

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Ambassador		STREET ADDRESS, CITY, STATE, ZIP CODE 8100 Medicine Lake Road New Hope, MN 55427	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657</p> <p>Based on interview and document review, the facility failed to ensure the Skilled Nursing Facility Advanced Beneficiary Notice-Centers for Medicare and Medicaid-10055 (SNFABN-CMS-10055) was provided for 1 of 3 residents (R126) reviewed for beneficiary notices.</p> <p>Findings include:</p> <p>R126's Part A discharge Minimum Data Set (MDS) dated [DATE], indicated R126 was admitted [DATE]. R126's was cognitively intact.</p> <p>R126's Notice of Medicare non-coverage form CMS-10123 (NOMNC-CMS-10123), signed and dated 7/29/24, indicated R126's services would end 7/31/24 although Medicare coverage days remaining. R126 remained in the facility.</p> <p>R126's discharge MDS dated [DATE], included R126 was discharged from the facility on 11/17/24.</p> <p>R126's medical record lacked evidence the SNFABN-CMS-10055 was provided to R126.</p> <p>During interview on 1/8/24 at 3:36 p.m., Medicare case manager (CM)-A confirmed R126 did not receive a SNFABN-CMS-10055 prior to his Medicare coverage ending. CM-A confirmed R126 should have received this form since he was staying in the facility with coverage days remaining. CM-A stated the form was not completed because there was confusion on who was responsible for completing this form.</p> <p>Facility policy titled Advance Beneficiary Notice of Non-Coverage dated 2/14/23, included the SNFABN-CMS-10055 was to be issued prior to providing a service that is usually paid for by Medicare but may not be because it was not considered medically necessary.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657</p> <p>Based on observation, interview and document review, the facility failed to use proper personal protective equipment (PPE) for 1 of 1 residents (R17) reviewed for droplet precautions.</p> <p>Findings include:</p> <p>R17's annual Minimum Data Set (MDS) dated [DATE], included R17 was severely cognitively impaired and required substantial assistance for toilet hygiene, dressing, and transfers.</p> <p>R17's electronic medical record (EMR) included a facility form titled Good Samaritan Society - Ambassador COVID - 19 Test dated 12/30/24, indicated a positive test result for COVID-19.</p> <p>R17's EMR entry dated 12/30/24, included R17 tested positive for COVID-19 and droplet precautions were initiated.</p> <p>On 1/7/25 at 8:43 a.m., nursing assistant (NA)-A was observed entering R17's room with a food tray. NA-A donned a gown, glove and a N95 mask prior to entering room. Eye protection was not donned. R17's room had a sign posted with the title droplet precautions and included instructions to make sure eyes, nose and mouth are fully covered before room entry.</p> <p>On 1/7/25 at 9:09 a.m., NA-A was observed exiting R17's room and utilizing alcohol-based hand sanitizer.</p> <p>During interview on 1/7/25 at 9:12 a.m., NA-A stated she was aware R17 was on precautions for a COVID-19 infection, and she was supposed to wear eye protection when entering the room. NA-A stated she had not worn eye protection because there was not any in the precautions cart outside of R17's room.</p> <p>During interview on 1/7/25 at 9:56 a.m., registered nurse (RN)-A confirmed R17 was on precautions for a COVID-19 infection and all staff should have been trained on what PPE was necessary when caring for a resident with an infection. RN-A stated the nurses usually stock the precautions carts on the units, but all PPE supplies were available to any staff.</p> <p>On 1/7/25 at 12:46 p.m., trained medical assistant (TMA)-A was observed entering R17's room. TMA-A was wearing gown, gloves, and mask without eye protection.</p> <p>During interview on 1/7/25 at 2:09 p.m., TMA-A confirmed he gave R17 medication earlier in the day. TMA-A stated he wore a gown, gloves and N95 mask. TMA-A stated he did not wear a face shield because none were available in the precautions cart. TMA-A stated they have received training and was aware he was supposed to wear a face shield.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 1/9/25 at 10:25 a.m., infection preventionist (IP) confirmed staff were trained to wear a gown, N95 mask, face shield and gloves when working with a resident who is positive for COVID-19. IP stated everyone was able to stock the precautions cart and did have access to PPE. The IP stated she would have expected the staff to get a face shield if none were available in the precautions cart prior to entering the room to care for a resident who was on precautions. This was important to prevent spread to vulnerable residents.</p> <p>During interview on 1/9/25 at 10:25 a.m., director of nursing (DON) stated all staff were educated on proper use of PPE.</p> <p>Facility policy for infection prevention dated 12/2/24, included the facility would utilize transmission based precautions in addition to standard precautions, to prevent and control known and suspected infections.</p>		