

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034</p> <p>Based on interview, and document review, the facility failed to provide the opportunity for 4 of 4 residents (R22, R31, R1, R15) reviewed to participate in care planning and care conferences.</p> <p>Findings include:</p> <p>R22</p> <p>R22's significant change Minimum Data Set (MDS) dated [DATE], indicated severely impaired cognition.</p> <p>R22's medical record was reviewed from 2/10/24 to 12/11/24 and lacked evidence that R22's representative was invited or attended a care conference held during this period.</p> <p>During an interview on 12/10/24 at 2:30 p.m., R22's resident representative (FM)-A stated she was the one who would attend R22's care conferences but she had not been invited to one since 10/23. FM-A stated she would have wanted to participate in a care conference, but none had been offered since last year.</p> <p>R31</p> <p>R31's quarterly MDS dated [DATE], indicated R31 had intact cognition.</p> <p>R31's medical record was reviewed from 6/10/24 to 12/11/24 and lacked evidence that R31 or her representative was invited or attended a care conference held during this period.</p> <p>During an interview on 12/10/24, R31 stated she did not remember being invited or attending a care conference in the last few months but would have wanted to.</p> <p>During an interview on 12/11/24 at 9:55 a.m., licensed social worker (LSW)-A stated that she oversaw inviting the family, guardians, and/or residents to the care conferences. LSW-A stated care conferences were supposed to be held within three weeks after the assessment reference date (ARD) of the MDS to include residents/resident representatives in the care planning process. LSW-A stated she had reviewed both R22's and R31's medical records and they were both due for care conferences but had not had them yet.</p> <p>(continued on next page)</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: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/12/24 at 9:35 a.m., the director of nursing (DON) stated LSW-A oversaw care conferences and would be the best resource for questions regarding this.</p> <p>49339</p> <p>R1</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated R1 had moderately impaired cognition with no hallucinations or delusions present with an admitted [DATE]. Diagnoses included: dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), dysphagia (difficulty swallowing foods or liquids), diabetes (disease that results in too much sugar in the blood), depression, anxiety, and osteoporosis (condition that causes the bones to become brittle and fragile).</p> <p>R1's progress notes, dated 5/1/23 to 12/11/24, were reviewed and identified the following:</p> <p>-10/27/23: Care Conference Note: [R1] and family were invited, but they could not come today. There is another care conference with [R1] and family scheduled for next.</p> <p>-10/30/23: Care Conference Note: identified family, dietary manager, activities manger, and social services attended care conference.</p> <p>The progress notes lacked evidence having a care conference in 2024. Furthermore, lacked documentation of planning of a care conference.</p> <p>On 12/10/24 at 1:35 p.m., family member (FM)-A indicated they are involved with their mother's care. They indicated they have had only had a couple care conferences in the past year and cannot recall the last one. FM-A indicated they feel as though details about their mom and her likes/dislikes can get lost between staff.</p> <p>On 12/11/24 at 11:16 a.m., licensed social worker (LSW)-A verified the last care conference for R1 was October 2023 and added I know we have met since then. LSW-A stated she is responsible for care conference and documenting they occurred. LSW-A indicated R1 family visits often and will bring issues to her attention. LSW-A stated, I do know the importance of having the care conferences and she would have been due at the latest October 31st.</p> <p>R15</p> <p>R15's quarterly Minimum Data Set (MDS) assessment, dated 11/20/24, indicated R15 had intact cognition with no hallucinations or delusions with an admitted [DATE]. Diagnosis included: quadriplegia (condition that causes partial or total loss of movement in all four limbs and the torso), epilepsy (abnormal electrical brain activity that causes seizures), depression, dysphagia, and chronic pulmonary embolism (condition when a blood clot in the lung doesn't go away).</p> <p>R15's progress notes, dated 7/18/24 to 12/11/24, reviewed and identified the following:</p> <p>-7/18/24: Care Conference Note: in attendance R15, family, friend, DON [director of nursing] and social services for weekly care conferences and planning for surgery.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The progress notes lacked evidence having a care conference since 7/18/24, after returning to the facility. Furthermore, lacked documentation of planning of a care conference.</p> <p>On 12/10/24 at 10:21 a.m., R15 stated they have lived here for quite a few years. R15 indicated that they previously had care conferences, and this was something that they liked as they felt more involved. R15 stated they have not had one in several months and would like to be having care conferences.</p> <p>On 12/11/24 at 11:10 a.m., LSW-A verified the last care conference R15 had was in July, right before R15 went to the hospital. LSW-A indicated R15 was considered an admission when she came back from the hospital and should have had a care conference and verified this was not completed. LSW-A verified care conferences should be done with MDS assessment schedules. LSW-A stated she has talked to the daughter and friend since R15 has returned and verified there has not been a care conference since R15 returned from the hospital. LSW-A indicated she was going to try to schedule a care conference in the next week or something and verified she has not attempted to schedule it at this time.</p> <p>A facility policy titled Comprehensive Care Plan and Care Conferences, revised 12/4/23, indicated residents and their representatives are to be invited to care conferences and right to request meetings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034</p> <p>Based on interview and document review, the facility failed to immediately report incidents of potential staff to resident abuse to the state agency (SA) within two hours, as required for 1 of 3 residents (R29) reviewed for abuse.</p> <p>Findings include:</p> <p>R29's quarterly Minimum Data Set (MDS) dated [DATE], indicated R29 had intact cognition with no delusional behaviors or hallucinations.</p> <p>R29's care plan dated 7/18/24, indicated R29 had a history of paranoia, accusations against staff, only allowing certain staff to work with her, and manipulating situations and staff. The care plan included goals for R29 of not displaying symptoms such as paranoia, yelling and swearing at staff, refusing care, accusing staff, and manipulation. The care plan included interventions such as using approaches with R29 to maximize involvement in daily decision-making and activity, stopping care and returning if R29 becomes agitated, and providing care in pairs for staff and resident safety. The care plan did not indicate what accusations had been made by R29 against staff in the past and if these accusations, were allegations of abuse.</p> <p>During an interview on 12/10/24 at 9:43 a.m., R29 stated three staff members at the facility were nonverbally and verbally abusive, even aggressive with her. R29 stated that one of these staff members, her aide right now, was verbally abusive towards her today. R29 stated she was fearful of these people caring for her as they said mean things to her.</p> <p>During an interview on 12/10/24 at 9:49 a.m., the administrator was notified of R29's accusations of verbal/nonverbal abuse by three staff members, one of which was her aide today. The administrator stated R29 had a history of making allegations against staff members and this was care planned.</p> <p>During an interview on 12/10/24 at 1:44 p.m., nursing assistant (NA)-B stated she was the aide in charge of R29's care. NA-B stated that R29 refused to let her perform her daily living activities, but she would enter R29's room by herself to answer R29's call light, give and retrieve her food tray, etc., as she had today.</p> <p>During an interview on 12/11/24 at 10:11 a.m., registered nurse (RN)-A stated he knew R29 had a history of making accusations about staff who R29 did not like but did not think R29 had made accusations of staff being abusive towards her.</p> <p>During an interview on 12/11/24 at 10:22 a.m., the administrator stated he had discussed R29's allegations of abuse with his interdisciplinary team but was unsure if the allegation had been investigated. The administrator stated if it had been, it would have been licensed social worker (LSW)-A or the director of nursing (DON) who completed the investigation. LSW-A stated she had not been aware of the allegation of abuse R29 had made, so this is not something she had investigated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 10:29 a.m., R29 stated no one from the facility had followed up with her regarding the allegations of abuse she had made yesterday, and NA-B had continued to be her aide for the rest of the shift, so she occasionally entered her room which made her uncomfortable.</p> <p>During an interview on 12/11/24 at 12:04 p.m., the DON stated R29 had a history of making these accusations but they should have gone and followed up with R29 to determine if these accusations were new and if a protection plan needed to be placed. The DON stated it was care planned that R29 made false accusations about staff in the past but acknowledged the care plan did not outline if these false allegations had been abuse allegations or when these would be reported. The DON stated she was going to update the care plan, so staff knew what to do when R29 made abuse allegations as this was not currently part of the care plan. On 12/12/24 at 9:36 a.m., the DON stated the facility handled R29's allegations differently related to the past allegations she had made against staff, so they had not reported R29's allegations of abuse to the state agency. The DON stated if it were a different resident, they would have suspended the aide who the allegations were made against immediately to ensure resident safety and then the incident would be reported.</p> <p>The facility's Abuse and Neglect policy dated 7/6/23, indicated that if an abuse allegation was made, it would be reported to the state agency immediately but no later than two hours after the allegation was made.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034</p> <p>Based on interview and document review, the facility failed to ensure voiced complaints of potential abuse were acted upon, and investigated to ensure an adequate protection plan was provided to ensure freedom from abuse for 1 of 3 residents (R29) reviewed for abuse and neglect.</p> <p>Findings include:</p> <p>R29's quarterly Minimum Data Set (MDS) dated [DATE], indicated R29 had intact cognition with no delusional behaviors or hallucinations.</p> <p>R29's care plan dated 7/18/24, indicated R29 had a history of paranoia, accusations against staff, only allowing certain staff to work with her, and manipulating situations and staff. The care plan included goals for R29 of not displaying symptoms such as paranoia, yelling and swearing at staff, refusing care, accusing staff, and manipulation. The care plan included interventions such as using approaches with R29 to maximize involvement in daily decision-making and activity, stopping care and returning if R29 becomes agitated, and providing care in pairs for staff and resident safety. The care plan did not indicate what accusations had been made by R29 against staff in the past and if these accusations, were allegations of abuse.</p> <p>During an interview on 12/10/24 at 9:43 a.m., R29 stated three staff members at the facility were nonverbally and verbally abusive, even aggressive with her. R29 stated that one of these staff members, her aide right now, was verbally abusive towards her today. R29 stated she was fearful of these people caring for her as they said mean things to her.</p> <p>During an interview on 12/10/24 at 9:49 a.m., the administrator was notified of R29's accusations of verbal/nonverbal abuse by three staff members, one of which was her aide today. The administrator stated R29 had a history of making allegations against staff members and this was care planned.</p> <p>During an interview on 12/10/24 at 1:44 p.m., nursing assistant (NA)-B stated she was the aide in charge of R29's care. NA-B stated that R29 refused to let her perform her daily living activities, but she would enter R29's room by herself to answer R29's call light, give and retrieve her food tray, etc., as she had today.</p> <p>During an interview on 12/11/24 at 10:11 a.m., registered nurse (RN)-A stated he knew R29 had a history of making accusations about staff who R29 did not like but did not think R29 had made accusations of staff being abusive towards her.</p> <p>During an interview on 12/11/24 at 10:22 a.m., the administrator stated he had discussed R29's allegations of abuse with his interdisciplinary team but was unsure if the allegation had been investigated. The administrator stated if it had been, it would have been licensed social worker (LSW)-A or the director of nursing (DON) who completed the investigation. LSW-A stated she had not been aware of the allegation of abuse R29 had made, so this is not something she had investigated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 10:29 a.m., R29 stated no one from the facility had followed up with her regarding the allegations of abuse she had made yesterday, and NA-B had continued to be her aide for the rest of the shift, so she occasionally entered her room which made her uncomfortable.</p> <p>During an interview on 12/11/24 at 10:36 a.m., the DON stated she had not talked with R29 regarding her abuse allegations yesterday or further investigated it, but she would look into it. At 12:04 p.m., the DON stated R29 had a history of making these accusations but they should have gone and followed up with R29 to determine if these accusations were new and if a protection plan needed to be placed. The DON stated it was care planned that R29 made false accusations about staff in the past but acknowledged the care plan did not outline if these false allegations had been abuse allegations or when these would be reported. The DON stated she was going to update the care plan, so staff knew what to do when R29 made abuse allegations as this was not currently part of the care plan. On 12/12/24 at 9:36 a.m., the DON stated the facility handled R29's allegations differently related to the past allegations she had made against staff, so the facility had not reported R29's allegations of abuse to the state agency. The DON stated if it were a different resident, they would have suspended the aide who the allegations were made against immediately to ensure resident safety and then the incident would be reported.</p> <p>The facility's Abuse and Neglect policy dated 7/6/23, indicated that all alleged or suspected violations/abuse would be thoroughly investigated, and they would put interventions in place to prevent further abuse while the investigation was in progress. The policy indicated if the allegation was employee-to-resident abuse, the employee would be removed from providing direct care to residents and placed on suspension pending the results of the internal investigation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49339</p> <p>Based on interview and document review, the facility failed to develop a baseline care plan for smoking for 1 of 1 residents (R189) reviewed who smoked.</p> <p>Findings include:</p> <p>During an interview on 12/10/24, at 11:57 a.m., R189 indicated he smoked cigarettes and was made aware after admission the facility was a non-smoking facility. R189 stated he has gone outside the building to smoke while being a resident. R189 indicated staff has told him a few different things about smoking which included: must go on the other side of the parking lot to smoke, can't let people see me smoking and just tell people I am going for a walk. R189 stated the staff at the front desk told him, that as long as she couldn't see me, I could go for a long walk [to smoke]. R189 indicated that over the weekend, one of the nurses sat by the front window and watched me smoke outside. R189 further indicated the head of nursing came and told me today that I can't smoke here and indicated no staff have discussed or offered any nicotine replacement therapy since admission. R189 stated he has smoked forever. R189 stated he was able to manage his own cigarettes without burning himself and has not sustained any burns.</p> <p>R189's facility Admission Record, printed on 12/11/24 indicated R189 was admitted to the facility on [DATE]. Diagnoses included: nicotine dependence.</p> <p>R189's care plan, printed 12/11/24, indicated the following:</p> <p>-Date initiated 12/10/24: Focus: The resident attempts to use tobacco products outside of facility E/B smoking on facility grounds with an intervention of resident education to that smoking is not allowed on facility grounds. Staff will continue to encourage resident to not smoke of facility grounds.</p> <p>R189's Nursing Admit Re-Admit Data Collection, dated 12/7/24, identified R189 as a current tobacco user with a radio-button question answered, yes. The data collection tool lacked evidence of any further questions about tobacco use.</p> <p>R189's progress notes, dated 12/7/24 to 12/12/24, were reviewed and identified the following:</p> <p>-12/9/24: LATE ENTRY: Writer was informed resident was going outside to smoke. Resident was educated that this is a no smoking facility and the is not allowed to smoke at the facility. Resident stated he understood the education.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/11/24 at 1:10 p.m., nursing assistant (NA)-C indicated that they believe they have one resident that smokes residing in the facility. NA-C indicated R189 was told to either smoke far away from the building or there is a back door with a table that R189 was allowed to sit at. NA-C indicated the facility's a tobacco free facility and residents should not be smoking. NA-C stated they have not observed R189 smoking but it is known that he goes and smokes as he goes outside and comes in and you can smell it. NA-C indicated they have not observed burn holes in R189 clothes and indicated R189 was pretty much independent.</p> <p>On 12/12/24 at 9:18 a.m., business office coordinator (BOC)-A stated the facility typically doesn't have residents who smoke. BOC-A stated she would tell the social worker and director of nursing (DON) if there was a resident who was smoking.</p> <p>On 12/12/24 at 9:27 a.m., registered nurse (RN)-A indicated the facility was a tobacco free campus. RN-A indicated if a resident smokes, their family can come and take them out to go smoke or if there was a providers order or physical therapy would write an order that they could leave the facility grounds. RN-A indicated the admission assessment asked about current tobacco use. RN-A stated it would be on the care plan if a resident was a known smoker. RN-A indicated if a resident was identified as a smoker, we let the social worker know right away for follow up.</p> <p>On 12/12/24 at 10:08 a.m., NA-D stated they were unsure of what the actual policy was if a resident was a smoker as when they first started residents were able to smoke in the parking lot, but they were unsure if they still could. NA-D stated R189 smokes and verified they have witnessed R189 go outside to smoke since admission. NA-D stated R189 will usually let staff know he was going outside to smoke but would go out independently. NA-D stated they have not seen any burn holes in R189's clothes or any signs on burns on his fingers.</p> <p>On 12/12/24 at 10:14 a.m., RN-B indicated the facility was smoke free facility. RN-B stated, we usually don't take smokers, or they are on the patch for the time being. RN-B verified R189 currently smokes. RN-B stated they were aware R189 was a smoker as when R189 would visit other residents (prior to R189's admission), R189 would go outside and smoke. RN-B stated R189 had asked about going outside to smoke and RN-B stated she referred him to talk to staff in the office. RN-B verified no additional smoking assessments had been completed for R189 and verified no smoking cessation had been ordered.</p> <p>On 12/12/24 at 12:18 p.m., licensed social worker (LSW)-A indicated the facility is a non-smoking facility. LSW-A stated residents can not smoke on our grounds so technically they can go outside the grounds, then we would have to go with them, so we don't allow that. LSW-A verified they knew R189 smoked prior to admitting to the facility. LSW-A stated she talked to R189 on 12/11/24 and inquired about a nicotine patch (4 days after admission) and verified no documentation of this. LSW-A verified R189's tobacco use was added to the care plan on 12/20/24 (3 days after admission) and after it was known R189 was smoking on outside on facility grounds.</p> <p>On 12/12/24 at 12:14 p.m., interim DON stated the facility's a non-smoking facility. DON verified additional assessment needs to be completed for identified smokers along with being care planned. DON verified she added tobacco use to R189 care plan on 12/10/24 (3 days after admission), the day she spoke with him. DON stated it would be expectation that tobacco use be identified on the care plan as soon as it was identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/24 at 2:40 p.m., RN-C stated the baseline care plans are the building blocks for the comprehensive care plans. RN-C verified there are not two separate care plans. RN-C verified if you pull up the care plan in the electronic medical record (EMR), the dates on the care plan are indicated and that is both the baseline and comprehensive care plan.</p> <p>On 12/12/24 at 2:04 p.m., administrator stated the facility's non-smoking facility and residents are told this prior to admission. Administrator indicated DON spoke with R189 about not being allowed to smoke on facility grounds.</p> <p>A facility policy titled Care Plan, reviewed/ revised 12/2/24, indicated a baseline care plan will be developed upon admission according to federal and state regulations.</p> <p>A facility policy titled Smoking and Tobacco Use, reviewed/ revised 11/24/24, indicated Upon admission, all residents/clients who smoke or use tobacco products will be assessed dousing the Tobacco Use Assessment. Assessments also will be administered if a resident/client has a change in cognitive ability, judgement, manual dexterity and/or mobility. Care plan will be updated as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49339</p> <p>Based on observation, interview, and record review the facility failed to ensure routine personal care (i.e., bathing, nail care) were provided for 1 of 3 residents (R11) reviewed for activities of daily living (ADL's).</p> <p>Findings include:</p> <p>R11's admission Minimum Data Set (MDS) assessment, dated 9/11/24, indicated R11 had intact cognition with no hallucinations or delusions, no behaviors or no rejection of care. MDS assessment indicated R11 required maximal staff assistance for bathing and moderate assistance with personal hygiene. Diagnoses included: diabetes (disease that results in too much sugar in the blood), Alzheimer's disease (progressive disease that affects memory and other mental functions), and epilepsy (abnormal electrical brain activity that causes seizures).</p> <p>R11's care plan, printed 12/12/24, identified R11 has an ADL [activity of daily living] self-care performance deficit with the following interventions:</p> <ul style="list-style-type: none"> -BATHING: Resident requires 1 staff for bathing. Prefers two baths/showers per week. -ORAL CARE STRENGTH: Resident is able to brush own teeth after set up. -TOILET USE: Resident requires 1 staff assist. -DRESSING: Resident requires 1 staff with LBD [lower body dressing]. Supervision for UBD [upper body dressing]. <p>Furthermore, R11's care plan indicated R11 has potential for impairment to skin integrity with the following intervention:</p> <ul style="list-style-type: none"> -Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. <p>R11's care plan lacked identification of level of assistance needed for nail care and what staff was responsible for nail care.</p> <p>R11's Kardex, printed 12/12/24, indicated the following:</p> <ul style="list-style-type: none"> -Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. -Bathing: Monday & Friday Evening -BATHING: Resident requires 1 staff assist for bathing. Prefers two baths/showers per week. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R11's Kardex lacked identification of level of assistance needed for nail care and who was responsible for nail care.</p> <p>R11's Point of Care (POC) questionnaire for task of bathing for type of bath that occurred by marking designated answer with a checkmark:</p> <p>-12/6/24: did not occur</p> <p>-12/2/24: shower</p> <p>R11's progress notes, dated 11/12/24 to 12/11/24 were reviewed. Progress notes lacked evidence of R11 refusing showers, staff assistance with ADLs or nail trimming. Furthermore, lacked documentation of staff offering an additional showers/bed bath/partial bath since last documented shower on 12/2/24 (10 days ago).</p> <p>During an interview on 12/10/24 at 9:54 a.m., R11 was observed seated in his wheelchair. R11's fingernails were observed to be approximately half inch long with some sharp edges with dark colored debris underneath them. R11 stated he would like assistance trimming his nails as he doesn't have a nail clipper, doesn't like his nails that long and stated no staff has offered to assist him. R11 stated that it was his preference to have 2 baths per week and I haven't had a bath in at least 4 weeks. R11 stated doesn't understand why he is not getting 2 showers or baths a week. R11 stated, my nails are really long.</p> <p>On 12/11/24 at 11:56 a.m., R11 was observed sitting in his room watching tv. R11 stated he has not been offered a shower or a bath and his nails continue to appear as they did yesterday.</p> <p>On 12/11/24 at 2:55 p.m., nursing assistant (NA)-C went and observed R11's fingernails and described them as really, really long and need to be cut. NA-C indicated staff assist resident with trimming nails. NA-C stated they do not document nail care in the electronic medical record (EMR) or on paper charts. NA-C indicated nail care should be offered with showers and when needed.</p> <p>On 12/12/24 at 10:01 a.m., NA-D verified that nail care should be done with showers. NA-D verified that showers/baths are documented in POC (part of the EMR). NA-D verified there is no specific area to indicate when nail care was done. NA-D stated nurses provide nail care to residents that are diabetic and typically that is done on shower days. At 10:11 a.m., NA-D observed R11's fingernails and stated, they are fairly long and chipped. While NA-D was observing R11's nail, R11 stated, they are way too long.</p> <p>On 12/12/24 at 10:21 a.m., registered nurse (RN)-B stated showers needed to be done at least once a week, but some residents had a preference of twice a week. RN-B stated if a resident refuses a shower, the nursing assistants will notify nursing and a progress note will be put in. RN-B verified R11 preference was twice a week and verified last documented shower was 12/2/24. RN-B verified no progress about shower refusals. RN-B verified a skin assessment was done on 12/9/24 and verified a skin assessment is completed whether a shower or not a shower is completed. RN-B stated the skin assessment does not include nail care documentation, but nursing should be providing nail care for R11 due to being diabetic. RN-B observed R11's nails and stated, they are long, longer than regular nails should be. RN-B stated they were going to trim them as R11 asked RN-B to cut them. RN-B stated they should probably assist R11 trim their nails or at least supervise them to see if they can do it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/24 at 12:11 p.m., interim director of nursing (DON) stated R11 showers are offered twice a week and should be completed at minimum weekly unless refused. DON indicated refusals should be documented. DON verified last documented shower was 12/2/24 and that was not within needed timeline. DON verified nursing assistants should be doing nail care on bath days and as needed unless a resident diabetic then it would be done by nursing unless they are followed by podiatry.</p> <p>A facility policy titled Activities of Daily Living, reviewed/revised 12/4/23, indicated the purpose to provide resident with appropriate treatment and services to maintain or improve abilities in activities of daily living for the well-being of mind, body and soul. Furthermore, clarifies that ADLs are those necessary tasks conducted in the normal course of a resident's daily life, Included in these are the following: General Personal, Daily Hygiene/Grooming: Care of hair, hands, face, shaving, applying makeup, skin, nails and oral care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034</p> <p>Based on observation, interview, and document review, the facility failed to ensure vision needs were met for 1 of 1 residents (R31) reviewed for missing eye glasses.</p> <p>Findings include:</p> <p>R31's quarterly Minimum Data Set (MDS) dated [DATE], indicated R31 was diagnosed with dementia and required set-up help with dressing. The MDS indicated R31 had adequate vision and used corrective lenses.</p> <p>R31's admission assessment dated [DATE], indicated R31 had adequate ability to see in adequate light (with glasses or other visual appliances) and utilized corrective lenses.</p> <p>R31's care plan dated 2/22/24, indicated R31 had impaired cognition, impaired decision making, short-term memory loss, and scored an 8/30 on the St. Louis University Status Examination (SLUMS, test to determine neurocognitive disorder/dementia) indicating dementia. R31's care plan indicated she needed the assistance of one person for dressing and grooming and had a history of falls. The care plan did not include R31's need for corrective lenses but did include a picture of R31 wearing eye glasses.</p> <p>R31's Kardex dated 12/10/24, was reviewed and did not include R31's need for corrective lenses.</p> <p>R31's medical record was reviewed and did not include information regarding R31's missing glasses or what interventions were placed regarding her missing glasses.</p> <p>During an interview on 12/10/24 at 10:27 a.m., R31 stated she thought she lost her glasses a couple months ago and no one had offered to help her get new ones, but she did not recall which staff member she told they were missing.</p> <p>During an interview on 12/10/24 at 2:15 p.m., with registered nurse (RN)-A and nursing assistant (NA)-B, NA-B stated she wasn't sure if R31 wore glasses. RN-B stated he did not think R31 wore glasses as he did not find this information in the care plan.</p> <p>On 12/11/24 at 11:38 a.m., a call was attempted to R31's resident representative (FM)-C, a message was left, and no return call was received.</p> <p>During an interview on 12/12/24 at 10:58 a.m., NA-A stated she worked with R31 frequently and the last time she saw R31 wearing her glasses was three weeks ago, but she isn't sure what happened to them. NA-A stated she had not reported the missing glasses to the nurse on duty, director of nursing (DON), or other management staff and was not sure if anyone else had. NA-A stated R31 was confused so staff had to help her keep track of her clothing and belongs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 9:31 a.m., the director of nursing (DON) stated R31 did wear glasses, but she had not been informed they were missing. The DON stated she would have expected nursing staff to notify her when they noticed the glasses were missing so they could notify the resident representative and get her glasses replaced. At 1:33 p.m., the DON stated R31 did not have any appointment with an eye doctor set up currently and they had looked for her glasses but had not been able to find them.</p> <p>The facility's Eye Care policy dated 10/30/24, indicate the location would assist the resident in making appointments for vision treatment if necessary and refusals would be documented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034</p> <p>Based on observation, interview, and document review, the facility failed to provide timely assistance with repositioning for 1 of 1 residents (R22) with a history of pressure ulcers.</p> <p>Findings include:</p> <p>R22's significant change Minimum Data Set (MDS) dated [DATE], indicated R22 had severely impaired cognition and was diagnosed with kidney disease, diabetes, and dementia. The MDS indicated R22 was dependent on staff for bed mobility and was receiving hospice care. The MDS indicated R22 was at risk of developing pressure ulcers.</p> <p>R22's provider progress note dated 11/26/24, indicated R22 had a pressure injury on her right shoulder, impaired skin integrity, limited mobility, and muscle weakness. The note indicated R22 was predisposed to pressure injuries due to weakness and inability to reposition herself. The provider encouraged staff to offload and reposition [R22] as much as possible.</p> <p>R22's Order Summary Report dated 12/5/24, indicated nursing staff were to turn and reposition R22 every two to three hours and document all refusals in the progress notes.</p> <p>R22's progress notes were reviewed and lacked evidence indicating R22 refused repositioning on 12/11/24.</p> <p>During observation on 12/11/24 at 9:46 a.m., R22 was observed in a left-lying position in bed.</p> <p>During an observation and interview dated 12/11/24 at 1:48 p.m., R22 was observed in a left-lying position in bed. Registered nurse (RN)-D stated he was unsure when the last time R22 was turned as her aide, nursing assistant (NA)-C, oversaw ensuring R22 was repositioned. RN-D stated R22 was supposed to be repositioned every two hours so he would turn her now. R22 confirmed he had not assisted R22 in repositioning during the shift until this time.</p> <p>During an interview on 12/11/24 at 2:36 p.m., NA-C stated she oversaw assisting R22 with repositioning and it was supposed to be completed every two hours. NA-C stated the last time she had repositioned R22 was around 6:30 a.m. and confirmed that no one had assisted R22 with repositioning until RN-D had at 1:48 p.m. NA-C stated she had planned to turn R22 again after breakfast but had gotten too busy.</p> <p>During an interview on 12/12/24 at 9:43 a.m., the director of nursing (DON) stated it was important for staff to reposition R22 every two to three hours especially given her pressure ulcer history to prevent new injuries or worsening of the pressure injury she already had.</p> <p>The Facility Skin Assessment Pressure Ulcer Prevention and Documentation Requirements-Rehab/Skilled policy dated 4/26/24, indicated residents who are unable to reposition themselves independently should be repositioned as often as directed by the care plan approaches.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48065</p> <p>Based on interview and document review, the facility failed to provide appropriate side effect monitoring of psychotropic medication consumption for 1 of 5 residents (R26) reviewed for unnecessary medication use.</p> <p>Findings include:</p> <p>R26's admission Minimum Data Set (MDS) dated [DATE], indicated R26 was cognitively intact, needed setup for oral hygiene and eating, needed moderate assistance with upper body dressing and was dependent with bathing, lower body dressing, personal hygiene, and toileting. The MDS included diagnoses of fractures and other multiple traumas, atrial fibrillation (irregular heart rhythm that can lead to blood clots in the heart) , hypertension (high blood pressure), renal insufficiency (poor function of the kidneys), hyperlipidemia (high levels of fat particles in the blood), thyroid disorder (thyroid gland dysfunction), arthritis (swelling and tenderness in one or more joints), depression, and glaucoma (a condition that damages the optic nerve that causes vision loss and blindness).</p> <p>R26's Clinical Orders report dated 12/10/24, identified R26 had physician orders for several psychotropic medications including the following:</p> <ul style="list-style-type: none"> - trazadone HCL (medication to treat major depressive disorder) 25 milligrams (mg) tablet: take 25 mg by mouth once a day for insomnia with a start day of 9/20/24. - Cymbalta delayed release (medication to treat major depressive disorder) particles 60 mg capsules: take 2 capsules every morning for anxiety with a start date of 9/21/24. - bupropion HCL extended release (medication to treat depression) oral tablet: take 300 mg every morning for anxiety with a start date of 9/21/24. - aripiprazole (medication to treat depression) oral tablet: take 20 mg at bedtime for depression with a start date of 9/20/24. <p>R26's clinical orders report dated 12/10/24 had boxed warnings for trazadone, bupropion, aripiprazole, and Cymbalta as follow: Warning: suicidal thoughts and behaviors. Closely monitor all antidepressant treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors.</p> <p>R26's care plan printed on 12/11/24, indicated R26 was on antidepressant medication therapy related to depression, anxiety, and insomnia. Interventions listed included:</p> <ul style="list-style-type: none"> - Monitor resident condition based on clinical practice guidelines or clinical standards of practice related to use of trazadone, duloxetine [Cymbalta], bupropion, aripiprazole. - Warnings #1: Refer to boxed warnings in the orders or eMar [electronic MAR]. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R26's care plan lacked evidence of monitoring of side effects, and/or non-pharmacological interventions attempted in the past or present and effectiveness. It also lacked non-pharmacological interventions for sleep.</p> <p>R26's medication administration record (MAR) for November and December 2024, printed on 12/11/24, lacked evidence of monitoring side effects of psychotropic medications, non-pharmacological interventions for sleep or behaviors or indication of target behaviors.</p> <p>During interview on 12/11/24 at 11:48 a.m. registered nurse (RN)-D stated, residents taking antidepressant needed to be monitored for side effects (SE), document their behaviors and vital signs.</p> <p>During interview on 12/11/24 at 11:55 a.m. RN-A stated, when residents take psychotropic medications including antidepressants, anti-anxiety and antipsychotics nurses needed to monitor their mood, behaviors, refusal of cares, restlessness. RN-A indicated the monitoring was documented in the MAR. RN-A stated interventions to address behaviors, anxiety, etc. needed to be in place to properly care for their residents.</p> <p>During interview on 12/11/24 at 1:59 p.m. pharmacist consultant (PC) stated, usually residents taking antidepressant medications needed to be monitored for confusion, sedation, and cognitive changes. PC stated behaviors needed to be monitored using some kind of tracking form to measure the effectiveness of the medications.</p> <p>During interview on 12/11/24 at 2:13 p.m. director of nursing (DON) verified there was no monitoring or documentation of behaviors, interventions or side effects related to R26's antidepressant medications. DON stated, nursing needed to monitor and document behaviors and side effects. DON also stated if a resident was taking a medication for insomnia, nursing should monitor and document the resident's hours of sleep. DON stated the documentation of behaviors would assure gradual reductions of psychotropic medications would be accurately done.</p> <p>Facility's policy titled Psychotropic Medications-Rehab/Skilled dated 12/6/23 indicated a Psychotropic medication referred to any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: anti-psychotics; antidepressants; anti-anxiety; and hypnotics. Policy indicated throughout the administration of the psychotropic medications; the following must be completed:</p> <p>a. Mood and behavior documentation must continue to monitor the effect the medication has on the behavior.</p> <p>b. Monitor side effects of the medication. If a side effect occurs or worsening of a known side effect is noted, the nurse will make a note in Point Click Care (PCC) and notify the physician and family/legal representative of this change in condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925</p> <p>Based on observation, interview, and document review, the facility failed to ensure final cooking temperatures were checked or obtained in a manner to reduce the risk of cross-contamination between food items prepared in the main production kitchen. This had potential to affect all 36 residents who were served the meal.</p> <p>Findings include:</p> <p>On [DATE] at 11:36 a.m., food production in the main kitchen was observed with cook (CK)-A present. CK-A placed a metallic tray filled with breadsticks into the oven and pulled out a pan which had two, foil pans on top with lasagna in them. CK-A used a spike-style thermometer to pierce the seal over the lasagna and obtain a temperature which read, 182 [F]. CK-A then turned and stated aloud to the food and nutrition service manager (FNM) they were looking for a wipe to clean the probe of the thermometer. FNM left the kitchen and returned with a white-colored box labeled, Ecolab Probe Wipes, and placed them on the elevated counter. The counter space contained another box of these wipes hidden amongst some spices and paper, along with several loose ones in a hard-plastic tray seated on the same counter surface. CK-A removed a wipe from the obtained box and used it to clean the thermometer spike before re-sheathing it and placing it back on the counter for future use. The box of wipes FNM obtained, along with the other wipes present, were reviewed. The boxes and individual wipes both contained the following items printed on them, [LOT] 08302020, and, [Hour-glass symbol] 08292023.</p> <p>At 11:50 a.m., CK-A removed the breadsticks from the oven. CK-A then picked up another spike-style thermometer and cleaned the probe using the same wipes available before replacing the sheath of the probe. CK-A was not observed spiking any food using this thermometer despite cleaning it using the wipes. CK-A then placed the thermometer back on the counter before moving to the opposite side and working on shredded carrots which were in another metallic pan. At 11:59 a.m., CK-A loaded the prepared lasagna, carrots and breadsticks onto a mobile cart and brought them out to the dining room to place into an activated steam table. CK-A was questioned on final cooking temperatures of the items and expressed they hadn't obtained them yet. CK-A returned to the kitchen and obtained one of the spike-style thermometers observed just prior along with a torn-open Ecolab wipe. CK-A then placed the spike of the thermometers into the lasagna, removed it, and then immediately inserted it into the carrots. CK-A did not clean the spike between food items despite having the wipe in their hand. CK-A was questioned on cleaning the spike and stated it should be cleaned between each food item to prevent cross contamination of the items. CK-A verified the wipes located in the kitchen were what they obtained prior and, upon the surveyor request, checked the boxes and wipes. CK-A verified the dates on the boxes and stated they had never been told to check them for an expiration date, rather just the packaging of them should be intact if using them. CK-A then stated they had, at times, used another type of wipe to clean the thermometer spike and showed the surveyor a plastic container of wipes. These were labeled, Purell Hand Sanitizing Wipes, and CK-A reiterated using them on the spike, too, adding aloud, Yea, sometimes. CK-A stated they were unsure if the Purell wipes' were safe for food items or, as a result, potential human consumption of the residue. CK-A then began to plate and serve the prepared meal to the residents' seated within the dining room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Inver Grove Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50th Street East Inver Grove Heights, MN 55077	
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 - Many</p>	<p>The following day, on [DATE] at 1:19 p.m., FNM was interviewed. FNM stated the Ecolab wipes were expired and they had just ordered more adding, I didn't notice that [expired]. FNM stated other products could be used in the meantime which were food safe to sanitize the thermometer spike. FNM stated they were unaware CK-A had been using Purell hand sanitizing wipes to clean the spike and expressed they had corrected him right away to not use them further. FNM verified wipes used to clean the thermometer spike should be current adding, You always want to use things that are not expired. FNM stated doing such was, A huge thing for food service. FNM stated checking the wipes being used for expiration was not on a formal kitchen audit list but expressed aloud, We should be checking [them].</p> <p>When interviewed on [DATE] at 10:22 a.m., registered dietician (RD)-A stated they were currently helping to cover the care center' campus describing their help as PRN as they need me. RD-A stated they had not been physically onsite to the campus since sometime last year, but expressed thermometer probe wipes, such as the Ecolab ones observed, were used at their campus too, however, they were unsure if they were the same brand or not. RD-A stated they couldn't recall what the printed dates meant on the packaging of the wipes adding they would have to consult with the food service manager about it as they dealt more with food safety. However, RD-A stated from their understanding the wipes would likely be less effective after that date [expiration] and you shouldn't use them. Further, RD-A verified the thermometer spike should be cleaned between food items adding such was important so there's no cross contamination or allergen spreading.</p> <p>On [DATE] at 10:24 a.m., the Ecolab representative (ERP) was contacted. A return call was received on [DATE] at 11:12 a.m., and ERP was interviewed. ERP verified they were the assigned representative for the care center and expressed they had last visited with FNM last week about other items. ERP stated they were unsure the exact meaning of the symbols on the packaging adding aloud, I would have to look into that. ERP stated the care center was their only account which used them and expressed they had just told FNM a better work around would likely be using a food-safe contact cleaning solution which they already had on-hand. ERP explained the wipes were developed by another division of the company and reiterated he was unsure of the symbol or dates' meaning but expressed with an hour-glass present next to the a date it was probably true they had expired. ERP stated their 'general guidance' was their products were expired or shouldn't be used after a year adding again such was a general guideline.</p> <p>A facility' provided Food Temperature Monitoring policy, dated ,d+[DATE], identified a procedure to check final cooking temperatures of prepared items. This included inserting the thermometer into the center, thickest part of the food for at least 15 seconds and, The thermometer is cleaned and sanitized after testing each food item (See Food Thermometers). A provided Food Thermometers policy, dated ,d+[DATE], identified the tool was a critical device to effective monitoring of food temperature adding, Thermometer probes are cleaned and sanitized on a regular basis to limit contamination and prevent foodborne illness. The policy continued with a section labeled, Sanitizing Thermometers, which directed they should be sanitized according to manufacturer guidelines and after, Between taking temperatures of different foods/fluids. Further, the policy directed either an alcohol swab or food contact approved sanitizing solution should be used according to the manufacturer's directions.</p>		