while assisting with transfers . Droplet Precautions will be used in addition to standard precautions for a resident/patient known or suspected to be infected with microorganism transmitted by droplet . clear signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE [personal protective equipment] .</p> <p>- Review of Resident #30's medical record occurred on all days of survey. The current care plan stated, . The resident needs Enhanced Barrier Precautions related to indwelling catheter and feeding tube.</p> <p>Observation on 01/27/25 at 9:43 a.m. showed an enhanced barrier precaution sign outside of Resident #30's room. A certified nurse aid (CNA) (#6) entered Resident #30's room without applying a gown to complete morning cares. With gloved hands, the CNA (#6) completed personal and catheter cares. Without removing the gloves and performing hand hygiene, the CNA performed perineal cares after a bowel movement. Without removing the soiled gloves or performing hand hygiene, the CNA (#6) continued with the rest of the morning cares, including placing clothing on the resident.</p> <p>- Review of Resident #200's medical record occurred on all days of survey. The current care plan stated, . The resident has an ADL [activities of daily living] self care performance deficit . check resident . for incontinence/toileting needs .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Lorrain Drive Bismarck, ND 58503	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 01/27/25 at 1:32 p.m. showed a CNA (#6) performed perineal cares for Resident #200 after a bowel movement. After completing cares, the CNA (#6) failed to remove his/her gloves, applied a new brief, pulled up the resident's pants, and adjusted the resident's shirt. The CNA then removed the soiled gloves and without performing hand hygiene, placed a blanket over the resident, placed the call light within reach of the resident, and opened the window blind.</p> <p>During an interview on 01/30/25 at 12:19 p.m., an administrative nurse (#1) confirmed she expected staff to remove gloves and perform hand hygiene after perineal cares, and for staff to follow the policy when providing high-contact cares for residents in enhanced barrier precautions.</p> <p>- Review of Resident #36's medical record occurred on all days of survey. The current care plan stated, . requires enhanced barrier precautions . monitor lung sounds .</p> <p>Observation on 01/27/25 at 2:43 p.m. showed a staff nurse (#4) entered Resident #36's room and assessed lung sounds with a stethoscope. After the assessment, the nurse placed the stethoscope around her neck, left the room, and walked down the hall. The nurse (#4) failed to disinfect the stethoscope.</p> <p>During an interview on 01/30/24 at 12:20 p.m., an administrative nurse (#1) stated she expected staff to sanitize medical equipment used for a resident on EBP.</p> <p>- Review of Resident #20's medical record occurred on all days of survey. The care plan stated, The resident needs Enhanced Barrier Precautions related to indwelling catheter.</p> <p>Observation on 01/28/25 at 8:43 a.m. showed a CNA (#7) transferred Resident #20 from the wheelchair to the recliner. The CNA (#7) stated, the resident is in EBP for his foley catheter and staff only need a gown when working with the catheter. The CNA (#7) failed to wear a gown when transferring Resident #20.</p> <p>During an interview on 01/30/25 at 12:14 p.m., an administrative nurse (#1) stated she expected staff to wear a gown for all transfers in EBP rooms.</p> <p>- Observation on 01/29/25 at 11:45 a.m., showed a Medication Aide (MA) (#8) administered eye drops to Resident #2. The MA (#8) applied gloves, administered the eye drops, removed the gloves, and left the room without performing hand hygiene. The MA returned to the medication cart and failed to perform hand hygiene.</p> <p>During an interview on 01/30/25 at 12:24 p.m., an administrative nurse (#1) stated she expected staff to perform hand hygiene after administering eye drops.</p> <p>- Review of Resident #38's medical record occurred on all days of survey. Diagnosis included influenza.</p> <p>Observation on 01/27/25 at 4:09 p.m., showed a droplet precautions sign outside of Resident #38's room. A CNA (#5) entered Resident #38's room and performed toileting and transferring cares. After cares, the CNA (#38) exited the room and failed to remove his mask.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Lorrain Drive Bismarck, ND 58503	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/30/24 at 12:20 p.m., an administrative nurse (#1) stated she expected staff to remove PPE after cares in a droplet precautions room.</p>