STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245317	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Comforcare	1201 17th Street NE Austin, MN 55912

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on interview and document review, the facility failed to ensure the Skilled Nursing Facility Advanced Beneficiary Notice-Centers for Medicare and Medicaid-10055 (SNFABN-CMS-10055) was provided to 2 of 3 residents (R99, R100) reviewed for beneficiary notices. Findings include: R99's discharge Minimum Data Set (MDS) dated [DATE], indicated R99 was admitted [DATE] and discharged [DATE]. R99's Notice of Medicare non-coverage form CMS-10123 (NOMNC-CMS-10123), undated, indicated R99's services would end 7/29/24. However, R99 remained in the facility until 8/15/24. R99's medical record lacked evidence the SNFABN-CMS-10055 was provided to R99 or their representative as required. R100's discharge MDS dated [DATE], indicated R100 was admitted [DATE] and discharged [DATE]. R100's NOMNC-CMS-10123, undated, indicated R100's services would end 8/12/24. However, R100 remained in the facility until 8/14/24. R100's medical record lacked evidence the SNFABN-CMS-10055 was provided to R100 or their legal representative as required. During interview on 11/6/24 at 10:46 a.m., social worker (SW)-A stated he had a flow sheet to aide with figuring out which forms to provide for residents prior to discharge. They stated R99 was probably provided with the NOMNC-CMS-10123 before they were aware the SNFABN-CMS-10055 also needed to be provided for residents who stayed in the facility after services ended. The discharge for R100 was delayed due to coordination with the assisted living facility R100 was being discharged too. Therefore, R100 stayed after services ended. (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
	245317	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Comforcare	1201 17th Street NE Austin, MN 55912

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 11/6/24 at 11:14 a.m., administrator stated the SNFABN-CMS-10055 should be given if a resident remains in the facility after being discharged from Medicare services. The administrator confirmed R99 was discharged from services on 7/29/24 and remained in the facility until 8/15/24 and the SNFABN-CMS-10055 should have been completed if Medicare days remained. The administrator confirmed R100 was discharged from services on 8/12/24 and remained in the facility until 8/14/24 and the SNFABN-CMS-10055 should have been completed if Medicare days remained. The administrator stated it was important to provide the SNFABN-CMS-10055 so residents would be aware of the private pay charges. Email provided by office manager (OM)-B sent 11/6/24 at 12:43 p.m., confirmed both R99 and R100 had remaining Medicare days when they were discharged from services. Facility policy titled SNF Medicare Part A Advanced Beneficiary Notice of Non-Coverage (SNFABN) included the SNFABN-CMS-10055 would be completed with the beneficiary to notify them that the extended care services would no longer be covered by Medicare before those services are provided and the beneficiary would be personally responsible for payment of services furnished.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER: Good Samaritan Society - Comforcare		STREET ADDRESS, CITY, STATE, ZIP CODE: 1201 17th Street NE Austin, MN 55912	

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** 51379 Based on observation, interview, and document review, the facility failed to ensure necessary maintenance services were performed for 1 of 5 residents (R4) reviewed for a home-like environment. Findings include: R4's quarterly Minimum Data Set (MDS) dated [DATE], indicated R4 had intact cognition , required assistance with catheter care and was on hospice. During an interview and observation on 11/04/24 at 2:49 p.m., R4 stated her window shade had not worked for several months, and she told staff she would like it fixed. Further, R4 stated the last time she had her urinary catheter replaced; the nurse had to put a blanket over the window because the window shade would only go down enough to cover the top half of the window. R4 stated the broken window shade didn't bother her too much during the day, but it bothered her a night because she didn't know if someone was outside her window looking in. R4 stated her daughter had called the administrator about this prior but couldn't remember the date. R4's bed was positioned with the head of the bed facing the ground-level window. During an interview and observation on 11/05/24 at 3:09 p.m., nursing assistant (NA)-A stated R4's window shade had been broken for a while. NA-A stated they had to cover it with a blanket at the last catheter change. NA-A attempted to lower the window shade and confirmed the shade could not be lowered further than the middle of the window. During an interview and observation on 11/05/24 at 3:11 p.m., the administrator stated she was not aware R4 had a broken window shade. The administrator entered R4's room, confirmed the broken window shade, and requested maintenance to come to the room via walkie talkie. The administrator stated the facility did not have a maintenance tracking system; maintenance requests or issues were discussed during daily interdisciplinary team (IDT) meetings, during resident care conferences, during resident council, and during quality assurance and performance improvement (QAPI) meetings. During an observation on 11/05/24 at 3:16 p.m., maintenance (M)-A arrived to R4's room and confirmed the window shade was broken. During an interview on 11/05/24 at 3:20 p.m., M-A stated staff notify him of issues via walkie talkie. He stated he was unaware the window shade was broken until today. During an interview on 11/7/24 at 8:45 a.m., the hospice nurse stated she replaced R4's catheter on 10/10/24 and confirmed the shade was not working properly. She reported the broken shade to a nursing assistant but could not remember who. A policy regarding maintenance requests titled Environmental Services Overview, Resource packet was received; the policy did not address an expected timeline for completing maintenance requests.