

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Pine River		STREET ADDRESS, CITY, STATE, ZIP CODE 518 Jefferson Avenue Pine River, MN 56474	

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** 35569</p> <p>Based on interview and document review the facility filed to ensure timely reporting of allegations of abuse to the state agency (SA) for 2 of 3 residents (R2, R3) reviewed who alleged abuse at the facility.</p> <p>Findings include:</p> <p>R2's Admission Record indicated she admitted to the facility on [DATE], with diagnosis that included dementia and insomnia. R2's care plan 2/19/24, identified impaired cognitive function and a self care deficit. The care plan directed staff to assist R2 with toileting and transfers.</p> <p>Facility internal e-mail dated 3/30/24 at 12:56 a.m. from licensed practical nurse (LPN)-A sent an e-mail to the director of nursing (DON) that indicted R2 was yelling for help during the shift and stated she needed to use the bathroom. Nursing assistant (NA)-A offered to assist R2 and she refused to allow NA-A to help her pull her pants down. R2 came out of her room and reported NA-A was trying to take all her clothes off and would not let her out of the bathroom. NA-A attempted to assist R2 2-3 more times during the shift and she refused to let him help her. Sometime after the last time, NA-A tried to assist R2 she report to LPN-A that NA-A had groped her.</p> <p>R3's Admission Record indicated he admitted to the facility on [DATE], with diagnosis that included depression, stroke and anxiety. R3's care plan dated 3/4/24, identified impaired cognitive function and a self care deficit. The care plan directed staff to assist R3 with bed mobility, transfers and toileting.</p> <p>A report to the SA dated 4/2/24, indicated hospice social worker (SW)-A stopped by to check-in with R3's family member (FM). R3's FM told SW-A she believed R3 got molested or raped by staff. When asked why, FM gave the following report: I woke up to a lot of noise, it was about 1:00 a.m. He (R3) was all alone in his room when I checked on him. I woke him up to ask him are you okay? He replied yeah. I asked him what is wrong? He replied nothing. FM stated she looked under his covers and he was totally naked.</p> <p>During interview on 4/5/24 at 12:47 p.m., SW-A stated on 3/27/24, R3's family member (FM) reported to her she thought R3 had been assaulted the previous night. SW-A stated FM said she had gone to R3's room and he was naked so she thought he had been assaulted. SW-A stated she had reported the allegation to the facility on [DATE].</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/5/24 at 1:13 p.m., the DON stated she tried to made a report to the SA after learning about the allegation but had trouble with the system. The DON stated she had not been told about the allegation until several hours after the allegation was made. The DON stated she had not reported the allegation regarding R3 to the SA because she knew the hospice SW was going to report so she did not think she had to make a report.</p> <p>Facility policy Abuse and Neglect- Rehab/Skilled, Therapy and Rehab dated 7/6/23, indicated if there is an allegation of abuse, it will be reported to the SA immediately but no more than two hours after the allegation is made.</p>