

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245593	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - St James		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 South Second Street St James, MN 56081	

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073</p> <p>Based on interview and document review, the facility failed to provide ongoing communication to residents about their rights (e.g., through resident groups) for 4 of 4 residents (R18, R25, R9, R22) who attended the council meetings.</p> <p>Findings include:</p> <p>Resident council meeting minutes were reviewed for the months of January through July 2024. Meeting minutes did not reflect resident rights having been included in meeting discussions.</p> <p>During the resident council meeting on 7/23/24, from 12:49 p.m. to 1:22 p.m., the following residents were in attendance: R18, R25, R9 and R22. All four residents stated they regularly attended resident council meetings and did not recall a time when resident rights had been discussed. All four residents stated they did not know where resident rights were posted in the facility, which were located in a hallway near the nurses station, across from the beauty salon. When informed of the location, R25 stated, Oh, I think I know what you're talking about. I didn't know that was for us.</p> <p>According to Minimum Data Set (MDS) assessments:</p> <p>R18 - quarterly MDS dated [DATE], indicated R18 was cognitively intact.</p> <p>R25 - quarterly MDS dated [DATE], indicated R25 was cognitively intact.</p> <p>R9 - quarterly MDS dated [DATE], indicated R9 was cognitively intact.</p> <p>R22 - significant change MDS dated [DATE], indicated R22 had moderately impaired cognition.</p> <p>During an interview on 7/23/24 at 2:07 p.m., licensed social worker (LSW)-A stated she facilitated monthly resident council meetings. LSW-A stated when residents were admitted, they received a booklet on resident rights. LSW-A stated she didn't think residents looked at them because they were found in drawers when residents were discharged or passed away. While looking at older minutes, LSW-A stated she had not reviewed resident rights at a resident council meeting since 2022, and didn't know how that topic fell off the agenda.</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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/23/24 at 2:20 p.m., the director of nursing (DON) stated the facility did not have a policy on resident council meetings and instead provided an undated page from the resident handbook. The page indicated the resident council group was one way for residents to communicate with the facility. It was an organization formed by the residents. The purpose was to provide a means for residents to share concerns, suggestions and ideas with other residents and staff. It also allowed the opportunity to participate in affairs and decisions that influence life each day.</p>		

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073</p> <p>Based on observation and interview, the facility failed to ensure state agency (SA) survey results were available for 4 of 31 residents (R18, R25, R9, R22) who attended resident council meetings. This had the potential to affect all 31 residents and families that may wish to review the results.</p> <p>Findings include:</p> <p>During an observation on 7/23/24 at 11:30 a.m., observed the SA survey results binder at the east (main) entrance of the facility on the counter of an unmanned reception desk that was in a hallway of offices that is not a common area for residents. While the survey results binder may have been readily accessible to family members and legal representatives, results would generally only be accessible to residents if they were exiting or entering the building, or meeting with staff in one of the offices.</p> <p>During the resident council meeting on 7/23/24, from 12:49 p.m. to 1:22 p.m., the following residents were in attendance: R18, R25, R9 and R22. All four residents stated they regularly attended resident council meetings. None of the four residents were familiar with SA survey results nor did they know they had access to them. All four residents stated they did not know where SA survey results were located.</p> <p>According to Minimum Data Set (MDS) assessments:</p> <p>R18 - quarterly MDS dated [DATE], indicated R18 was cognitively intact.</p> <p>R25 - quarterly MDS dated [DATE], indicated R25 was cognitively intact.</p> <p>R9 - quarterly MDS dated [DATE], indicated R9 was cognitively intact.</p> <p>R22 - significant change MDS dated [DATE], indicated R22 had moderately impaired cognition.</p> <p>Resident council minutes since the last SA survey were reviewed and included minutes from January through July 2024. Minutes were not available for September through November 2023, (unable to locate). No meeting was held in December 2023, due to a Covid-19 outbreak.</p> <p>Meeting minutes did not reflect discussion of SA survey results or the location of survey results.</p> <p>During an interview on 7/23/24 at 2:07 p.m., licensed social worker (LSW)-A stated she facilitated monthly resident council meetings and did not recall informing residents of their right to review SA survey results or informing them of the location of the survey binder.</p> <p>(continued on next page)</p>		

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 7/23/24 at 2:20 p.m., the director of nursing (DON) stated the facility did not have a policy on resident council meetings, and instead provided an undated page from the resident handbook. The page indicated the resident council group was one way for residents to communicate with the facility. It was an organization formed by the residents. The purpose was to provide a means for residents to share concerns, suggestions and ideas with other residents and staff. It also allowed the opportunity to participate in affairs and decisions that influence life each day.</p> <p>During an interview on 7/23/24 at 2:25 p.m., the administrator was informed of findings and immediately relocated the binder to a countertop in the dining room. The administrator stated they would look for a permanent location that was easily accessible to residents.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630</p> <p>Based on observation, interview, and document review, the facility failed to ensure enhanced barrier precautions (EBP) were followed for 1 of 1 resident (R28) who had an indwelling catheter.</p> <p>Findings include:</p> <p>R28's significant change in status Minimum Data Set (MDS) assessment dated [DATE], identified moderately impaired cognition, dependent on staff for transfers, utilized a wheelchair, indwelling catheter, diagnoses of hip fracture, muscle weakness, and retention of urine.</p> <p>On 7/23/24 at 9:22 a.m., nursing assistant (NA)-A and NA-B entered R28's room without donning a gown or gloves. A magnet was observed on the outside of the room indicating enhanced barrier precautions were in place for R28 with personal protective equipment (PPE) supplies outside of R28's room. NA-A and NA-B were observed inside R28's room and donned gloves and completed a brief change for R28 with no gown observed. At approximately 9:30 a.m., NA-A confirmed a gown was not worn as expected when they assisted R28. NA-A stated R28 had a catheter and a gown and gloves was expected worn when providing cares and stated she made a mistake. NA-A stated the facility had provided training on wearing PPE in EBP resident rooms</p> <p>On 7/24/24 at 10:05 a.m., the director of nursing (DON) stated staff were expected to wear PPE for residents on EBP when completing cares.</p> <p>Facility Standard and Transmission Based Precautions policy dated 4/2/24, indicated:</p> <p>Enhanced barrier Precautions are needed for residents with indwelling urinary catheters. High Contact resident care activities include transfers, dressing, providing hygiene, changing briefs, or assisting with toileting.</p>		