STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Bottineau	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on record review, review of facility reported incident (FRI), review of the facility policy, and resident and staff interview, the facility failed to ensure residents remained free from abuse for 1 of 1 sampled resident (Resident #20) who displayed sexual behaviors towards another resident. Failure to protect Resident #21 and all residents from sexual abuse may result in physical harm, pain, mental anguish, and emotional distress. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incident.Findings include:Review of the facility policy titled Abuse and Neglect . Skilled occurred on 06/29/26. This policy, dated 04/07/25, stated, . The resident/client has the right to be from abuse . Resident/clients must not be subjected to abuse by anyone, including . other residents/clients . Procedure . If it is an allegation of resident/client to resident/client abuse, the residents/clients will be separated immediately, and both ensured a safe environment.The surveyor determined a deficient practice existed on 05/30/26 when Resident #20 placed a hand down Resident #21's shirt. The facility immediately implemented correction action and completed it on 05/31/26.- Review of Resident #20's medical record occurred on 06/29/26. The current care plan stated, . Resident has a behavior symptom R/T [related to] dementia E/B [evidenced by] has made inappropriate touching . Resident was moved to different wing of building . If reasonable, discuss resident's behavior. Explain/reinforce to resident why behavior is inappropriate and/or unacceptable . attempts to inappropriately touch female residents.- Review of Resident #21's medical record occurred on 06/29/26. Diagnosis included Alzheimer's disease and dementia. A Brief Interview for Mental Status (BIMS), completed on 04/03/26, identified severely impaired cognition. The current care plan stated, . The resident has a behavior symptom R/T dementia . wanders . Intervene as necessary to protect the rights and safety of others . Remove from situation and take to alternate location as needed.The FRI initial report, received 06/01/26 at 2:54 p.m., stated at approximately 6:45 p.m. on 05/30/26, Resident to resident, inappropriate touching . resident went to bed after incident, but they were separated and monitored .A nurse's note, dated 05/30/26 at 7:58 p.m., stated, . CMA [certified medication aide] reported incident to writer of resident having hand placed in resident [Resident #21's] shirt. CMA quickly removed resident's hand out shirt [sic] and assisted him to TV where CNA [certified nurse aide] quickly brought him to his room to assist with bedtime cares. Resident [Resident #21] away [sic] from resident [Resident #20] assisted by CMA to hall where medication cart was to be by CMA. Will continue to monitor throughout night.During an interview on 06/29/26 at 12:40 p.m., a nurse (#3) stated Resident #20 reaches out to touch both staff and residents frequently and staff are expected to redirect the resident.During an interview on 06/29/26 at 12:45 p.m., Resident #20 stated he does not remember placing his hand down another resident's shirt.During an attempted interview on 06/29/26 at 1:00 p.m., Resident #21 responded with disorganized and incoherent speech. During an interview on 06/29/26 at 3:07 p.m., an administrative staff member (#1) stated staff followed the policy as they intervened immediately. The administrative staff member confirmed completed training immediately on 05/31/26.During an interview on 06/29/26 at 3:27 p.m., when asked if he/she had been inappropriately touched by any residents, Resident #23 Stated, No. That has not happened. I am (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	safe here.During an interview on 06/29/26 at 3:30 p.m., When asked if he/she had been inappropriately touched by any residents, Resident #24 stated, No.During an interview on 06/29/26 at 3:36 p.m., an administrative staff member (#2) stated facility staff moved Resident #20 to an area of the facility with more supervision.Based on the following information, non-compliance at F0600 is considered past non-compliance. The facility implemented corrective actions for the resident affected by the deficient practice as follows:*Staff immediately intervened, separated the residents, and assessed for psychosocial effects.*Notified the Administrator and the Director of Nursing and reported the incident to the State Agency.*Informed staff on upcoming shifts to ensure staff continue to monitor the residents.*Reviewed the camera footage and interviewed the residents.*Notified families and providers.*Reviewed and updated the residents' care plans.