STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40948 Based on interview and document review, the facility failed to notify the Office of Ombudsman for Long-Term Care (OOLTC) of a facility-initiated transfer for 1 of 1 resident (R14) reviewed for hospitalization . Findings include: R14's quarterly Minimum Data Set (MDS) dated [DATE], identified no cognitive impairment. R14's progress notes identified the following: - R14 was admitted to the hospital on 2/29/24, and returned to the facility on [DATE]. The facility lacked any evidence identifying the OOLTC was notified of the transfer. - R14 was admitted to the hospital on 3/20/24, and returned to the facility on [DATE]. The facility lacked any evidence identifying the OOLTC was notified of the transfer. During an interview on 6/13/24 at 11:25 a.m., the business office coordinator (BOC) stated when residents were transferred, she was in charge of getting bed hold form in resident's chart. The BOC was unaware if they had to notify the OOLTC when a resident was transferred. If it was their job, they were not told and had not notified the OOLTC about any hospital transfers. During an interview on 6/13/24 at 11:52 a.m., the director of nursing (DON) stated the OOLTC should be notified of resident transfers and the BOC was in charge of ensuring the bed hold forms were completed and the OOLTC was notified. If BOC was not notifying the OOLTC, then it was not being done. The facility's Discharge and Transfer policy dated 1/3/24, identified when a resident was hospitalized the facility was submit a notification of transfer to the OOLTC.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40948 Based on interview and document review, the facility failed to provide the resident/responsible party a written bed hold policy at the time of hospital transfer for 1 of 1 resident (R14) reviewed for hospitalization . Findings include: R14's quarterly Minimum Data Set (MDS) dated [DATE], identified no cognitive impairment. R14's progress notes identified the following: - 3/21/24 at 6:43 a.m., R14 was hospitalized - 3/21/24 at 8:02 a.m., R14's family was notified resident was admitted to the hospital. The progress note does not address a bed hold. - 3/26/24 at 1:53 p.m., R14 returned to facility following hospitalization . During an interview on 6/11/24 at 2:12 p.m., R14 stated she was hospitalized in March of this year but did not recall receiving a notice of bed hold. During an interview on 6/13/24 at 11:19 p.m., registered nurse (RN)-B stated it was the nurse's responsibility to inform resident/resident representative of the bed hold policy either in person or by phone when a transfer was being done. When it was done by phone it would be documented. RN-B was unable to verify bed hold was done. During an interviewer on 6/13/24 at 11:25 a.m., the business office coordinator (BOC) stated it was her responsibility once bed holds were completed and signed to have them scanned into the resident's chart. R14 did not have a bed hold from her hospitalization identified on 3/21/24. During an interview on 6/13/24 at 11:52 a.m., the director of nursing (DON) stated she expected a bed hold form to be done with every resident who was transferred to the hospital and to have it documented in the resident's chart. The facility Bed Hold policy dated 12/2/23, identified at the time a resident was transferred, the designated individual would provide the notice of bed hold policy to the resident/resident representative.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 40943 Based on observation, interview and document review, the facility failed to maintain clean and sanitary conditions in the dry storage of the kitchen. This practice had the potential to affect all 29 residents residing in the facility. Findings include: During the initial tour on 6/11/24 at 10:53 a.m., the dry storage was toured. There was dented can of tomato juice on the shelf for use. There were two large covered plastic bins. The first contained an opened 50 pound (lb) bag of cake mix with a bunched up, gaping top. The bin cover remained open to air. The second bin's cover was lying on a rack shelf and there were two 50 lb opened bags in the bin. The tops of the bags were bunched up and gaping open. The opened bag of biscuit mix had no date to determine when the bag had been opened and the opened bag of sweet cornbread mix was dated as opened 2/15/24. [NAME] (C)-A stated that was how they always were. C-A had no idea how long they were good for, how often they were used and/or if the cover should be on. C-A did not know who was responsible for the dry storage area and the kitchen staff did not really have a manager. During an interview on 6/11/24 at 12:02 p.m., the food service manager (FSM) stated the biscuit mix had no date to identify when it was opened and the cornbread mix was opened 2/15/24. The FSM stated the bags should have been rolled up and closed with a clip. The FSM pulled the bin cover from the rack shelf and placed on the bin and stated it's just bad habits. The FSM had begun her role approximately 6 months prior and was working to standardize practices in the kitchen. A process to ensure cleanliness and checking of outdates was in process. Dented cans should be pulled right away and the FSM would reach out to food service for replacement/reimbursement. The FSM stated she had no formal direction for the kitchen staff regarding maintaining the dry storage. It was word of mouth and there was no way to know the last time it had occurred. These practices could lead to contamination or a pest problem. The facility's Cooks Daily Kitchen Cleaning dated May 2024 and Dietary Assistant Daily Cleaning dated May 2024 failed to identify a process for dry storage sanitation. The facility policy Food Supply Storage revised 5/7/24, identified food from approved food sources is stored in sanitary conditions and is not exposed to prolonged periods of excessive heat. The policy further directed staff to: 1. Use the principle of First-In, First-Out (FIFO) in all areas of food and drink storage for rotation of food items. Refer to Date Marking policy and procedure. 2. The storeroom is well-lit, well-ventilated and pest free. 3. Use of containers or cardboard boxes in food storage areas: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a. Stock may be placed on shelves in original containers or cardboard boxes that contain valuable manufacturer and date compliance information (i.e., manufacture dates, delivery date, best-by date, etc.). b. Plastic bins may be used if preferred but must be in good repair and washed routinely. c. Stock items are individually dated with delivery date if removed from the original container. d. Cardboard containers are not re-used. They are discarded when empty or if in disrepair. 4. Foods that have been opened or prepared are placed in an enclosed container, dated, labeled and stored properly. The facility's policy General Sanitation Food and Nutrition revised 1/22/24, identified guidelines to limit the chance of foodborne illness at locations that prepare and/or serve food. The policy directed the location's food preparation, kitchen and serving areas were cleaned and sanitized on a regular basis to limit contamination and prevent foodborne illness. However, the policy failed to direct staff to maintain a clean and sanitized dry storage area.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 40943 Based on interview, and document review, the facility failed to conduct ongoing quality assessment (QA) and assurance activities and develop and implement appropriate plans of action to correct quality deficiencies identified during the survey that the facility was aware of or should have been aware of that had the potential to adversely affect all 29 residents residing in the facility. Findings include: See also 880: the facility failed to perform timely tracking and trending of potential infectious symptoms to prevent the spread of transmissable organisms. Additionally, the facility failed to implement timely transmission-based precautions (TBP) and testing for COVID-19 according to the Centers for Disease Control (CDC) for 4 of 4 residents (R4, R23, R22, R15) who were displaying COVID-19 symptoms; and failed to implement timely TBP for 2 of 2 residents (R12, R14) who were confirmed to have human metapneumovirus (HMPV) (a respiratory illness). This had the potential to affect all 29 residents, visitors and staff. See also 882: the facility infection preventionist (IP) failed to adequately assess, develop, implement, monitor, and maintain the infection prevention and control program. This had the potential to affect all 29 residents residing in the facility including staff and visitors. During an interview on 6/13/24 at 1:14 p.m., the administrator stated he was aware the director of nursing (DON) was previously responsible for the facility's infection prevention progam, and had required intermittent leave from the facility. They had delegated infection prevention responsiblities to registered nurse (RN)-A. The administrator stated an Infection Prevention Dashboard was presented at the QAPI meetings and, because of this, the administrator assumed all the required Infection Prevention tasks were completed as expected. However, there was no plan or process to ensure RN-A received training and/or support in her new role. The administrator stated there was disconnect between where RN-A was in her understanding of Infection Prevention and where RN-A really was. The facility's undated Quality Assurance Performance Improvement (QAPI) plan identified the current focus areas: 1. Continuous survey readiness process 2. Improved hand hygiene compliance 3. Percent of residents whos ability to move independently worsened. 4. Weight loss w/o program 5. UTI's The plan failed to identify the facility's plan for a continuous Infection Prevention program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40943 Based on interview and document review, the facility failed to perform timely tracking and trending of potential infectious symptoms to prevent the spread of transmissible organisms in a timely and ongoing manner; including a failure to implement timely transmission-based precautions (TBP) and testing for respiratory illness according to the Centers for Disease Control (CDC) for 4 of 4 residents (R4, R23, R22, R15) who were displaying COVID-19 symptoms; and failed to implement timely TBP for 2 of 2 residents (R12, R14) who were confirmed to have human metapneumovirus (HMPV) (a respiratory illness). This had the potential to affect all 29 residents, visitors and staff. Findings include: The Monthly Infection Summary February 2024, identified resident name, start date, date symptoms resolved, type of infection, status, antimicrobial, infection source and surveillance criteria met. However, the log failed to identify any resident not treated with an anitmicrobial (an agent that kills microorganisms (microbicide) or stops their growth (bacteriostatic agent).The log failed to identify R4, R23, R14, R12, R22 signs and symptoms of potential respirator infection [identified below]. The Monthly Infection Summary March 2024, identified identified resident name, start date, date symptoms resolved, type of infection, status, antimicrobial, infection source and surveillance criteria met. The log did identify R1 had a other respiratory tract infection between 3/23/24 - 3/26/24, however, no other residents not requiring an antimicrobial were listed. The Monthly Infection Summary April 2024, identified resident name, start date, date symptoms resolved, type of infection, status, antimicrobial, infection source and surveillance criteria met. However, the log failed to identify any resident not treated with an anitmicrobial. The Monthly Infection Summary May 2024, identified resident name, start date, date symptoms resolved, type of infection, status, antimicrobial, infection source and surveillance criteria met. However, the log failed to identify any resident not treated with an anitmicrobial. R4's quarterly Minimum Data Set (MDS) dated [DATE], identified R4 was [AGE] years old and had diagnoses that included Parkinson's disease, hypertension, and chronic kidney disease.R4's COVID-19 (Novel Corornavirus) Screening V15 dated 2/15/24, identified R4 had no new symptoms including fever of 100.0 or greater, chills, shortness of breath, difficulty breathing, new or change in cough, sore throat, new loss of taste or smell, new sputum production, congestion, runny nose (rhinorrhea), fatigue, muscle or body aches, headache, nausea or vomiting, or diarrhea; R4 was not exposed to anyone with a confirmed COVID-19 test; and tested negative for COVID-19 with an antigen COVID-19 test. However, the screening failed to identify if any interventions were implemented for R4. R4's nursing progress note dated 2/15/24 at 11:02 a.m., R4 was noted to have a nonproductive cough and afebrile (without a fever). Covid rapid test completed and was negative. R4's medical record failed to identify if R4 had a confirmatory COVID-19 test and/or if/when R31 had been placed in isolation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R23's quarterly MDS dated [DATE], identified R23 was [AGE] years old and had diagnoses that included hypertension, pyogenic arthritis, chronic obstructive pulmonary disease (COPD) and Type 2 Diabetes. R23's nursing progress note dated 2/15/24 at 11:04 a.m., identified R23 noted to have a nonproductive cough, afebrile. Covid rapid antigen test completed and was negative. - On 2/18/24 at 9:52 p.m., R23 had a nonproductive cough, chest congestion, temperature 97.6 degrees Fahrenheit (F), oxygen saturations were 93% on room air. R23's medical record failed to identify if R23 had a confirmatory COVID-19 test and/or if/when R23 had been placed in isolation. R14's quarterly MDS dated [DATE], identified R14 was [AGE] years old and had diagnoses that included chronic kidney disease, Type 2 Diabetes, hypertension, and mild cognitive impairment. R14's nursing progress notes identified the following: - On 2/22/24 at 5:20 p.m., R14 was complaining of not feeling good that day. R14 was afebrile, catheter was patent with clear yellow urine. Staff would continue to monitor. - On 2/28/24 at 3:50 a.m., R14 was having cold symptoms with chest congestion and a cough. - On 2/28024 at 1:36 p.m., R14 had some congestion noted with nonproductive cough. Vital signs stable, afebrile with some fine crackles noted in upper lobes. Will continue to monitor and update provider. - At 11:08 p.m., R14 continued to have cold symptoms, crackles lower lobes bilaterally, oxygen saturations were 91% on room air, temperature 97.6 degrees F, pulse 68, respirations 18, and blood pressure 144/44. R14's head of bed was elevated. - On 2/29/24 at 2:40 a.m., R14's oxygen saturation was 85% on room air, pulse 65, respirations 20 and temperature 97.9 degrees F. Oxygen was applied at 2L per nc and her oxygen saturations went up to 90. -91%. Blood sugar was 135. R14 was congested with bilateral lower lobe crackles. R14 was lethargic and confused. R14 had not been feeling well for the past 5 days. R14 was transferred to the emergency department for evaluation. - On 3/6/24 at 2:00 p.m., R14 returned to the facility after hospitalization . R14 did not know self or where she was. R14 did not recognize staff and stated she could not breathe, was coughing really bad and that no one knew where she was. R14 was very confused, crying and disorientednot know where she was at and when told does not remember even being here. Did not know any staff that has seen her so far. Said she could not breath and coughing really bad. Said that no one knows where she is at. Very confused, crying, and not oriented at all. Nurse notified. - At 4:06 p.m., R14 returned from the hospital stay via medivan. R14 was disoriented and drowsy. Lung sounds had fine crackles but no shortness of breath noted. Reason R14 was hospitalized or received services at a hospital: metapneumovirus, acute hypoxic respiratory failure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R14's medical record failed to identify if/when R14 had been placed in isolation. R12's significant change MDS dated [DATE], identified R12 was [AGE] years and had diagnoses that included dementia, hypertension, obstructive sleep apnea, and Type 2 Diabetes. R12's nursing progress notes identified the following: - On 2/25/24 at 11:32 p.m., R12 had an altered level of consciousness, reported hallucinations by the day nurse. R12 had a cough for several days, refused to eat or drink, refused medications, and was diaphoretic (excessive sweating). R12 complained of pain but was unable to verbalize where. - At 11:41 p.m. R12 was transferred to the hospital. - On 2/28/24 at 12:27 p.m., R12 returned to the facility after hospitalization for hypoxia (low oxygen) related to acute bronchitis due to HMPV. R12's medical record failed to identify if/when R12 had been placed in isolation. R22's quarterly MDS dated [DATE], identfied R22 was [AGE] years old and had diagnoses that included hypertension and Type 2 Diabetes. R22's nursing progress note dated 2/28/24 at 11:13 p.m. identfiied R22 had cold symptoms and was weak. R22's medical record failed to identify if R22 was tested for COVID-19, had a confirmatory COVID-19 test and/or if/when R22 had been placed in isolation. R1's quarterly MDS dated [DATE], identified R1 was [AGE] years old and had diagnoses that included dementia, heart disease, and Type 2 Diabetes. R1's nursing progress note dated 3/31/24 at 9:37 p.m., R1 had a nonproductive cough that has been going on for the past 3 days. R1 stated that he felt okay. 128/62,97.4,57,16, 97% on RA. R1's family was requesting Vicks Vaporub (a mentholated ointment that may help with cough, congestion, and sore muscles) and a fax was sent to R1's provider requesting an order for Vicks. R1's nursing progress note dated 4/3/24 at 8:38 p.m., R1 continued to have a nonproductive cough, vitals stable and afebrile. R15's quarterly MDS dated [DATE], identified R15 was [AGE] years old and had diagnoses that included heart failure, atrial fibrillation (irregular heart beat), and emphysema. R15's nursing progress note dated 5/16/2024 at 5:19 a.m., identified R15 had multiple emesis that shift starting at 7:30 p.m. the evening before (05/15/24). R15 was unable to keep down her bedtime pills and threw them up shortly after. R15'slast main meal was lunch 5/15/24 and a big breakfast. R15 had remained afebrile. R15 some relief from ginger ale soda. R15's last emesis 2:30 a.m (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- At 2:10 p.m., R15 was having occasional emesis since last evening. Confusion, oxygen saturations at 90%, supplemental oxygen was put on. R15's temperature was 101.3 degrees F orally 2 hours post Tylenol (anti-fever medication) administration. - On 5/17/24 at 3:30 a.m., R15 was feeling better since last evening. No confusion or emesis that shift. Resident was wearing oxygen at 2 liters (L) per nasal canula with oxygen saturations at 97%. R15's temperature was 98.1 degrees F, pulse 81, and blood pressure 132/59. R15 was drinking water at the bedside. R15's medical record failed to identify if R15 was tested for COVID-19, had a confirmatory COVID-19 test and/or if/when R15 had been placed in isolation. During an interview on 6/11/24 at 4:23 p.m., registered nurse (RN)-A stated she was responsible for the facility's Infection Prevention (IP) program with the director of nursing's (DON) help. RN-A stated she was unsure what was expected but created a binder. The 3 inch teal-colored binder included a handwritten list of COVID-19 positive staff from the last facility COVID-19 outbreak in January 2024, a Monthly Infection Summary for January 2024 to June 2024, and facilitiy policies. RN-A stated the monthly summaries listed residents who had required an antibiotic for treatment and there was a clinical monitoring form completed in the resident electronic medical records to track symptoms of illness, but RN-A was having difficulty getting the staff to use it. One nurse was new to her role and needed instructions but others refused to fill it out until an antibiotic was prescribed. RN-A stated she had filled out the form when she worked the floor for residents who showed symptoms of illness and nursing staff got mad at her because it created work for them. RN-A stated she had nothing to show for viral illness tracking and/or trending since January 2024 During an interview on 6/11/24 at 5:08 p.m. the director of nursing (DON) stated they talked about all resident symptoms during report and would mark them on the calendar. Additionally, they would do floor mapping to determine potential areas of spread. RN-A was taking notes at the morning stand up meeting every day, Monday through Friday. RN-A officially took over the Infection Prevention program 6/1/24, but was assisting the DON prior to that. The DON stated she preferred a paper log system, but had been directed by the corporate infection prevention nurse to use the electronic medical record to track. The DON stated staff should complete a clinical monitoring form in the electronic medical record when a resident was symptomatic for an infection. During an interview with registered nurse (RN)-C and RN-D on 6/11/24 at 6:03 p.m., RN-C stated, if a resident was feeling ill, she would check vitals and see if there was anything she could do for them. Nausea, or a cough, RN-C would test the resident for COVID-19. If negative, RN-C would place them into isolation and get a second test because some people tested positive a few days later. RN-C would document this in a progress note and place a physician's order for the second test to be completed. RN-D stated she would complete a clinical monitoring form in the assessment tab of the resident's electronic medical records when a resident was showing symptoms of COVID-19. However, staff always talked about resident symptoms in report and would put in a progress note. Let's say someone threw up and it might be a 24-hour thing. RN-D would put in a progress note but not a clinical monitoring form because the infection prevention nurse was able to run a report for all nursing progress notes entered in the previous 24 hours. However, RN-C then stated the facility did not have a infection prevention nurse and RN-D stated well, yea. RN-D then stated staff would write on the 24 hour report sheets if a resident tested negative for COVID-19 and their signs and symptoms and the resident would stay in their room until that's done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 6/12/24 at 11:00 a.m., the DON stated whenever a COVID-19 test was completed for a resident the clinical monitoring form should have been completed. However, the DON stated no symptomatic resident would be placed into isolation with a confirmatory test collected 48 hours later. The DON stated she was unaware of CDC guidance to collect a confirmatory test and/or to place a symptomatic resident into isolation until the confirmatory test was collected. The DON stated staff were expected to follow CDC guidelines. During an interview on 6/12/24 at 8:51 a.m., trained medication assistant (TMA)-A stated if a resident was coughing, was throwing up or not feeling well, she would look to see if there was something she could give them; like cough syrup. If there wasn't, TMA-A would talk to the nurse. TMA-A was able to document a resident nursing progress note, but if the as needed medication helped, TMA-A would not document. During an interview on 6/12/24 at 8:56 a.m., RN-B stated if a resident was feeling ill, he would need to do an assessment to determine what was going on. Nausea, vomitting, coughing, RN-B would complete a clinical monitoring form in the resident's electronic medical record. RN-B would probably do a COVID-19 test and, if negative, talk to the resident about staying in their room, but no isolation would be put into place. RN-B stated he would need to look at the guidance but believed another test would need to be collected in 48 hours. If a clinical monitoring form was completed, the system automatically reminded staff to get another test when it was due. If staff did not complete a clinical monitoring form, staff would need to rely on report and pass it down the line, and we both know how well that goes. During a phone interview on 6/13/24 at 8:39 a.m., the infection prevention lead (IP) (the corporate infection prevention nurse) stated she did not recall the facility reaching out for assistance with guidance regarding resident illness, surveillance and/or isolation recommendations. The IP stated the facilty policies correlated CDC surveillance guidelines and with the CDC Appendix A Type and Duration. Staff were expected to follow facility policies and procedures. During an iterview with the DON and RN-A on 6/13/24 at 8:49 a.m., the DON stated the lack of documentation of resident illnesses and symptoms was probably a reflection of changing of staff. RN-A stated while the DON was out of the facilty RN-A did pull the 72 hour report that identified all nursing progress notes entered in the timeframe and asked nursing if the residents with documented concerns were still being monitored. RN-A did not verify if nursing collected a confirmatory test, if the resident was placed into isolation until the confirmatory test results were collected and/or if the nurses followed the facilities documentation process. The DON was unaware symptomatic residents required isolation and a confirmatory test after 48 hours, but staff were expected to follow guidance and to follow the facility's process to track signs/symptoms of infection. RN-A didn't know anything about R12 or R14's illnesses at first. The only reason RN-A knew they tested positive for HMPV was because she found it in their hospital records. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	RN-A completed an internet search which stated HMPV was much like RSV. RN-A identified RSV did have the potential to cause death in an elderly person and wondered how the hospital found it and found out the hospital's respiratory laboratory panel could detect 19 different illnesses. RN-A did identify the positive residents needed isolation to protect other residents. RN-A stated she did consider R1 was symptomatic for HMPV, but did not for the other symptomatic residents nor reached out to any medical provider for guidance. RN-A did not reach out to the DON nor the IP for recommendations. RN-A stated she would not have researched HMPV on the CDC Appendix A because she was unaware it was available. Normally, RN-A would have reached out to the DON but stated she didn't even think of that. The DON was aware R12 had returned to the facility from the hospital with prescribed antibiotics for pneumonia but was unaware he was diagnosed with HMPV and neither R12 or R14 were placed into isolation. The DON and RN-A both stated R12 and R14 should have been placed into isolation until their illnesses resolved to prevent potential transmission to other residents, staff and visitors. The facility's policy Infection Prevention and Control Program revised 10/30/23, identified facilities were directed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The Infection Prevention and Control Program was a facility-wide effort involving all disciplines and individuals and was an integral part of the Quality Assurance and Performance Improvement Program. Surveillance 1. The facility had established a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided. 2. The facility's surveillance system includes a data collection tool and the use of a nationally-recognized surveillance criteria (I.e., McGeer Criteria), to define infections. a. Society Locations: Resident infection surveillance was completed in the Infection and Antimicrobial Tracking Tool. b. Legacy [NAME] Locations: Resident infection surveillance was completed in Safety Zone. 3. Process surveillance (ex, hand hygiene compliance program) and outcome surveillance (ex, monthly infection rates) were used as measures of the Infection Prevention and Control Program effectiveness. The facility's Surveillance and Mitigation Plan for SNF's updated 4/26/23, identified the facilities should plan to manage residents with COVID-19 in a way that prevented transmissions of the infection to others. If symptomatic residents test negative with a POC antigen test, they should be placed into transmission-based precautions, and in a single room if possible, but not cohorted with a known positive resident until a confirmation test with a PCR is received or confirmation with another negative antigen test 48 hours later. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 3/18/24, identified the decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test. - If using NAAT (molecular) (A Nucleic Acid Amplification Test is a type of viral diagnostic test for SARS-CoV-2, the virus that causes COVID-19. NAATs detect genetic material (nucleic acids). NAATs for SARS-CoV-2 specifically identify the RNA (ribonucleic acid) sequences that comprise the genetic material of the virus), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative NAAT. - If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test. - If a patient suspected of having SARS-CoV-2 infection is never tested , the decision to discontinue Transmission-Based Precautions can be made based on time from symptom onset as described in the Isolation section below. Ultimately, clinical judgment and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions. According to the CDC, HMPV is a respiratory virus identified in 2001 that commonly affects the respiratory tract, particularly in children, older adults, and those with weakened immune systems. Similar to the common cold or flu, HMPV infections present with symptoms like cough, congestion, runny nose, sore throat, fever, and fatigue. In some cases, particularly in vulnerable populations, HMPV infections can lead to more severe respiratory conditions such as bronchiolitis or pneumonia, requiring medical intervention. The CDC Appendix A Type and Duration dated 11/27/23, identfiied HMPV was assumed to be contact transmission as for Respiratory Syncytial Virus (RSV) since the viruses are closely related and have similar clinical manifestations and epidemiology. Healthcare workers were directed to wear masks according to Standard Precautions. Residents diagnosed with HMPV required Contact Precautions for the duration of the illness.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 40943 Based on interview and document review, the facility failed to ensure there was a qualified infection preventionist (IP) to adequately assess, develop, implement, monitor, and maintain the infection prevention and control program. This had the potential to affect all 29 residents residing in the facility including staff and visitors. Findings include: See also F880: Based on interview and document review, the facility failed to perform timely tracking and trending of potential infectious symptoms to prevent the spread of transmissible organisms in a timely and ongoing manner; including a failure to implement timely transmission-based precautions (TBP) and testing for respiratory illness according to the Centers for Disease Control (CDC) for 4 of 4 residents (R4, R23, R22, R15) who were displaying COVID-19 symptoms; and failed to implement timely TBP for 2 of 2 residents (R12, R14) who were confirmed to have human metapneumovirus (HMPV) (a respiratory illness). This had the potential to affect all 29 residents, visitors and staff. During a phone interview on 6/13/24 at 8:39 a.m., the facility's infection preventionist lead (IP) stated her corporate role involved creating facility policies, updating those policies, acting as a resource for facilities to interpret guidance and/or to train new infection prevention nurses to their role. The IP was aware the director of nursing (DON) was responsible for the facility's infection prevention program but was unaware the DON had been out of the facility for an extended period of time when the duties were delegated to registered nurse (RN)-A nor that RN-A had formally taken over the program in June of 2024. RN-A was not on the IP's list for training. Between 1/1/24 and 6/13/24, the IP and DON had emailed communication regarding employee illness and return to work criteria and the facility's vaccination program. The IP could not recall the facility reaching out for guidance regarding resident illness, isolation recommendations, and/or questions regarding expectations of duties. During an interview on 6/13/24 at 8:49 a.m., with the DON and RN-A , RN-A stated the only training she had received to take over the IP program was the corporate annual inservice trainings that were required by all staff and the CDC Nursing Home Infection Preventionist Training. The DON stated that RN-A had not been provided training but had the ability to call the DON with questions. During an interview on 6/13/24 at 1:14 p.m., the administrator stated he was aware the DON was previously responsible for the facility's infection prevention progam, and had required intermittent leave from the facility. They had delegated infection prevention responsiblities to registered nurse (RN)-A. The administrator stated an infection prevention dashboard was presented at the quality assurance meetings and, because of this, the administrator assumed all the required infection prevention tasks were completed as expected. However, there was no plan or process to ensure RN-A received training and/or support in her new role. The administrator stated there was disconnect between where RN-A was in her understanding of infection prevention and where RN-A really was. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245600	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Blackduck	172 Summit Avenue West Blackduck, MN 56630

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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility policy Infection Prevention and Control Program revised 10/30/23, identified the facility was to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. A. The Infection Prevention and Control Program Is developed to address facility-specific infection prevention needs and requirements identified by the facility assessment and infection control risk assessment. B. The Infection Prevention and Control Program is reviewed annually and as needed by the Infection Preventionist, or appointed designee, to reflect nationally accepted standards of practice. The Skilled Nursing Facility has designated at least one Individual as the Infection Preventionlst, who is responsible for the facility's Infection Prevention and Control Program. The SNF Infection Preventionist must: a. Have primary professional training In nursing, medical technology, microbiology, epidemiology, or other related field; b. Be qualified by education, training, experience, or certification; c. Work at least part-time onsite at the facility; and d. Have completed specialized training In Infection prevention and control. The Centers for Disease Control and Prevention (CDC) Nursing Home Infection Preventionist Training updated 3/2/24, identified the course was for individuals responsible for infection prevention and control (IPC) programs in nursing homes. The specialized nursing home training covered: - Core activities of effective IPC programs. - Recommended IPC practices to reduce pathogen transmission. - Healthcare-associated infections and antibiotic resistance. - Policy and procedure templates, audit tools, and outbreak investigation tools.