STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245549	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Mountain Lake	745 Basinger Memorial Drive Mountain Lake, MN 56159

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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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42355 Based on observation, interview, and document review the facility failed properly assess and monitor blood sugars, failed to identify signs and symptoms of hyperglycemia, and failed to follow continuous glucose monitor (CGM) manufacturer recommendations for placement and rechecking blood sugars for 1 of 4 residents (R1) who was admitted to intensive care unit with a blood sugar of over 1000 mg/dl (milligrams/deciliter). This resulted in an immediate jeopardy (IJ) for R1. The IJ began on 1/29/25, when R1 was demonstrating symptoms of hyperglycemia but R1's blood sugar according to the CGM was 52 mg/dl and was administered glucose tablets without confirming blood sugar via finger stick. The administrator, director of nursing (DON) and regional nurse consultant (RNC) were notified of the IJ on 2/12/25 at 4:00 p.m. The IJ was removed and the deficient practice was corrected on 2/6/25, prior to the start of the survey, and was therefore issued at past non-compliance (PNC). Findings include: The American Diabetes Association defines low blood glucose (sugar) as when levels fall below 70 mg/dL (milligrams per deciliter) and recommends using the rule of 15 grams fast-acting carbs every 15 minutes to treat low blood glucose. Severe low blood glucose is an emergency. The American Diabetes Association identifies blood sugars should be less than 180 mg/dl 1-2 hours after a meal. Further informing hyperglycemia can be a serious problem and important to treat as it is detected. If hyperglycemia is not treated ketoacidosis, a life threatening condition, could occur. Symptoms of ketoacidosis includes shortness of breath, breath that smells fruity, nausea and vomiting, and very dry mouth. According to Mayo Clinic additional symptoms can be excessive thirst, being tired, and confusion. Mayo Clinic recommends to seek emergency care if sugar level is over 300 mg/dl. Review of R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated diagnosis of diabetes type 1. R1 had moderately impaired cognition and received insulin. Review of R1's physician orders, included the following: -apply and change Free Style Libre 3 (CGM) every 15 days, start date 11/15/24; -blood sugar checks four times daily with CGM, before meals and at bedtime, start date 11/15/24; (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

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Glucagon emergency kit 1 milligram (mg) inject SQ for low blood sugars, start date 11/05/24; -glucose oral tablets 4 gram (GM), give four tablets by mouth as needed for low blood sugar of 51-70; start date 2/28/24. Facility policy Hypoglycemic Incidents dated 10/30/24, directed the following: 2. For residents with diabetes, the physician should be called immediately when blood glucose value is less than 70 mg/dl and is unresponsive or has consecutive blood glucose reading less than 70 mg/dl. 4b. Notify physician. 4c. monitoring may need to take place for several hours to days. 7. Document incident and actions taken in progress note health status and document the blood glucose testing in the weights and vitals tab. Free Style Libre 3 manufacturer's recommendations dated 4/24, included CGM's could replace blood glucose monitoring (BGM) except in the following situations. These are times when you need to do a blood glucose test before deciding what to do or what treatment decision to make as sensor readings may not accurately reflect blood glucose levels: 1- do a BGM if you think your glucose readings are not correct or do not match how you feel. Do not ignore symptoms that may be due to low or high blood sugars. 2- do a blood glucose test when you see the magnifying glass with a drop of blood symbol or when the sensor glucose reading does not include a current glucose number. R1's diabetic care plan dated 2/28/24, did not address R1's CGM. The care plan included R1 had history of hospitalization s related to fragile diabetic condition with the following interventions: -identify areas of difficulty in resident diabetic management. Provide and document teaching to resident/family to address identified roadblocks to good diabetes management, start date 2/28/24. R1's January 2025 medication administration record (MAR) identified R1's CGM was changed on 1/26/25, by LPN-H. During interview 2/12/25 at 9:25 a.m., LPN-H stated she had personal experience with CGM but no formal training. Review of R1's blood sugar records in conjunction with progress notes between 1/29/25 through 2/3/25 identified although R1's CGM showed blood sugars below 70 mg/dl, no finger sticks were done to confirm the values of CGM displayed values, the record did not include comprehensive assessments and monitoring for hypo/hyperglycemia, nor include monitoring of the effectiveness of the glucose tabs after administration. Further, it was not evident the physician was notified when R1's blood sugars were low. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's blood sugars for 1/29/25, included the following: -Blood sugar (BS) record at 4:20 a.m., identified R1 had BS of 44 mg/dl; R1's record did not include any further documentation. -BS record at 5:00 a.m., identified R1 had BS of 54 mg/dl; R1's record did not include any further documentation. -BS record at 5:40 a.m., identified R1 had BS of 60 mg/dl. Corresponding progress note documented at 10:31 a.m. identified staff were alerted by the CGM beeping and R1 was given a snack. -BS record at 8:10 a.m. identified R1 had a BS of 248 mg/dl. Progress notes at 9:52 a.m. indicated R1's insulins were held because R1 did not eat breakfast. -BS record at 12:54 p M., identified R1 had a BS of 199 mg/dl; -BS record at 3:54 p.m. identified R1 had a BS of 262 mg/dl; -BS record at 8:23 pm. identified R1 had a BS of 305 mg/dl. Progress note identified R1 received 2 units of sliding scale insulin. R1's blood sugar record for 1/30/25, included the following: -BS record at 12:00 a.m., identified R1 had BS of 45 mg/dl. The BS record identified the next check at 1:15 a.m., R1's BS was 52 mg/dl. Corresponding progress note written at 1:35 a.m. indicated at 11:55 p.m. staff alerted by R1's CGM beeping with a reading of Lo (no value was given). Staff administered 8 oz of high calorie/high protein drink. Rechecked blood sugar at 12:00 a.m. and was 45. Staff gave a 1/2 of peanut butter sandwich and 6 oz of grape juice and 8 oz of orange juice. Blood sugar recheck at 1:15 a.m. (1.25 hours later) was 52. R1 ate the sandwich but required much prompting/cuing/encouragement. -BS record at 4:00 a.m., identified R1 had a BS of 279 mg/dl; -BS record at 8:46 am and 9:15 a.m.; identified R1 had a BS of 218 mg/dl; -BS record at 11:16 a.m. was 89 mg/dl; identified R1 had a BS of 89 mg/dl; -BS record at 2:04 p.m. was 89 mg/dl; the medication administration record indicated R1's insulin was held, with no other information in the record. -BS record at 4:33 p.m., identified R1 had a BS of 199 mg/dl; -BS record at 7:48 p.m., identified R1 had a BS of 124 mg/dl. R1's BS record for 1/31/25, included the following: -BS record at 2:50 a.m., identified R1 had a BS of 60 mg/dl; (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-BS record at 2:53 a.m., identified R1 had a BS of 52 mg/dl; R1's progress note at 4:08 a.m. indicated R1's CGM read Lo, R1 was administered 4 glucose tablets (16 G total) along with glucose control drink, pudding, and small cup cake. -BS record at 4:15 a.m., identified R1 had a BS of 109 mg/dl. -BS record at 11:55 p.m., identified R1 had a BS of 54 mg/dl. R1 shift summary for 1/31/25 at 6:26 a.m., summarized R1's CGM was alarming during the night. BS was 60. Prior to entering room, BS had dropped to 52. Staff got glass Boost Glucose Control and pudding which resident ate. BS recheck was 79, but later staff heard the CGM alarm again, and CGM reading was Lo. R1 was given 4 glucose tablets and wanted a cookie but not available. R1 ate a cupcake. BS recheck was 109. R1's blood sugars for 2/1/25, included the following: -BS record at 2:20 a.m., identified R1 had a BS of 53 mg/dl; corresponding progress note at 2:19 a.m. included R1 received four glucose 4 GM tablets for reading of 53 mg/dl. -BS record at 2:55 a.m., identified R1 had BS of 61 mg/dl; no further information documented. -Progress note at 4:21 a.m. indicated glucose tablets were effective. No other information documented. -BS record at 5:42 a.m. R1 had a BS of 283 mg/dl; no further information documented. -BS record at 12:47 p.m., R1 had a BS of 52 mg/dl; Progress note at 12:57 p.m. included R1's CGM was beeping with a reading of 53. Staff gave R1 4 oz orange juice, 1/4 peanut butter sandwich and 4 oz sugar free vanilla and yogurt. -BS record at 1:30 p.m., 83 mg/dl. No further information was documented. R1's blood sugars for 2/2/25, included the following: -BS record at 2:55 a.m. R1 had BS of 53 mg/dl; Progress note at 3:00 a.m. indicated R1 received four glucose 4 gm tablet for a reading of 53. -Progress note at 4:30 a.m. indicated the glucose tablets were ineffective. R1's record did not identify R1's BS level was prior to the administration of the second dose of four glucose tabs. No further information was documented. 2/2/25 6:31 a.m. 64 mg/dl; Progress note at 6:30 a.m. indicated the glucose tabs were effective even though the record identified a BS of 64 mg/dl. R1's BS throughout the the day, ranged from 180 mg/dl at 11:15 a.m. to 145 mg/dl at 10:55 p.m. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's progress notes on 2/2/25 at 7:14 p.m., indicated R1 was sleepy, needing more queuing for activities of daily living (ADL's). Insulin held due to history of declining rapidly throughout the night. R1's progress notes on 2/2/25 at 9:02 p.m., indicated R1 appeared more confused than normal. Very sleepy through the afternoon. Only ate 1/2 her supper and then went back to her room, where she was asking staff about what she should do next. R1 was half undressed and wanted to get dressed for supper. Staff reminded R1 that she just finished supper and assisted R1 into her nightwear. BS monitored through shift were within range. Review of R1's BS record on 2/3/25 indicated the following: -BS record at 3:35 a.m., indicated R1 had a BS of 190 mg/dl; -BS record at 7:39 a.m., indicated R1 had a BS of 134 mg/dl. R1's progress notes on 2/3/25 at 9:10 a.m., R1 stated she was not feeling well, I feel icky, like I was going to throw up when I saw food. Did not eat well for breakfast. Insulin held for this reason. Taking sips of lemon/lime soda. CGM is 154 mg/dl. -BS record at 11:22 a.m., indicated R1 had a BS of 108 mg/dl; and -BS record at 4:10 p.m., indicated R1 had a BS of 120 mg/dl. R1's progress notes on 2/3/35 at 1:24 p.m., indicated NP-A was notified and orders were received. R1's progress notes on 2/3/25 at 7:53 p.m., indicated R1 was sent to the emergency room for evaluation via family vehicle. R1's progress notes on 2/3/25 at 9:18 p.m., indicated that at 5:00 p.m., BS CGM was reading 67 mg/dl. R1 was given orange juice but needed assistance with drinking it without spilling as R1 was lethargic and unable to hold drink without spilling. Staff checked a manual blood sugar and it read Hi. Staff had another staff nurse re-check manual BS on other hand and read Hi again. Called on call physician at 5:50 p.m., left message for return call. At 5:55 p.m. attempted to call first family contact, message left. At 6:10 p.m., contacted second family contact and updated on R1's condition. At undocumented time, on call physician called back and wanted R1 to go to ED for evaluation. Family transferred R1 via private vehicle at 7:00 p.m. Staff called ED at 9:00 p.m. and was told that R1 was very ill with blood sugars greater than 1,000 mg/dl and was being transferred to a ICU for further care. Review of R1's hospital records from 2/3/35 through 2/11/25, indicated R1 presented to the emergency department via private vehicle from skilled nursing facility (SNF) with abnormal sugars. Family reported R1 had increased confusion and somnolence over the past 2-3 days. R1's mucus membranes were dry, appeared listless and her speech was delayed and slow. Initial impression was diabetic ketoacidosis (DKA) with insulin drip (medication given through vein to help lower sugar) and fluid resuscitation started. R1 was transferred and admitted to a hospital intensive care unit (ICU) from emergency department on 2/4/25 with a BS of 1245 mg/dl. R1 was in the ICU until 2/6/25 and was transferred to the medical floor. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R1 medication administration record (MAR) indicated R1 received her scheduled doses of long acting insulin twice on 2/1/25 and doses were held on 2/2/25 and am of 2/3/25. R1 received sliding scale short acting at 8:30 a.m. and 6:30 p.m. on 2/1/25 and other doses were held 2/2/25 and 2/3/25. During an interview on 2/11/25 at 7:15 p.m., emergency room registered nurse (RN-G) stated on 2/3/25, R1 presented to the emergency department (ED), very lethargic and incoherent. RN-G stated she had not received a report from the nursing home, and the family stated R1 had not been feeling good the past couple of days with lower blood glucose. RN-G checked finger stick with ED meter and read Hi. R1's ED lab work showed a BS of 1245 mg/dl. RN-G was told to remove the CGM from R1's left arm. When she did this RN-G stated the site was infected with a thick tannish fluid leaking from the site. RN-H cleaned to site. During an interview on 2/11/25 at 8:15 p.m., emergency room nurse RN-H stated she has been trained in putting on CGM's and R1's CGM was located almost on her shoulder over a bone. CGM needed to be in the fleshy part of the back of the arm. RN-H further stated that when the sensor was removed, the site had a thick gray/tan drainage from the site. This drainage was foul smelling. The area was reddened and raised to the size of a quarter. During interview on 2/12/25 at 10:08 a.m. licensed practical nurse (LPN)-B indicated R1 was a fragile diabetic with blood sugars swinging from high to low and had a CGM. LPN-B stated she worked day shift on 2/3/24. R1 had complained of nausea, she had fatigue, did not want to eat, and demonstrated confusion. LPN-B explained since R1's blood sugars per the CGM had low readings, she did not identify R1's symptoms as hyperglycemic and did not confirm the meter readings with a finger stick. LPN-B indicated at the time she was not aware of the manufacturer's recommendations to follow-up with a finger stick if the meter was reading Lo or Hi so a finger sticks were not performed. During an interview on 2/12/25 at 10:40 a.m., LPN-G stated she worked the evening shift on 2/3/25. R1 was more confused than usual at start of shift. At 5:00 p.m., LPN-G responded to R1's CGM beeping with a reading of 67. LPN-G followed the protocol for low blood sugars and gave R1 orange juice and glucose tabs. LPN-G stayed with R1 and rechecked her blood sugar an undocumented amount of times, but the CGM kept reading that R1's blood sugar was going down. LPN-G then did a couple of finger sticks which resulted in Hi readings from that meter. LPN-G then called and left a message for the on-call physician who replied 30-minutes later with an order to send R1 to the emergency room . R1 left facility at 7:00 p.m. per private vehicle. On 2/3/25, LPN-G was not aware of the manufacturer's recommendation to confirm the blood sugars with the finger stick method after each Lo reading so LPN-G did not confirm blood sugars via finger stick nor aware when the physician should be notified when residents had low blood sugars. During an interview on 2/12/25 at 10:51 a.m., LPN-F stated prior to 2/3/23 he had not received education on CGM's. LPN-F would have given nutritional supplements or glucose tabs based on the CGM readings, would not have confirmed with a finger stick and/or symptoms. LPN-F also indicated he was not aware prior to 2/3/25, when to notify the physician if residents required administration of glucose tabs or Glucagon. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 2/12/25 at 11:30 a.m., nurse practitioner (NP) stated she saw R1 on 2/3/25 but was not made aware of R1's low blood sugars or holding of R1's insulin doses on 2/1/25 and 2/2/25. NP-A stated her expectation was that facility would contact her with readings on CGM out of the parameters of, less than 60 or greater than 400. NP further expected the facility staff perform a finger stick BGM to verify the reading During an interview on 2/12/25 at 12:50 p.m., director of nursing (DON) stated she had reviewed a slide deck about how to use and placement of Freestyle Libre system on 1/28/25. It was her expectation that anyone who ever did not come to the meeting, would read the PowerPoint at the nurses station and then sign that they have read it. On 2/6/25, DON has placed notes on medication carts to check a finger stick per manufacture recommendations with blood sugars below recommendation of 70 or if resident was showing signs of symptoms of hypo/hyper glycemia. It was her expectation that staff would report to provider anything under 60 or higher than 400, unless the provider has a different parameter. Expectation to re-check BS, normally would be 5 minutes. During an interview on 2/12/25 at 9:11 a,a.m., customer service representative (CS-B) stated the sensor should be applied to the back of the upper arms and remains for 14 days. After 14 days the sensor shuts off and will no long give a reading. The sensor will not read a correct reading, if not placed in the recommended placement on back of either upper arm. If the sensor was applied a little bit high or low it should not be affect the reading. If the site becomes infected at the site of insertion, or if the site bleeds, both may affect the readings. Manufacturer further recommends if there is pain at the insertion site, the customer takes the sensor off and applies a new one. The high and lows alarms are set up with default parameters of 70 and 250. The extreme low is mandatory by law and can not be turned off by law. Review of facility policy Blood glucose monitoring, disinfecting, and cleaning policy dated 9/25/24, did not indicate the use of CGM's for blood sugar monitoring. The PNC IJ began on 1/29/25. The immediate Jeopardy was removed, and the deficient practice corrected on 2/6/25 after the facility implemented the following prior to start of survey: -Review policy on blood sugar monitoring to include the use of CGM's and management of CGM's per manufacturer's recommendations -Educated staff on correct placement of CGM's that the facility uses -Educated staff on the signs and symptoms of hyper- and hypo- glycemia -Educated staff on when to do a finger stick BGM to verify the CGM's readings -Reviewed with staff when to alert the physician of low and high blood sugars.