

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 05/13/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy, and staff interview, the facility failed to notify the resident's physician and/or resident representative of a change in condition for 1 of 1 closed record (Resident #1) who experienced a choking episode and 1 of 3 sampled residents (Resident #2) with a skin tear. Failure to notify the physician and/or resident representative of changes in condition may have prevented the physician from altering treatment/care and prevented the resident representative from making informed decisions regarding medical care.</p> <p>Findings include:</p> <p>Review of the facility policy titled Notification of Change occurred on 05/13/25. This policy, dated December 2024, stated, . The facility must immediately . consult with the resident's physician and notify . the resident representative(s) when there is . A significant change in the resident's physical . status . A need to alter treatment significantly - a need to discontinue or change an existing form of treatment or to commence a new form of treatment.</p> <p>- Review of Resident #1's medical record occurred on 05/13/25. The nurses' notes identified the following:</p> <p>* 03/22/25 at 8:45 a.m. Resident had choking episode. This nurse performed Heimlich [a first aid procedure used to dislodge an obstruction from a person's windpipe] on resident. Resident expelled a small chunk of food and large amount of phlegm. No adverse effects noted.</p> <p>* 03/24/25 at 9:26 a.m. Trial run of pureed food until diet order can be changed.</p> <p>* 04/04/25 at 3:37 p.m. [Resident #1's name] urine is very strong. Please push water and cranberry juice over the weekend.</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 05/13/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* 4/10/25 at 12:23 a.m. During routine rounds resident was discovered making usual loud, incomprehensible noises but with a somewhat wet sound. Pt [patient] discovered to have vomited their dinner up . Resident's light was already on as CNA [certified nurse aide] had already begun attending to resident's needs. Resident placed in high-fowler's [semi-sitting position where the head of the bed is elevated between 60 and 90 degrees] and oral suctioning provided with minimal vomitus suctioned into Yaunkur [medical tool used for suctioning secretions from the mouth and throat] (sic) tubing. Resident w/ [with] no verbally expressed needs. resident's lungs w/congestion noted to all four fields. Resident's v/s [vital signs] obtained and found to be hypotensive [abnormally low blood pressure] and tachycardic [fast heart rate]. Resident w/ [with] no other complaints throughout shift. Resident slept remainder of shift.</p> <p>* 04/10/25 at 6:58 a.m. 0626 [6:26 a.m.] - Aide [CNA] came to this nurse . 79% [oxygen saturation] RA [room air] 0630 [6:30 a.m.] This nurse completed assessment; crackles to all lung fields with externally audible bubbling, O2 [oxygen] sats [saturation] rechecked via finger and ear with reading of 78% and 79%. O2 via NC [nasal cannula] at 3L[liters]/min [per minute] administered. 0635 [6:35 a.m.] - O2 rechecked via ear with reading of 82% 0640 [6:40 a.m.] - Family notified 0648 [6:48 a.m.]- Resident transported to ER [emergency room] 0650 [6:50 a.m.] .</p> <p>Resident #1's medical record failed to show the facility informed the resident's physician and representative of the choking episode, change in urine, and acute changes in the resident's status.</p> <p>- Review of Resident #2's medical record occurred on 05/13/25. A nurse's note, dated 04/23/25 at 11:39 a.m. , stated, . Resident observed to have ST [skin tear] to posterior [back] upper Lt [left] leg near gluteal [buttock] crease measures approximately 0.3 cm [centimeters] in length by 0.5 cm in width measurements are approximate as Resident was moving . during measurement. Skin approximated [pulled together] and tegaderm [type of dressing] applied.</p> <p>Resident #2's medical record failed to identify the facility informed the resident's representative of the skin tear.</p> <p>During an interview on 05/13/25 at 4:28 p.m., an administrative nurse (#2) stated she/he would expect facility staff to notify Resident #1's medical provider and resident representative of the choking episode, change in urine, and acute changes in the resident's condition, and notify Resident #2's representative about the skin tear.</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 05/13/2025
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, the facility failed to provide necessary care and services for 1 of 1 closed record (Resident #1) who experienced multiple medical incidents and a decline in health status. Failure to notify the provider and resident representative of the initial choking event and further medical incidents, delayed physician and representative input for testing/monitoring/treatment, contributed to the resident's decline followed by hospitalization, and may have contributed to the resident's subsequent death.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record occurred on 05/13/25. A Minimum Data Set (MDS)Assessment, dated 03/10/25, identified severely impaired cognition, and dependent on staff for all activities of daily living (ADLs).</p> <p>Review of Resident #1's progress notes identified the following:</p> <p>* 03/22/25 at 8:45 a.m. Resident had choking episode. This nurse performed Heimlich [a first aid procedure used to dislodge an obstruction from a person's windpipe] on resident. Resident expelled a small chunk of food and large amount of phlegm. No adverse effects noted.</p> <p>* 03/24/25 at 9:26 a.m. Trial run of pureed food until diet order can be changed.</p> <p>* A fax to Resident #1's medical provider, dated 03/31/25, stated, . Resident continually yells out. Does not answer if asked questions such as if she needs something for pain. This behavior is not normal for her. It started on 3-30-25. The fax addressed the resident's new onset behaviors but failed to include the resident's choking episode on 03/22/25.</p> <p>* 03/31/25 at 1:45 p.m. Dietary is doing a trial of pureed diet to see how she does . Plan to continue to monitor & follow up in 1 month.</p> <p>* 04/4/25 at 3:37 p.m. [Resident #1's name] urine is very strong. Please push water and cranberry juice over the weekend.</p> <p>* 04/10/25 at 12:23 a.m. During routine rounds resident was discovered making usual loud, incomprehensible noises but with a somewhat wet sound. Pt [patient] discovered to have vomited their dinner up . CNA [certified nurse aide] had already begun attending to resident's needs. Resident placed in high-fowler's [semi-sitting position where the head of the bed is elevated between 60 and 90 degrees] and oral suctioning provided with minimal vomitus suctioned into Yaunkur [medical tool used for suctioning secretions from the mouth and throat] [sic] tubing. Resident w/ [with] no verbally expressed needs. resident's lungs w/congestion noted to all four fields. Resident's v/s [vital signs] obtained and found to be hypotensive (abnormally low blood pressure) and tachycardic [fast heart rate]. Resident w/ no other complaints throughout shift. Resident slept remainder of shift. The facility failed to contact the resident's provider and representative related to vomiting, low blood pressure, and tachycardia.</p> <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 05/13/2025
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>* 04/10/25 . 0626 [6:26 a.m.] - Aide [CNA] came to this nurse to report . 79% [oxygen saturation] RA [room air] 0630 [6:30 a.m.] This nurse completed assessment; crackles to all lung fields with externally audible bubbling, O2 [oxygen] sats [saturation] rechecked via finger and ear with reading of 78% and 79%. O2 via NC [nasal cannula] at 3L[liters]/min [per minute] administered. 0635 [6:35 a.m.] - O2 rechecked via ear with reading of 82% 0640 [6:40 a.m.] - Family notified 0648 [6:48 a.m.]- Resident transported to ER [emergency room] 0650 [6:50 a.m.] . The medical record failed to document a provider's notification and order for transport to the ER.</p> <p>* 04/10/25 at 2:45 p.m. Late entry 1130 [11:30 p.m.] Received report from . [name of hospital]. Resident will be admitted to comfort cares r/t [related to] aspiration . and sepsis.</p> <p>The medical record failed to show facility staff consistently notified the provider and obtained orders to ensure proper care and services were provided to the resident after the choking episode, change of diet, odorous urine, and the change in condition on 04/10/25 at 12:23 a.m.</p>