

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Oakes		STREET ADDRESS, CITY, STATE, ZIP CODE 213 N 9th St Oakes, ND 58474	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on record review, review of facility policy, and staff interview, the facility failed to provide the necessary care and services for 1 of 2 sampled residents (Resident #2) with a pressure ulcer and 1 closed record (Resident #3). Failure to routinely assess and monitor progression of pressure ulcers has the potential to result in complications.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pressure Ulcer/Wound Care Resource Packet, occurred on 07/07/25. This policy, revised 07/07/25, stated, . Wound care management may include the management and treatment of surgical wounds, pressure ulcers, diabetic ulcers and skin conditions, as well as arterial and venous ulcers. Promotion of healing . and prevention of complications is extremely important, as well as accurate assessment and documentation. Wound Data Collection UDA [User Defined Assessment] completed by licensed nurse and is required for documenting daily monitoring, is required at least weekly when skin integrity is impaired or open area is present (i.e., pressure ulcer, surgical wound, venous ulcer) and is required to be used daily and with every treatment . Wound RN [registered nurse] Assessment UDA is required at least every seven days and as needed when skin integrity is impaired or open area is present.</p> <p>- Review of Resident #2's medical record occurred on 07/07/25 and identified a diagnosis of peripheral vascular disease (reduced blood flow to the limbs) and a pressure ulcer on the right heel.</p> <p>Review of the Wound Data Collection UDA and the Wound RN Assessment UDA from 12/09/24 to 06/22/25 identified facility staff failed to measure Resident #2's pressure ulcer and failed to consistently document wound characteristics.</p> <p>- Review of Resident #3's medical record occurred on 07/07/25 and identified a pressure ulcer on the sacrum (an area of the lower back near the buttocks), present on admission in September 2024 until discharge in March 2025.</p> <p>Review of the Wound Data Collection UDA and the Wound RN Assessment UDA from October 2024 to February 2025 identified facility staff failed to consistently measure Resident #3's pressure ulcer at least weekly. The documents identified the following:</p> <p>October 2024 - lacked measurements for two weeks (between October 1st and 21st)</p> <p>January 2025 - lacked measurements for 1 week (between January 15th and 28th)</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>February 2025 - lacked measurements for 2 weeks (between February 6 and 27th)</p> <p>Interviews with nursing staff on 07/07/25 identified the following:</p> <p>* 5:30 p.m., A nurse (#3) stated she does not measure wounds and only the registered nurses do the measuring. The nurse stated she is not sure how often wounds should be measured.</p> <p>* 6:10 p.m., A nurse (#2) stated she measures wounds, but is not sure how often they should be measured. The nurse stated the computer alerts them as to when it should be done and the alert can come at any time of the day - on the day shift or the night shift.</p> <p>* 6:20 p.m., A nurse (#4) stated she is not sure how often wounds are measured but it is on the assignment sheet if they need to be measured.</p> <p>During an interview on 07/07/25 at 7:05 p.m., an administrative nurse (#1) indicated nursing staff (registered nurses and licensed practical nurses) are expected to assess and measure pressure ulcers/wounds weekly and confirmed staff are not always completing this assessment.</p>