

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Mountain Lake		STREET ADDRESS, CITY, STATE, ZIP CODE  745 Basinger Memorial Drive Mountain Lake, MN 56159	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50764</b></p> <p>Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R196) observed to have medications at bedside, had been appropriately assessed and deemed appropriate to self-administer medications.</p> <p>Findings Include:</p> <p>R196's facesheet printed on 6/26/2024, indicated diagnoses of malignant neoplasm of colon (colon cancer), polyneuropathy (nerve pain), and pain.</p> <p>R196's admission Minimum Data Set (MDS) assessment dated [DATE], indicated an admitted [DATE], and no cognitive impairment.</p> <p>R196's care plan on 6/24/24, did not indicate R196's ability to self-administer medications.</p> <p>R196's physicians orders on 6/24/24 did not indicate R196 could self-administer medications.</p> <p>During an observation and interview on 6/24/24 at 1:15 p.m., R196 stated a nurse came to her room and told her that she could not have her diclofenac gel (generic topical pain gel) on her bathroom sink and put it away in her bathroom cupboard. R196 stated that she kept Voltaren (topical pain gel) and Tylenol in her room and used them for years prior to coming to the facility. One tube of diclofenac gel was found in her bathroom cupboard. Medications found in a drawer next to her bed included two bottles of Tylenol 650 milligrams (mg) tablets, one bottle of Systane eye drops, one tube of Voltaren gel, and one tube of Neosporin antibacterial ointment.</p> <p>During an interview on 6/24/24 at 7:13 p.m., registered nurse (RN)-A stated that she knew R196 had Tylenol in her room but did not know if she had an order for self-administration. RN-A stated if R196 had medications in her room there should be a self-administration assessment completed and an order for self-administration of medications. No assessment or order was found by RN-A.</p> <p>During an interview on 6/25/24 at 8:37 a.m., licensed practical nurse (LPN)-A stated that she was aware of the Voltaren gel in R196's room. In addition, LPN-A confirmed that there was Tylenol, Systane eye drops, Voltaren gel, and Neosporin ointment in R196's room. LPN-A verified there should be an order for self-administration of medications if medications are kept in a resident's room. LPN-A stated there was not a current order for self-administration of medications and removed the medications from R196's drawer and cupboard.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/25/24 at 9:43 a.m., the director of nursing (DON) stated that she would expect a self-medication administration assessment would have been completed prior to R196 having medications in her room and that R196 should have had an order for self-medication administration. DON verified that R196 did not have an assessment or order for self-medication administration.</p> <p>The facility Resident Self-Administration of Medication policy revised 10/30/2023, indicated the interdisciplinary team should determine that the resident can safely self-administer medications, and this must be documented. A physician's order must be obtained prior to the resident self-administering medications. The care plan must indicate which medications the resident is self-administering and where they are kept.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50764</b></p> <p>Based on observation and interview, the facility failed to ensure professional standards of practice were followed during administration of eyedrops for 2 of 3 residents (R197 and R7) observed for medication administration.</p> <p>Findings include:</p> <p>R197's facesheet printed on 6/26/24, indicated an admitted [DATE], and a primary diagnosis of pancreatitis (inflammation of the pancreas).</p> <p>R197's admission Minimum Data Set (MDS) assessment was not completed.</p> <p>R197's care plan printed on 6/26/24, did not indicate any care needs related to her eyes.</p> <p>R197's physician's order initiated on 6/14/24, indicated R197 was to receive Alphagen P ophthalmic solution eye drops, one drop in both eyes three times a day to reduce eye pressure.</p> <p>During observation on 6/25/24 at 8:45 a.m., R197 was sitting in a recliner in her room. Licensed practical nurse (LPN)-A informed R157 she had her eye drops. LPN-A placed the tip of the eye drop bottle at the inner corner of each eye to instill drops. LPN-A did not ask R197 to tilt her head back, nor did LPN-A attempt to place the drop in the pocket of the lower lid (conjunctival sac).</p> <p>R7's facesheet printed 6/26/24, indicated an admitted [DATE], and a diagnosis of unspecified macular degeneration (an eye disease that causes vision loss).</p> <p>R7's admission MDS assessment was not completed.</p> <p>R7's care plan printed on 6/26/24, did not indicate any care needs related to his eyes.</p> <p>R7's physician's order initiated on 6/16/24, indicated R7 was to receive brinzolamide ophthalmic solution eye drops, one drop in both eyes two times a day for glaucoma.</p> <p>During observation on 6/26/24 at 8:05 a.m., R7 was seated in his wheelchair in the dining room. LPN-A assisted R7 to the side of the room and informed him she had his eye drops. LPN-a did not ask R7 to tilt his head back. LPN-A instilled the eye drop in the inner corner of each eye and did not attempt to place the drop in the pocket of the lower lid (conjunctival sac).</p> <p>During interview on 6/26/24 at 10:30 a.m., LPN-A verified that she instills eye drops in the inner corner of the eye. LPN-A further stated this is how she was taught and has not had any education from her employer on eye drop instillation.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 6/26/24 at 8:44 a.m., director of nursing (DON) stated that she would expect nurses to gently pull down the lower lid and instill eye drops in the pocket formed in the center of the eye. DON would not train nurses to instill eye drops in the corner of the eye due to risk of infection or the eye drop not getting fully into the eye. DON stated she does not believe they have completed any training on eye drop instillation.</p> <p>The facility provided an untitled and undated document printed from Elsevier online training. This document educated on administration of eye drops and stated ask the patient to look at the ceiling.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50764</p> <p>Based on observation, interview, and policy review, that facility failed to ensure beverageware and metal pans were completely dry before storing to prevent bacterial growth. This had potential to affect all 47 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an observation and interview on 6/24/24 at 11:37 a.m., with cook (C)-A observed multiple metal steam table pans stacked upside down, one on top of the other, on a wire shelving rack. When C-A removed the top pan, it had visible water on the inside surface. C-A acknowledged staff should not have put pans away while still wet as that could promote bacterial growth.</p> <p>During an observation and interview on 6/26/24 at 9:35 a.m., with C-B on a plastic cart with wheels were multiple drinking cups stacked upside down on a solid plastic tray waiting to be taken to the dining room for storage. Condensation was visible in the clear tumblers. C-B lifted three tumblers and showed condensation inside the tumblers and water pooling and creating water rings on the tray. C-B acknowledged staff should have let the tumblers dry completely before stacking them to be stored. C-B was asked to lift a stacked metal steam table pan which was upside down on top of other steam table pans on a shelving unit. C-B verified the pan had moisture in it and should have been completely dry before being stacked for storage to prevent bacterial growth.</p> <p>The facility Warewashing-Mechanical and Manual-Food and Nutrition policy revised 3/25/24, indicated that dishes are to air-dry before storage or use.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013</b></p> <p>Based on interview and document review, the facility failed to ensure 1 of 5 residents (R36) reviewed for immunizations were offered and/or provided the pneumococcal vaccine series as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infection(s).</p> <p>Findings include:</p> <p>A CDC Pneumococcal Vaccine Timing for Adults feature dated 3/15/2023, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old had received the complete series (i.e., PPSV23 and PCV13; see below) then the patient and provider may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20) for patients who had received Pneumococcal 13-valent Conjugate Vaccine (PCV13) at any age and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) at or after [AGE] years old.</p> <p>R36's face sheet dated 6/26/24, indicated she was [AGE] years old. The immunization record, dated 6/26/24, indicated she received a PPSV23 on 10/15/2008 followed by the PCV13 on 10/2/2014. The record lacked evidence of shared clinical decision making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence that R36 was offered or received PCV20.</p> <p>During interview with infection preventionist (IP), on 6/25/2024 at 11:18 a.m., the IP indicated immunizations are reviewed upon admission to determine if resident is eligible for any immunizations. If resident is eligible for an immunization, it is reviewed with the resident and/or representative upon admission to see if they were interested in receiving immunization. IP verified R36's pneumococcal immunizations as listed above and stated that she was unable to find any documentation stating that resident was offered and declined the PCV20. IP verified there had been no shared clinical decision making with the provider regarding pneumococcal immunizations for R36. IP stated it was important to ensure residents are offered all available vaccinations to prevent the risk of developing symptoms to lead to acute illness.</p> <p>During interview on 6/25/24 at 1:55 p.m., R36 stated that she does not recall any facility staff discussing available immunizations when admitted . R36 stated she would be interested in receiving the PCV20 as she usually receives all recommended vaccines that are available.</p> <p>During interview on 6/26/24 at 8:27 a.m., director of nursing (DON) stated IP reviewed immunizations upon admission and eligible immunizations are offered to resident and then we either administer immunization or have resident sign a declination page. DON confirmed that documentation was lacking on if R36 was offered the PCV20. DON stated it was important for residents to know what immunizations are available to them as it is there right and would help prevent illness.</p> <p>The facility Immunizations/Vaccinations for Residents, Pneumococcal policy dated 9/21/23 indicated the facility to provide residents and clients the opportunity to receive immunizations as they fit into their healthcare goals. The facility would provide guidance for the location's immunization program including recommended vaccinations.</p> <p>(continued on next page)</p>		

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F 0883  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>a) Upon admission, each client, resident and/or resident representative will receive the Vaccination Information Statements (VIS) for influenza and pneumococcal vaccines and the VIS or Face Sheet for Recipients and Caregivers for the COVID-19 vaccine.</p> <p>b) If the client, resident and/or the resident representative consent to vaccination, obtain written consent if required by state regulation. If written consent is not required, obtain and document verbal consent.</p> <p>c) If the resident and/or resident representative chooses not to be vaccinated after discussion of benefits, document declination.</p>		