

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Bottineau		STREET ADDRESS, CITY, STATE, ZIP CODE 725 E 10th St Bottineau, ND 58318	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>19410</p> <p>Based on record review, review of facility policy, and staff interview, the facility failed to provide adequate supervision and interventions to prevent accidents for 1 of 1 closed record (Resident #4) reviewed for falls. Failure to implement and monitor the effectiveness of fall prevention interventions, modify the care plan as necessary, and implement new interventions resulted in Resident #4's continued falls, pain, and subsequent fracture.</p> <p>Findings include:</p> <p>Review of the facility policy, Fall Prevention and Management - Rehab[rehabilitation]/Skilled, Therapy and Rehab, occurred on 07/16/24. This policy, dated 04/02/24, stated, PURPOSE: *To promote resident well-being by developing and implementing a fall prevention and management program. Proactive Approach before a Fall Occurs . Procedure. 2. Complete the Falls Tool . for fall screening and identifying fall risk factors. 3. Care Plan the appropriate interventions . 4. Communicate fall risks and interventions to prevent a fall before it occurs per . care plan and Kardex . For Fallen Resident . Procedure . 11. Complete the Falls Tool . 17. Review and update the Care Plan with any changes/new interventions. 19. Continue to monitor condition and the effectiveness of the interventions.</p> <p>Review of Resident #4's medical record occurred on 07/16/24. A fall assessment completed on 02/12/24 identified Resident #4 as high risk for falls. Review of Resident #4's care plan stated, Focus: The resident is at risk for falls R/T [related to] cognitive loss, balance deficits, visual deficit. Goal: The resident will be free of falls through the review date. The care plan identified two interventions since admission, Interventions: Educate resident/family about safety reminders and what to do if a fall occurs [initiated 02/27/24]. Provide fall mat to bedside [initiated 04/01/24].</p> <p>Review of nurses' notes related to Resident #4's falls identified the following:</p> <p>* 03/22/24 at 10:50 a.m., CNA [certified nurse aide] called writer . for resident found on floor in room. Resident laying on blanket on left side of body when writer entered. Vitals stable. Hoyer pad put under resident and mechanical lift used to assist resident back to bed .</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>* 03/29/24 at 6:51 p.m., Resident's Grandson came to visit resident and saw her on the floor and called for assistance. Resident was lying on the floor on her back. Resident was able to move all extremities with no restriction or sign of pain. Resident was not able to follow commands. Resident had slur [sic] speech. Resident was transferred from floor to her wheelchair using a Hoyer assisted by 3. [Name of physician] was notified by fax.</p> <p>* 03/30/24 at 9:17 a.m., This morning, this nurse went to assess resident and noticed bruises on right hip, right ribs, back and coccyx. Resident's son . notified .</p> <p>* 03/31/24 at 2:48 p.m., Resident observed lying on floor in resident's room. Unable to determine cause of fall due to resident's cognitive status and disorientation. No obvious signs of new injuries. Staff advised to keep resident at nurses station or in the common area with other residents for safety. Record showed staff failed to update the care plan regarding this intervention.</p> <p>* 03/31/24 at 9:13 p.m., Who did you talk to/notify?: [names of Resident #4's son and daughter] . [name of daughter] asked this nurse if resident could be seen in the clinic for an x-ray of her right arm. Resident c/o [complains of] pain with ROM. [Name of son] notified . agreed to have her seen. This nurse will place in the appointment book to call for an appointment.</p> <p>* 03/31/24 at 9:46 a.m., Resident disoriented during this night shift. C/o pain to rt [right] arm elbow area. Bruising . noted. Painful to ROM. Family would like a clinic appointment.</p> <p>* 04/01/24 at 12:42 p.m., Returned from appointment at clinic. New orders received. Ice to elbow 3 times day x [times] 1 week. Tylenol 500mg [milligram] po [by mouth] 3x day x 1 week.</p> <p>* 04/01/24 at 11:19 p.m., Staff reported to this nurse that when doing PM [evening] cares it took two aides. Resident is very disoriented, fidgety, and impulsive all PM shift. Could not move whole right side of her body while doing cares. Cried out in pain from her arm. PRN [as needed] Tylenol administered by CMA [medication aide] per this nurse.</p> <p>* 04/04/24 at 5:57 p.m., Resident was sitting on her w/c in the activity area. CNA saw resident trying to get up from w/c and fell forward on her head. Resident had a bump on her forehead right side of 5 cms [centimeters] in diameter and 1 cm high. Resident was complaining of right arm and back pain. Resident is on Plavix [blood thinning medication] and ER was call [sic] for advice which recommended to send resident in to ER. [Name of son] was notified about fall and agreed to send resident to ER.</p> <p>* 04/04/24 at 5:49 p.m., Nurse from ER called to notify that resident was ready to go back to the nursing home. A head scan was done and was negative. Son was notified.</p> <p>* 04/10/24 at 7:50 a.m., This nurse summoned to resident's room. [Names of two certified nursing aides] . in room with resident. Resident was lying in the middle of the floor on her back. ROM was that as before. No injuries noted. She had non-grip socks on, and a blanket was lying on the floor between resident and the bed. * 04/10/24 at 11:29 a.m., Resident was seen for focus visit by [name of physician] .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>* 04/10/24 at 5:40 p.m., Nurse was called into resident's room around 1700 [5:00 p.m.]. Family was concerned of resident's right arm being warm to touch and of her swollen right ankle. Doctor was called and told nurse it was up to family if they wanted her to be seen tonight by the emergency room or tomorrow in the clinic. Family chose to have her seen tonight via ER. 911 called at 1720 [5:20 p.m.] to pick up and transfer resident.</p> <p>04/10/24 at 9:29 p.m., Resident returned from [Name of hospital] ER . Resident has right elbow fracture. Denies pain at this time. Resident has a sling to right arm at this time.</p> <p>Review of Fall Tool documents, completed for each of Resident #4's falls identified the following:</p> <p>* 03/22/24 - . Action Plan: Check all that apply: Update care plan .(No additional interventions noted on care plan)* 03/29/24 - . Action Plan: Check all that apply: Refer to provider/practitioner.(No additional interventions noted on care plan)</p> <p>* 03/31/24 - . Action Plan: Check all that apply: [nothing checked] .('Provide fall mat to beside' added on 04/01/24)* 04/04/24 - . Action Plan: Check all that apply: [nothing checked] .(No additional interventions noted on care plan)* 04/10/24 - . Action Plan: Check all that apply: Update care plan .(No additional interventions noted on care plan)</p> <p>Along with the fall prevention policy, an administrative nurse (#1) provided a document titled, Suggested Resident Interventions to Manage Falls. This undated document identified several different interventions to implement based on the following categories: Fall from bed (resident able to transfer and resident unable to transfer), fall out of wheelchair, falls with cognitively impaired residents, falls for ambulatory residents, and residents with multiple falls. Resident #4 experienced five falls from March 22 to April 10, 2024, and the facility failed to implement any of the several interventions, other than a fall mat.</p> <p>During an interview on the afternoon of 07/26/24, an administrative nurse (#2) confirmed the staff had not updated the care plan with new interventions.</p>