

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Woodland		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Buffalo Hills Lane Brainerd, MN 56401	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41575</p> <p>Based on observation, interview and document review, the facility failed to ensure timely toileting assistance for 1 of 1 resident (R16) reviewed for activities of daily living and was dependent on staff.</p> <p>Findings include:</p> <p>R16's significant change Minimum Data Set (MDS) dated [DATE], identified R16 had moderately impaired cognition. R16 was dependent on staff for all toileting needs and was always incontinent of bowel and bladder.</p> <p>R16's care plan with revision date 2/15/24, directed staff to check and change for total incontinence every two hours.</p> <p>Continuous observations were conducted on 4/23/24, from 2:00 p.m. through 5:05 p.m. the following was identified:</p> <ul style="list-style-type: none"> -At 2:04 p.m. R16 was sitting in his wheelchair waiting for the activity program Bingo to begin. -At 2:30 p.m. R16 was attending the activity program. -At 3:19 p.m. R16 was wheeled from the activity room to the nurses station. No staff had approached R16 during his attendance at activities. -At 3:46 p.m. R16 remained sitting in his wheelchair at the nurses station. -At 4:15 p.m. R16 remained sitting in his wheelchair at the nurses station. -A 4:35 p.m. R16 remained sitting in his wheelchair at the nurses station. -At 5:00 p.m. R16 remained sitting in his wheelchair at the nurses station. No staff had approached him since his return from activities. <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-At 5:05 p.m. trained medication assistant (TMA)-A approached R16 and wheeled R16 to the dining room without offering assist with toileting. TMA-A stated R16 needed to be checked and changed for toileting every two hours. If R16 had not been assisted with toileting prior to activities, that would be a problem. When the residents returned from activities it was shift change, ambulating residents and answering call lights, so checking R16 might have gotten missed. The morning shift would have recorded when they last check and changed R16. TMA-A stated the documentation identified R16 was last been checked and changed for incontinence care at 1:53 p.m. R16 had been due to be toileted at 3:00 p.m. which was not documented as completed.</p> <p>-At 5:10 p.m. TMA-A approached R16 in the dining room and offered to assist him with toileting. R16 agreed and was assisted back to his room to provide incontinence care. TMA-A and nursing assistant (NA)-A assisted R16 into bed using a mechanical lift. TMA-A assisted R16 to turn on his side and removed a soiled incontinence product that had visible urine present in the brief. Red crease marks were visible on the back of R16 thighs from his chair straps. R16 was assisted with peri-care and a new incontinence product was applied. R16 was assisted back to his wheelchair and to the dining room for supper.</p> <p>When interviewed on 4/24/24, at 2:25 p.m. registered nurse (RN)-A stated R16 was care planned for check and change every two hours and it would be a problem if he went longer than two hours. It was scheduled on the aides plan of care to do so every two hours. The toileting schedule in the electronic medical record would change color if it was past due, so it would alert staff to the task. It was important to check and change residents as per their care plan to prevent skin breakdown and R16 had very fragile skin.</p> <p>During interview on 4/24/24, at 4:00 p.m. the director of nursing (DON) stated it was her expectation the nursing assistant would follow the residents plan of care for toileting needs and if they were having difficulty meeting that expectation they should reach out to the charge nurses or administrative staff for help.</p> <p>The facility policy Activities of Daily Living dated 12/4/23, identified any resident who was unable to carry out activities of daily living would receive necessary services to maintain good nutrition, grooming, personal and oral hygiene. Toileting included assistance on and off toilet, use of bedpan, urinal or commode; cleansing after elimination; changing any protective pads; and adjusting clothing after toileting.</p>		