

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 01/22/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28398</p> <p>Based on review of the facility reported incident and investigation documents, record review, policy review, and resident and staff interview, the facility failed to protect the resident's right to be free from abuse and psychosocial harm for 1 of 3 sampled residents (Resident #1) who experienced abuse by another resident. Failure to ensure an environment free from abusive behavior placed residents at risk for abuse, fear, anxiety, physical injury, and/or psychosocial harm. This citation is considered past non-compliance based on review of the corrective action the facility implemented following the incident.</p> <p>Findings include:</p> <p>The surveyor determined a deficient practice existed on 01/11/25. The facility implemented and completed corrective action on 01/14/25.</p> <p>Review of the facility policy titled Abuse and Neglect - Rehab/Skilled, Therapy & Rehab occurred on 01/22/25. This policy, dated 07/22/24, stated, . Purpose . To ensure that residents are not subjected to abuse by anyone, including . other residents .</p> <p>Review of the facility investigation report occurred on 01/22/25. This undated report stated, . CNA [certified nurse aide] [name] was flagged down by roommate of [Resident #1], stating that there was a man in their room and hurry up. When CNA entered the room she found resident [#5] sitting [sic] at the head of [Resident #1's] bed with a pair of scissors in his hand and had them aimed at her throat. CNA attempted to get scissors from [Resident #5] and remove him from the room, but he became aggressive and started to swing his fist at CNA, who called for help and [Resident #5] was removed without further incident. Facility Findings: Care plan measures in place for safety. No mental distress noted to either occupant of room [number] or any other resident. [Resident #5] has dementia with aggressive outburst, was seen by primary doctor and medication changes were made.</p> <p>Review of Resident #5's medical record occurred on 01/22/25. An admission Minimum Data Set (MDS), dated [DATE], identified severely impaired cognition, rejection of cares, wandering, and independent with ambulation.</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
---	-------	-----------

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 01/22/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nurse's note, dated 01/11/25 at 11:05 p.m., stated, . Per CNA, another resident [#6] flagged her down, told her to hurry, there is a man in her room. When CNA got in the room, she observed resident [#5] sitting by resident [#1's] head with a scissor to her throat. CNA politely asked resident [#5] to handle [sic] her the scissors, resident became aggressive and tried to hit her. CNA called for help . Upon arrival . floor nurse observed resident [#5] coming out of [Resident #1's room]. CNA . gave the scissors she took away from resident [#5] to the nurse. Floor nurse went inside the room and assessed resident [#1] for any injuries. No injuries, bruises reported or observed.</p> <p>During an interview on 01/22/25 at 2:10 p.m., Resident #1 stated she felt safe here and denied feeling threatened by other residents.</p> <p>During an interview on 01/22/25 at 2:30 p.m., an administrative nurse (#1) stated the CNA (#2) who took the scissors from Resident #5 on 01/11/25, described them as small and silver in color. The nurse stated they don't know where Resident #5 got the scissors from. He wandered and liked to look out windows and entered other residents' rooms to look out their windows.</p> <p>During an interview on 01/22/25 at 4:58 p.m., Resident #6 stated on the night of the incident she heard rustling, got up from bed and saw Resident #5 sitting by the head of Resident #1's bed. She observed Resident #5 had his hands folded together but was not holding anything she could see. She said Resident #1 was awake as she looked up at Resident #5 at times. Resident #6 asked Resident #5 to leave and called for the CNA. Resident #6 denied she, nor Resident #1, were scared. She stated Resident #5 wandered a lot and they were not frightened of him.</p> <p>During an interview on 01/22/25 at 5:45 p.m., a CNA (#2) stated Resident #5 sat by Resident #1's head on the night of January 11, 2025, and held a scissors by her throat. She didn't know what Resident #5 planned to do with the scissors. She stated Resident #1 was asleep, then she opened her eyes, and it was like she was trying to figure out what was going on. The CNA (#2) stated later she thought Resident #1 looked a little shook up. The CNA described the scissors as small and silver, like from a sewing kit.</p> <p>Based on the following information, non-compliance at F600 is considered past non-compliance. The facility implemented corrective actions as follows:</p> <ul style="list-style-type: none"> * Room and facility checks performed to assess for/remove sharp objects that could be a safety hazard. * Continued communication with residents involved to assure they feel safe in their environment. * Interviewed random residents to assess their feeling of safety in the facility. * Placed a stop sign on Resident #1's door to deter people from just walking in. * Trauma User Defined Assessment (UDA) completed on 01/13/25 to assess Resident #1 for any effects from the incident. * Close monitoring of Resident #5 by staff during each shift. <p>(continued on next page)</p>		

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 01/22/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* Education to all staff via facility texting site and communication log read by staff prior to their shift concerning incident, sharp objects, redirection of wandering and agitated residents per their care plan.</p> <p>* Primary doctor visited and adjusted Resident #5's medications on 01/13/25.</p> <p>* Family care conference held on 01/14/25 with the interdisciplinary team to address Resident #5's behavior.</p>		