STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073 Based on observation, interview, and document review, the facility failed to maintain wheelchairs in a clean and sanitary manner for 2 of 2 residents (R20 and R15) reviewed for safe, clean, comfortable, and home-like environment and for 1 of 1 resident (R31) reviewed who had enteral feeding liquid spilled on the tube feeding (TF) pump and support legs of the pole. Findings include: R20's facesheet printed on 8/15/24, included diagnoses of cerebral hemorrhage (a type of stroke that causes bleeding in the brain), Parkinsonism (movements associated with Parkinson's disease such as stiffness and tremor) and arthritis. R20's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R20 was cognitively intact, had clear speech, could understand and be understood. R20 required substantial assistance with most activities of daily living (ADL), except eating in which she was independent with set-up help. R20 did not walk and utilized a manual wheelchair. R20's care plan, printed 8/15/24, did not address cleanliness of, or cleaning her wheelchair. During an observation and interview on 8/12/24 at 2:11 p.m., R20 was in her room in her wheelchair eating lunch at a card table. Observed was on her shirt, pants and floor around her wheelchair with spilled food. R20's wheelchair was observed to be soiled with what appeared to be food debris. The stainless steel part of the arm rest was smeared with a light colored material. Crevices of the wheelchair were caked with a pale orange colored material. R20 was unaware of this and stated she didn't know if anyone cleaned her wheelchair. During an observation and interview on 8/13/24 at 4:09 p.m., with registered nurse (RN)-A, who was also a nurse manager, R20's wheelchair was observed with RN-A. RN-A stated the condition of the wheelchair was unacceptable, and stated wheelchair cleaning was on a schedule where all wheelchairs were cleaned on a regular basis. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/14/24 at 9:34 a.m., the director of nursing (DON) stated she recently developed a checklist for the night shift nursing assistants (NA) to check and clean wheelchairs. The checklist was presented to staff at an all-staff meeting on 7/26/24. The expectation was for NA's to go according to the checklist and clean wheelchairs for blocks of residents each day. During the meeting, the DON showed nursing staff the location of the wheelchair washer and how to operate it. During an interview on 8/14/24 at 10:40 a.m., the DON presented a document titled NAR (nursing assistant registered) NOC (night) CHECKLIST, which identified the schedule for washing resident wheelchairs. The checklist indicated R20's wheelchair would be washed every Monday. The DON stated she would have expected R20's wheelchair to have been washed on Monday 8/12/24. The DON was informed of the amount of food debris stuck deep into crevices of the wheelchair and had not likely been cleaned for some time. R15's facesheet printed on 8/15/24, included diagnoses of ataxia (impaired coordination). R15's quarterly MDS dated [DATE], indicated R15 was cognitively intact, had clear speech, could understand and be understood. R15 required substantial assistance for most ADL's. R15 did not walk and used a motorized wheelchair. R20's care plan, printed on 8/15/24, did not address cleanliness of, or cleaning her wheelchair. During an observation and interview on 8/15/24 at 9:47 a.m., in the exercise room for restorative nursing, R15 was observed exercising on a recumbent bike. R15's motorized wheelchair was parked next to her. On observation the foot rest appeared to have rust and debris around perimeters of the foot rest. In addition, the vinyl on both arm rests appeared to have been torn and were secured with tape. (NA)-B, stated R15 went all over with her wheelchair, including locations outside of the facility. NA-B stated since the wheelchair was motorized, it could not go though the wheelchair washer. R15 who had been at the facility less than a year did not recall it having been cleaned and stated it would be nice if it could be cleaned. During an interview on 8/15/24 at 11:46 a.m., the DON was shown photos of R15's wheelchair. The DON stated the chair belonged to R15 and since it was motorized, could not be put in the wheelchair washer, however, expected staff to notice it and clean it and/or report the condition of armrests to someone. During an interview on 8/15/24 at 2:29 p.m., NA-A was not aware of cleanliness of R15's wheelchair, but was aware of the tape on armrests and stated she did not think to bring that to anyone's attention, adding she thought if it was R15's wheelchair, R15 wanted it that way. A facility policy for maintenance of resident equipment was requested and not received. 50762 R31's quarterly Minimum Data Set, dated dated [DATE], included R31 was cognitively intact and dependent on staff for most activities of daily living with diagnoses of a stroke, malnutrition, and hemiparesis (weakness or inability to move on one side of the body). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R31's medical administration record (MAR) and treatment administration records (TAR) for August 2024, indicated R33 received Isosource 1.5 120 cc x 5 hours via G-tube daily one time a day 600ml total, start at 8 PM, remove at 1:00 AM or after 5 hours, Ok for Jevity 1.5 to replace Isosource 1.5. and remove per schedule. There were no orders regarding cleaning of the TF pump or pole. During observation on 8/12/24 at 2:36 p.m., R31 was lying in bed in their room with TFs not running. The TF pump was attached to a pole with four support legs to the right of the bed. On all the legs, there was a dried brown and tan substance which covered more than 50% on all the legs, the TF pump itself had similar streaks, and several splotches greater than 2-inches on the floor underneath the pole. During interview on 8/12/24 at 2:36 p.m., R31 stated the facility had not cleaned it and that it should be cleaned. During observation and interview on 8/13/24 at 1:48 p.m., the dried brown and tan substance was still present on the pump, pole, and floor. R31 expressed disappointment in the lack of cleanliness. During interview on 8/13/24 at 2:03 p.m., nursing assistant (NA)-A stated not knowing who was responsible for cleaning the pole and pump. NA-A verified the condition of the pole, pump, and floor and described it as gross. During interview on 8/13/24 at 2:49 p.m., housekeeping-A stated to their knowledge the cleaning of TF pumps and poles was not their responsibility. During interview on 8/13/24 at 2:51 p.m., licensed practical nurse (LPN)-A verified the dirty condition of the pole, pump, and floor and stated that it should be cleaned. LPN did not provide an answer on who was responsible for cleaning this equipment. During interview on 8/14/24 at 11:31 a.m., the director of nursing (DON) stated they were not sure whose responsibility it was but would have expected staff to clean if dirty. Cleaning policy regarding TF pump and pole requested, none provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617 Based on interview and document review, the facility failed to ensure the administrative staff and State Agency (SA) were notified immediately but no later than 2 hours of an allegation of abuse for 1 of 1 residents (R5) who reported abusive cares during toileting cares provided by staff. Findings include: R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated R5 did not present any inattention, disorganized thinking, or altered level of consciousness. The MDS indicated R5 had moderately impaired cognitive skills for decision making regarding tasks of daily life and there were short- and long-term memory problems, according to staff interview. The MDS also indicated R5 required substantial to maximal assistance from a staff helper with toileting hygiene and could be independent with personal hygiene. The MDS listed diagnoses of hemiplegia (paralysis on one side of the body) of the left side, high blood pressure, dementia (the loss of cognitive function, like thinking, remembering, and reasoning), anxiety, depression, bipolar disorder, schizophrenia (mental health disorder that can affect a person's ability to think, feel, and behave), and insomnia (a sleep disorder). R5's care plan dated 1/23/13, indicated she had an activity of daily living (ADL) self-care performance deficit related to her left hemiplegia as evidenced by her inability to complete ADLs independently. The care plan identified interventions including staff assistance with toileting cares and a preference for no male caregivers. R5's care plan dated 10/9/23, indicated she had a mood problem related to her diagnoses as evidenced by a history of unrealistic fears and plans, becoming easily upset with others, being resistive with cares, and rude comments/talking about staff and other residents. The interventions identified in the care plan indicated staff would redirect R5 and notify the nurse and/or social services if R5 was making rude comments towards staff or other residents. R5's care plan was reviewed on 8/14/24 and lacked indications of her vulnerable adult status and interventions to overcome the potential for abuse. A progress note dated 5/25/24, indicated an unidentified nursing assistant (NA) reported during evening toileting cares while cleaning R5's perineal area, she, complained that aide was 'abusing' resident by cleaning resident's bottom after toileting. A review of R5's electronic health record (EHR) on 8/14/24 revealed a lack of documentation of an incident report or investigation of R5's allegation of abuse on 5/25/24. Aspen Complaint/Incidents Tracking System (ACTS) was reviewed on 8/14/24, and revealed no reported complaints or incidences for R5's allegation of abuse on 5/25/24. A request was made on 8/15/24 for incident reports, investigation reports, and/or risk management reports for R5 pertaining to the allegation of abuse dated 5/25/24 were requested but not received. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 8/15/24 at 11:50 a.m., R5 stated she felt safe in the facility. R5 was unable to recall the allegation of abuse. During interview on 8/15/24 at 9:39 a.m., registered nurse (RN)-B confirmed being familiar with R5's care and verified progress note documentation dated 5/25/24. RN-B stated the NA assisted R5 with toileting and performed incontinence cares, then reported the comments R5 made about abusing her after cares. RN-B stated R5 had behaviors of berating or insulting staff she didn't like and refusing cares or refusing to be changed after incontinence. RN-B stated effective interventions included re-approach, finding different staff to attempt the cares, or finding R5's preferred staff to perform the cares. RN-B stated the nurse manager was notified by e-mail of the allegation and could not recall any follow-up. RN-B stated there was annual computer-based abuse training required by the facility. RN-B stated the timeline for reporting a suspected abuse allegation was immediately and could not think of a situation in which an allegation of abuse would not be reported. During interview on 8/15/24 at 4:16 p.m., social services (SS)-A stated staff were expected to call the manager on-duty if something happened during off-hours and they were questioning if it was reportable. SS-A stated it would not be acceptable to disregard an allegation of abuse because a resident's care plan indicated the resident had similar behaviors and the expectation was to follow the procedure. During interview on 8/15/24 at 10:44 a.m., the director of nursing (DON) verified the progress note dated 5/25/24 and acknowledged first becoming aware of the allegation of abuse during a discussion at the following Monday, 5/27/24, morning's interdisciplinary team (IDT) meeting. The DON stated staff familiar with R5 determined it was a behavior and was her M.O. During subsequent interview on 8/15/24 at 3:50 p.m., the DON stated staff were expected notify the DON immediately if there were allegations of abuse. The DON stated it was important because the investigation process could begin immediately, we can re-interview people, re-assess the situation to see what is going on and if we need to do more. The DON stated the risk of not reporting an allegation of abuse immediately but no later than 2 hours was there could be someone working in the building that shouldn't be. During interview on 8/15/24 at 2:54 p.m., the administrator stated staff were expected to follow the guidelines for abuse reporting. The administrator stated it was not staff's responsibility to determine what was a valid allegation and stated, an allegation is an allegation. The administrator verified the two-hour timeline for abuse reporting and stated any allegation was expected to be reported as soon as possible so the facility could initiate an investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy titled Abuse and Neglect-Rehab/Skilled, Therapy & Rehab dated 7/22/24, indicated the purpose was to ensure residents are not subjected to abuse by anyone, including, but not limited to, location employees, other residents, consultants r volunteers, employees of other agencies servicing the individual, family members, or legal guardians, friends or other individuals. Furthermore, the policy indicated its purpose was to ensure all identified incidents of alleged or suspected abuse/neglect, including injuries of unknown origin, are promptly report and investigated. The policy stated the resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The policy indicated alleged or suspected violations involving mistreatment, neglect, exploitation or abuse including injuries of unknown origin will be reported immediately to the administrator, or in the administrator's absence, the director of nursing or supervisor of social services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617 Based on interview and document review, the facility failed to thoroughly investigate allegations of abuse and implement appropriate interventions for 1 of 1 residents (R5) reviewed for abuse allegations. Findings include: R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated R5 did not present any inattention, disorganized thinking, or altered level of consciousness. The MDS indicated R5 had moderately impaired cognitive skills for decision making regarding tasks of daily life and there were short and long-term memory problems, according to staff interview. The MDS also indicated R5 required substantial to maximal assistance from a staff helper with toileting hygiene and could be independent with personal hygiene. The MDS listed diagnoses of hemiplegia (paralysis on one side of the body) of the left side, high blood pressure, dementia (the loss of cognitive function, like thinking, remembering, and reasoning), anxiety, depression, bipolar disorder, schizophrenia (mental health disorder that can affect a person's ability to think, feel, and behave), and insomnia (a sleep disorder). R5's care plan dated 1/23/13, indicated she had an activities of daily living (ADL) self-care performance deficit related to her left hemiplegia as evidenced by her inability to complete ADLs independently. The care plan identified interventions including staff assistance with toileting cares and a preference for no male caregivers. R5's care plan dated 10/9/23, indicated she had a mood problem related to her diagnoses and was evidenced by history of unrealistic fears and plans, becoming easily upset with others, being resistive with cares, and rude comments/talking about staff and other residents. The interventions identified in the care plan indicated staff would redirect R5's and notify the nurse and/or social services if R5 was making rude comments towards staff or other residents. R5's care plan was reviewed on 8/14/24 and lacked indications of her vulnerable adult status and interventions to overcome the potential for abuse. A progress note dated 5/25/24, indicated an unidentified nursing assistant (NA) reported during evening toileting cares while wiping R5's perineal area, R5, complained that aide was 'abusing' resident by cleaning resident's bottom after toileting. A review of R5's electronic health record (EHR) on 8/14/24 revealed a lack of documentation of an incident report or investigation of R5's allegation of abuse on 5/25/24. The Aspen Complaint/Incidents Tracking System (ACTS) was reviewed on 8/14/24, and revealed no reported complaints or incidences for R5's allegation of abuse on 5/25/24. A request was made on 8/15/24 for incident reports, investigation reports, and/or risk management reports for R5 pertaining to the allegation of abuse dated 5/25/24 were requested but not received. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 8/15/24 at 11:50 a.m., R5 stated she felt safe in the facility. R5 was unable to recall the allegation of abuse. During interview on 8/15/24 at 9:39 a.m., registered nurse (RN)-B confirmed being familiar with R5's care and verified progress note documentation dated 5/25/24. RN-B stated the NA performed perineal and incontinence cares for R5, then reported the comments R5 made about abuse during the cares. RN-B stated R5 had behaviors of berating or insulting staff she didn't like and refusing cares or refusing to be changed after incontinence. RN-B stated effective interventions included re-approach, finding different staff to attempt the cares, or finding R5's preferred staff to perform the cares. RN-B stated the nurse manager was notified by e-mail of the allegation and could not recall any follow-up. RN-B stated there was annual computer-based abuse training required by the facility. RN-B stated the timeline for reporting a suspected abuse allegation was immediately and could not think of a situation in which an allegation of abuse would not be reported. During interview on 8/15/24 at 4:16 p.m., social services (SS)-A stated staff were expected to call the manager on-duty if something happened during off-hours and they were questioning if it was reportable. SS-A stated it would not be acceptable to disregard an allegation of abuse because a resident's care plan indicated the resident had similar behaviors and the expectation was to follow the procedure. SS-A verbalized a wish for further follow-up on R5's allegation of abuse. SS-A stated the normal process after reporting an allegation of abuse would be to discuss the situation with the DON and administrator, interview the resident involved and other residents, interview involved staff, get the details of the situation to determine as an IDT if the event should be reported. SS-A stated during a recent skills fair, staff were educated on calling management if they were questioning if an event was reportable so we can talk it out and determine it together. During interview on 8/15/24 at 10:44 a.m., the director of nursing (DON) verified the progress note dated 5/25/24 and acknowledged first becoming aware of the allegation of abuse during a discussion at the following Monday, 5/27/24, morning's interdisciplinary team (IDT) meeting. The DON stated staff familiar with R5 determined it was a behavior and it was her M.O. The DON was not aware of interviews or an investigation being completed with R5 or the NA who provided cares, nor was the DON aware of any investigation performed about the alleged abuse. During subsequent interview on 8/15/24 at 3:50 p.m., the DON stated staff were expected notify the DON immediately if there were allegations of abuse. The DON stated it was important because the investigation process could begin immediately, we can re-interview people, re-assess the situation to see what is going on and if we need to do more. During interview on 8/15/24 at 2:54 p.m., the administrator stated staff were expected to follow the guidelines for abuse. The administrator stated it was not staff's responsibility to determine what was a valid allegation and what was not and stated, an allegation is an allegation. The administrator verified the two-hour timeline for abuse reporting but stated any allegation was expected to be reported as soon as possible so the facility could initiate an investigation. The administrator stated the investigation process before reporting an allegation would include re-interviewing the resident, assessing a resident's cognition, reviewing the care plan, and reviewing past reports for any history of past allegations. The administrator stated the information was used to help determine if an event was reportable within the two-hour reporting timeline. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy titled Abuse and Neglect-Rehab/Skilled, Therapy & Rehab dated 7/22/24, indicated the purpose was to ensure residents are not subjected to abuse by anyone, including, but not limited to, location employees, other residents, consultants r volunteers, employees of other agencies servicing the individual, family members, or legal guardians, friends or other individuals. Furthermore, the policy indicated its purpose was to ensure all identified incidents of alleged or suspected abuse/neglect, including injuries of unknown origin, are promptly report and investigated. The policy stated the resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The policy indicated alleged or suspected violations involving mistreatment, neglect, exploitation or abuse including injuries of unknown origin will be reported immediately to the administrator, or in the administrator's absence, the director of nursing or supervisor of social services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617 Based on interview and document review, the facility failed to ensure appropriate orthostatic blood pressure monitoring was in place for 1 of 5 residents (R5) reviewed for psychotropic medications; in addition, the facility failed to implement bowel movement (BM) protocol for 1 of 4 residents (r43) reviewed for constipation. Findings include: R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated there was no inattention, disorganized thinking, or altered level of consciousness present. The MDS indicated according to staff, R5 had moderately impaired cognitive skills for decision making regarding tasks of daily life and there were short and long-term memory problems. The MDS also indicated R5 required substantial to maximal assistance from a staff helper with toileting hygiene and could be independent with personal hygiene. The MDS listed diagnoses of hemiplegia (paralysis on one side of the body) of the left side, high blood pressure, dementia (the loss of cognitive function, like thinking, remembering, and reasoning), anxiety, depression, bipolar disorder (wide mood swings), schizophrenia (mental health disorder that can affect a person's ability to think, feel, and behave), mood disorder, and insomnia (a sleep disorder). R5's current physician orders printed 8/15/24, included the following: - citalopram hydrobromide (for depression) tablet 40 milligrams (mg), Give 1 tablet by mouth at bedtime, [dated 1/18/17]. Antidepressant common side effects: constipation, drowsiness, dry mouth, headache, nausea, weight gain, tachycardia (rapid heart rate), irregular heart beat. - quetiapine fumarate (for schizoaffective disorder, bipolar disorder), Give 25 mg by mouth in the morning, dated 1/15/21. Side effects: muscle spasms of the neck and back, shuffling walk, tic-like movements of the head, face and neck, trembling and shaking of the hands and fingers, blurred vision, constipation, drowsiness, dizziness, and dry mouth. - quetiapine fumarate (for psychosis (a mental disorder characterized by a disconnection from reality), bipolar disorder), Give 37.5mg by mouth at bedtime, [dated 1/15/21]. Side effects: muscle spasms of the neck and back, shuffling walk, tic-like movements of the head, face and neck, trembling and shaking of the hands and fingers, blurred vision, constipation, drowsiness, dizziness, and dry mouth. - Please obtain ortho (orthostatic) blood pressure one time a day every 1 month starting on the 21st for use of Seroquel [quetiapine fumarate], dated 9/20/19. R5's treatment administration records (TAR) for June 2024 and July 2024 were reviewed for orthostatic blood pressure monitoring. The TAR entry dated 6/21/24 contained a checkmark, which indicated per the chart codes legend it was administered. The TAR lacked documentation of the orthostatic blood pressure reading. The TAR entry dated 7/21/24 contained a checkmark indicating it was administered but lacked documentation of the orthostatic blood pressure reading. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's charting software, PointClickCare (PCC), on 8/14/24, lacked documentation of orthostatic blood pressure monitoring. R5's care plan revised on 1/29/24, indicated she had a mood problem related to her mood disorder, psychosis, depression, and dysthymia (mild but long-term form of depression). The listed goal was to maintain a stable mood state with medications and approaches. Interventions included administering medications as ordered and observing for adverse consequences. During interview on 8/15/24 at 3:50 p.m., the director of nursing verified the monitoring order was in place for R5. Additionally, the DON reviewed R5's electronic health record (EHR) and verified there were no documented orthostatic blood pressure readings. The DON stated the risk of not monitoring blood pressures for a resident taking psychotropic medications could be an increased risk of falls due to dizziness. A facility policy titled Psychotropic Medications-Rehab/Skilled dated 12/6/23, indicated throughout the administration of psychotropic medications, monitoring for side effects of the medication must be completed. Additionally, the policy guided staff to monitor for effectiveness and potential adverse consequences and identified tools available for such monitoring that included, but were not limited to, the Patient Health Questionnaire (PHQ-P) in PCC and the Care Area Assessments (CAA). 50762 R43's quarterly Minimum Data Set (MDS) dated [DATE], identified R43 required substantial to complete dependence on staff for all activities of daily living, always incontinent of bowel, receiving scheduled and as need pain medication, and no rejection of care behaviors. Diagnoses included dementia, anemia, and gastro-esophageal reflux disease (condition in which stomach acid repeatedly flows [NAME] up into the tube connecting the mouth and stomach). Nursing assistant (NA) documentation task: toileting was reviewed for the following dates: 7/16/24 to 8/14/24. No BM was charted for 10 consecutive days between 7/23/24 to 8/1/24. R43's July and August 2024 medication administration records (MAR) indicated, R43 received Polyethylene Glycol (laxative) 3350 Powder 17 grams mixed with water or juice daily and three sennoside-docusate Sodium tablets twice a day for constipation. R43's MARs also indicated the following medications: -Give one Bisacodyl 10 milligrams (mg) suppository rectally daily as needed for constipation and to contact provider if there were three days without a significant bowel movement (BM). -Give one Sodium Phosphates application rectally daily as needed for constipation, to contact provider if there were three days without significant BM, and to not use in residents with renal failure. -Give 30 milliliters (mL) of Milk of Magnesia Suspension by mouth daily as needed for constipation, to contact provider if there were three days without a significant BM and contraindicated for resident with renal impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R43's care plan printed on 8/14/24, lacked documentation regarding constipation monitoring or management. During interview on 8/14/24 at 11:50 a.m., the director of nursing (DON) stated the leadership teams met every morning, Monday through Friday, to discuss the dashboard. DON stated the dashboard displayed residents who had not had a BM by day 2. DON stated the nurse managers would then check in with the floor nurses regarding bowel planning for that day. During interview on 8/15/24 at 1:42 p.m., the infection preventionist (IP)-C confirmed the same daily discussion with the DON regarding BMs. IP-C confirmed that R43 went 10 days without a bowel movement and no as needed medications were given for constipation. During interview on 8/15/24 at 2:05 p.m., licensed practical nurse (LPN)-B stated that leadership speaks with the nurses of residents who have not had a BM and would then give the as-needed medication(s). LPN-B stated if there were no orders, we may use standing orders (orders nursing staff can initiate independently). During review of standing orders dated 10/22, the as-needed medications on R43's MAR were the same as the facility standing orders. A facility policy titled Bowel & Bladder: Evaluation, Assessment, Toileting Programs - Rehab/Skilled, Therapy & Rehab dated 5/21/24, indicated possible interventions regarding constipation to include: diet, fluid intake, activity, position, abdominal massage, consistent timing, medications, and skin considerations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50762 Based on observation, interview, and document review, the facility failed to ensure 3 of 4 kitchen fans were free of lint buildup and cleaned on a regular schedule. This had the potential to affect all the residents, staff, and visitors who consumed food from the main kitchen. Findings Include: During observation in the main kitchen on 8/14/24 at 9:21 a.m., fan #1 was attached near a corner of a wall, approximately 7 1/2 feet off the ground, and slightly angled down. This fan moved air into the dish return and cleaning area. Fan #2 was attached near a corner of a wall, approximately 7 1/2 feet off the ground, and slight angled down. This fan moved air by one refrigerator, one freezer, and into the steam tray holding area. Fan #3 was attached on a wall, approximately 7 1/2 feet off the ground, and angled down. This fan blew into the kitchen prep zone which also includes the fryer, steamers, and mixer. All three fans had lint build up on the wire guard (shroud that protects the fan blades). This build up was noticeable on the front and rear portions with multiple strands of lint, approximately 1 1/2 to 2 inches, attached to the guard and moving with the air flow. During interview on 8/14/24 at 9:21 a.m., kitchen manager (KM)-A verified the lint the buildup on the fans and stated that it is on their list of things to take care of in the kitchen. During interview on 8/15/24/ at 12:44 p.m., the director of environmental services stated there was no set schedule for cleaning the fans. During interview on 8/15/24 at 3:51 p.m., the director of nutritional services stated, it's been a while since the fans were cleaned and was unable to recall the last time the fans were cleaned. A kitchen cleaning schedule was requested and identified that different areas of the kitchen were cleaned over a four week period during each month. The kitchen fans were scheduled to be cleaned during the third week of the month on Thursdays.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50762 Based on observation, interview, and document review, the facility failed to ensure proper infection control practice for 1 of 2 residents (R17) reviewed for urinary catheter care. In addition, the facility failed to utilize enhanced barrier precautions (EBP) for 1 of 4 residents (R33) reviewed for infection control. Findings include: R17 R17's quarterly Minimum Data Set (MDS) dated [DATE], identified R17 as cognitively intact, no rejection of care behaviors, dependent on most activities of daily living (ADL), and indicated an indwelling catheter. Diagnoses included neurogenic bladder (lack of bladder control due to a brain, spinal cord, or nerve problem), hyponatremia (low sodium levels), and multiple sclerosis (MS) (chronic disease of the central nervous system). R17's physician order dated 3/4/24, indicated R17 received Hiprex (antibiotic) tablet 1 gram by mouth two times a day for urinary anti-infective. R17's care plan (CP) dated 5/16/13 indicated, the resident has an Indwelling Catheter R/T MS, Neurogenic Bladder. Resident will not develop infection or other complications of catheter use through review date. The interventions directed staff to monitor, record, and report to health care provider for signs and symptoms of urinary tract infections which included pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns. It also indicated to clean resident's catheter every shift and report unusual observations and conditions to the nurse. During observation on 8/12/24 at 3:06 p.m., R17 was lying in bed with their urinary foley catheter tubing draped over their left leg with the catheter bag on the floor without a barrier. During observation on 8/13/24 at 2:35 p.m., R17's urinary foley catheter bag was on the floor without a barrier. During interview on 8/13/24 at 2:54 p.m., licensed practical nurse (LPN)-B stated foley catheter bags were not to be on the ground due to an infection control issue. LPN-B confirmed the bag was on the floor without a barrier. During observation and interview on 8/14/24 at 8:12 a.m., R17's catheter bag which was on the floor and half out of the dignity bag (an opaque bag). Nursing assistant (NA)-C emptied the catheter bag, placed the catheter bag inside the dignity bag, and strapped the dignity bag to the bed frame. NA-C stated the foley bag should not have been on the ground but in the dignity bag attached to the frame. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 8/14/24 at 11:32 a.m., the director of nursing (DON) stated that foley catheters should have dignity bags and that foley catheter bags should not be on the ground due to an infection control risk. During interview on 8/15/24 at 1:29 p.m., the infection preventionist (IP) stated the resident had a behavior of picking up the foley bag to weigh it and then placed it on the ground. IP stated in the past they tried different interventions to mitigate the infection risk such as multiple dignity bags or basins for the catheter bag to land in. IP was unaware that this behavior had returned. Policies regarding foley catheters requested, none provided. R33 R33's significant change in status MDS dated [DATE], indicated R20 required substantial assistance in all ADLs, the presence of pressure ulcers, and diagnoses which included aphasia (the loss of ability to understand or express speech) and hemiparesis (weakness or the inability to move one side of the body). R33's CP dated 8/12/14, indicated R33 having an unstageable pressure ulcer (full thickness tissue loss where the depth of the wound is completely obscured by eschar); however, the CP did not address EBP. R33's order summary report printed 8/14/24, lacked orders regarding EBP. During observation on 8/12/24 at 1:30 p.m., R33's door frame had a magnetic sign indicating R33 was on EBP. During observation on 8/12/24 at 6:54 p.m., NA-E and NA-D completed hand hygiene and donned gloves but did not gown. They repositioned a mechanical lift sling located underneath R33. The mechanical lift was attached to the sling in an appropriate configuration. R33 was raised from chair and moved with mechanical lift to the bed. R33 was lowered then the sling was disconnected from the lift. The mechanical lift sling and pants were partially removed as R33 was rolled to the left where NA-D was positioned. R33 was rolled right with the mechanical lift sling and pants being [NAME] removed. R33 was placed supine (on back) position, the Velcro on the brief was undone, perineal care was completed by NA-E. R33 was rolled to the left with NA-E completing perineal care. NA-E doffed gloves went to R33's bathroom and donned new gloves. A new brief was positioned under R33. Registered nurse (RN)-D entered the room with gloves donned and with no gown, changed the dressing on R33's coccyx wound, the wound was then cleansed was a saline soaked kerlix, patted dry with another kerlix, and a new dressing applied. RN-D doffed gloves, went in R33's bathroom, and donned new gloves and again did not gown. The dressing on the R33's right elbow was cleansed and dressed in the same manner by RN-D. R33 was placed in the supine position and Nystatin powder was applied to the groin area. NA-E and NA-D attached the Velcro on the brief. The bed height was lowered, the head of bed elevated, and call light placed. Gloves were then doffed by staff. During interview on 8/12/24 at 7:33 p.m., RN-D stated that EBP were meant for dealing with wounds that have an active infection like the wound on R33's right leg not regarding other wounds. NA-E and NA-D were both present and in agreement with RN-D. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245234	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waconia and Westview Acre	333 Fifth Street West Waconia, MN 55387

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 8/14/24 at 11:29 a.m., DON stated that staff were to wear a gown and gloves while doing wound and perineal cares for resident's on EBP. During interview on 8/14/24 at 1:48 p.m., IP stated EBP has been rough for the facility, and it has required constant reeducation to staff on wearing personal protective equipment. A facility document titled Enhanced Barrier Precautions (EBP) Protocol undated, indicated to nursing staff that EBP is needed in the room during high contact care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, indwelling device care/use, wound care.