

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Samaritan Bethany Home on Eighth		STREET ADDRESS, CITY, STATE, ZIP CODE 24 8th Street Northwest Rochester, MN 55901	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44656</p> <p>Based on observation, interview and document review, the facility failed to accommodate resident needs by ensuring the call light was accessible for 2 of 2 residents (R60, R187) reviewed for call lights.</p> <p>Findings include:</p> <p>R60's annual Minimum Data Set (MDS) dated [DATE] identified R60 with cognitive impairment, diagnoses included Parkinson's, heart failure, osteoarthritis, and non-Alzheimer's dementia.</p> <p>R60's care plan with start date of 12/6/23 identified, Be sure my call light is within reach and encourage me to use it for assistance as needed. I need response to all requests for assistance.</p> <p>R60's kardex (nursing assistant care sheet) printed 12/12/24 at 11:13 a.m., instructed nursing assistants to, Please remind me to utilize my call light, as I am getting used to my new environment.</p> <p>During observation and interview on 12/9/24 at 3:00 p.m., R60 sitting in wheelchair in his room watching the television set. Call light cord was placed on nightstand behind him out of reach. R60 stated the call light, [was] not in reach. I don't know where it is. I don't see it. R60 stated he was able to press the call light for assistance but did not know how to ask for help if he did not have it in reach.</p> <p>R187</p> <p>R187's quarterly MDS dated [DATE] identified R187 with limitations in range of motion for both upper and lower extremities, required extensive assist of two or more people for bed mobility and was totally dependent on two or more people to transfer out of bed into wheelchair. Also, R187 with diagnoses of arthritis, heart failure, lung disease, and vision impairment. In addition, R187 on continuous oxygen.</p> <p>R187's care plan with start day of 11/10/21 identified, BED MOBILITY: Assist of 2 and I am able to use call light appropriately.</p> <p>R187's kardex printed 12/10/24 identified, BED MOBILITY: Assist of 2 and I am able to use call light appropriately.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245530
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NAME OF PROVIDER OR SUPPLIER Samaritan Bethany Home on Eighth		STREET ADDRESS, CITY, STATE, ZIP CODE 24 8th Street Northwest Rochester, MN 55901	
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation and interview with R187 on 12/10/24 at 8:29 a.m., R187 lying in bed with soft touch call light resting on top of nightstand three feet from the head of her bed. R187 stated, I should have it on my body so I can use it if I want to. I can't reach it to ask for help if I need it.</p> <p>During interview with nursing assistant (NA)-A on 12/10/24 at 12:26 p.m., NA-A stated she worked full time at facility for five years and was familiar with the residents. NA-A stated call lights should always be in reach of patients.</p> <p>During interview with NA-B on 12/10/24 at 12:42 p.m., NA-B stated she had worked at facility many years and was familiar with the residents. NA-B stated, call lights, should always be in reach of the patient. If they can't reach it, then they cannot use it and they may try to get up without help and fall. So, they gotta be in reach.</p> <p>During interview with R187 significant other on 12/11/24 at 2:04 p.m., significant other stated, [R187] would not be able to reach over and grab the call light thing without someone helping her if she is in bed. [R187] uses it when she needs help.</p> <p>During interview with director of nursing (DON) on 12/12/24 at 10:14 a.m., DON stated expectation call lights should be in reach of all residents. In addition, [R187] could not reach the call light and ask for help if the call light is not in reach. Same thing goes for [R60].</p> <p>Facility policy titled Call Light Response with review date of 9/24 identify Resident's call light must be within reach for the resident to use.</p>		