STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355089	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Park River	301 South County Road 12b Park River, ND 58270

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40489 Based on observation, record review, and review of facility policy, the facility failed to provide activities of daily living (ADLs) for 1 of 4 sampled residents (Resident #2) and 1 closed record (Resident #1) dependent on staff for personal hygiene and bed mobility. Failure to assist residents who cannot perform personal hygiene and bed mobility independently may result in poor hygiene, skin issues, and decreased self-esteem. Findings include: Review of the facility policy titled Activities of Daily Living occurred on [DATE]. This policy, dated, [DATE], stated, . Any resident who is unable to carry out activities of daily living (ADL's) will receive necessary services to maintain . grooming and personal hygiene . ADLs are those necessary tasks conducted in the normal course of a resident's daily life. Included in these are the following: 1. General Personal, Daily Hygiene/Grooming: Care of hair . nails . - Review of Resident #1's medical record occurred on all days of survey and identified an admitted [DATE]. The resident expired on [DATE], approximately 48 hours after admission. The current care plan stated, . The resident has an ADL self care performance deficit R/T [related to] weakness . Bed mobility . Assist of one . Review of Resident #1's bed mobility/repositioning log, dated [DATE] through [DATE], identified the following: * [DATE] staff assisted with bed mobility at 2:34 p.m. and not again until 7:01 p.m. (4.5 hours later). * [DATE] staff assisted with bed mobility at 7:01 p.m. and not again until 12:57 a.m. (almost 6 hours later). [DATE] staff assisted with bed mobility at 9:25 a.m. and not again until 8:41 p.m. (11 hours later). - Review of Resident #2's medical record occurred on all days of survey. The current care plan stated, . The resident has an ADL self care performance deficit . PERSONAL HYGIENE . Resident requires assist of one with personal hygiene. (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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on [DATE] at 4:26 p.m. showed Resident #2 in a wheelchair in the hallway with uncombed hair and long, dirty fingernails. Observation on [DATE] at 11:50 a.m. showed Resident #2 in the dining room wearing a shirt soiled with food and long, dirty fingernails. The facility failed to assist dependent residents with personal hygiene and bed mobility.

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40489 Based on observation, record review, policy review, review of a professional reference, and staff interview, the facility failed to provide appropriate toileting for 2 of 4 sampled residents (Resident #4 and #5) and 1 closed record (Resident #1) who required staff assist with toileting. Failure to provide toileting may result in a loss of dignity and placed the residents at risk for skin breakdown, poor grooming/hygiene, decreased self-esteem, urinary tract infections, and risk for fall and/or injuries. Findings include: Review of the facility policy titled Activities of Daily Living occurred on [DATE]. This policy, dated [DATE], stated, . Any resident who is unable to carry out activities of daily living [ADLs] will receive necessary services . ADLs are those necessary tasks conducted in the normal course of a resident's daily life. Included in these are the following .Toileting . Kozier & Erb's Fundamentals of Nursing: Concepts, Process and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 892, stated, Fecal and Urinary Incontinence: Moisture from incontinence promotes skin maceration [tissue softened by prolonged wetting or soaking] and makes the epidermis [skin] more easily eroded and susceptible to injury. Digestive enzymes in feces, urea in urine . also contribute to skin excoriation [area of loss of the superficial layers of the skin] . Any accumulation of secretions . is irritating to the skin, harbors microorganisms, and makes an individual prone to skin breakdown and infection. Page 1221 stated, Managing Urinary Incontinence . Habit training, also referred to as timed or prompted voiding and scheduled toileting, attempts to keep clients dry by having them void at regular intervals, such as every 2 to 4 hours. The goal is to keep the client dry . - Review of Resident #1's medical record occurred on all days of survey and identified an admitted [DATE]. The resident expired on [DATE], approximately 48 hours after admission. The current care plan stated, . The resident has an ADL deficit r/t [related to] weakness . TOILET USE: . Resident requires a full lift and 2 assist with toileting . Review of Resident #1's toileting log, dated [DATE] through [DATE], identified the following: * [DATE] staff assisted with toileting at 2:35 p.m. and not again until 8:38 p.m. (6 hours later). * [DATE] staff assisted with toileting at 8:38 p.m. and not again until 12:57 a.m. (4 hours later). [DATE] staff assisted with toileting at 9:25 a.m. and not again until 8:41 p.m. (11 hours later). - Review of Resident #4's medical record occurred on all days of survey. The current care plan stated, . The resident has an ADL self care performance deficit . TOILET USE . Toilet per assist of one on arising . (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on [DATE] at 4:45 p.m. showed two certified nurse aides (CNAs) (#4 and #5) assisted Resident #4 to the bathroom. The resident's saturated incontinent product leaked urine through the resident's pants. The toileting log showed the resident last toileted at 1:48 p.m. - Review of Resident #5's medical record occurred on all days of survey. The current care plan stated, . The resident has an ADL deficit . TOILET USE: . Resident uses assist of one and gaitbelt to toilet. Toileting schedule: Assist of one to toilet between ,d+[DATE] [3:,d+[DATE]:30 p.m.] . and prn [as needed]. Observation on [DATE] at 3:50 p.m. showed two CNAs (#2 and #3) transferred Resident #5 from the recliner to the wheelchair and then to the commons area in the facility. The CNAs failed to offer toileting assistance to the resident. During an interview on [DATE] at 12:36 p.m., an administrative staff member (#1) stated she expected staff to assist residents with toileting per the care plan.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40489 Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 3 sampled residents (Resident #6) observed during cares. Failure to practice infection control standards related to hand hygiene has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Hand Hygiene occurred on 02/19/25. This policy, dated March 2022, stated, . Policy: . All employees in patient cares areas . will adhere to . Hand Hygiene . 3 After bodily Fluid/Glove Removal . according to standard precautions . 2. Hand hygiene should be performed after glove removal . Procedure: HCW [Health Care Workers] will use waterless alcohol-based hand sanitizer or soap and water to clean their hands: . After removing gloves regardless of task completed . After contact with a patient's excretions . Review of Resident #6's medical record occurred on all days of survey. The Minimum Data Set (MDS), dated [DATE], identified dependent on staff for toilet hygiene. Observation on 02/18/25 at 4:04 p.m. showed two certified nurses aides (CNAs) (#2 and #3) donned gloves and transferred Resident #6 with the sit to stand lift from the wheelchair to the bed. The CNA (#3) cleaned the sit to stand lift with sanitizing wipes, checked and changed the resident's brief, obtained the tube of barrier cream left on the resident's bed, and placed it in the resident's top dresser drawer. The CNAs (#2 and #3) then transferred the resident back to the wheelchair using the sit to stand lift. The CNA (#3) cleaned the lift with the same gloves she donned at the start of the cares. CNA (#3) failed to change gloves and complete hand hygiene between tasks and after completing personal resident care. During an interview on 02/19/25 at 12:32 p.m., an administrative nurse (#1) confirmed she expected staff to remove gloves and perform hand hygiene after perineal cares.