STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355095	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Oakes	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 2 sampled residents (Resident #2 and #4) observed during cares and transfers. Failure to practice infection control standards related to enhanced barrier precautions (EBP), glove use, cleaning/sanitizing surfaces, and catheter and perineal cares has the potential to spread infection throughout the facility. Findings include: Review of the following facility policies occurred on 06/18/26: * Standard, Enhanced Barrier and Transmission-Based Precautions, dated 04/30/26, stated, . Enhanced Barrier Precautions . refer to the use of gown and gloves during high-contact resident care activities . Enhanced barrier precautions are used for residents with . indwelling urinary catheters . High contact resident care activities include transfers . * Bathing, dated 12/22/25, stated, . Bed Bath . Bath and dry resident . in the following manner . wash, rinse and dry face, neck and ears. shoulders, arms, hands, and axillae . chest. abdomen . wash, rinse and dry legs and feet. Refill basin with clean warm water and turn resident on side - wash, rinse, and dry back . Wash genital area last . * Catheter: Care, Insertion & Removal, Drainage Bags, Irrigation, Specimen, dated 03/02/26, stated, . Catheter Care- Indwelling . Expose the urethral meatus . Provide perineal care with soap and water . Use a clean washcloth . to clean the perineal area and the portion of the catheter in contact with the . meatus. Use a clean section of the washcloth . for each stroke. Cleanse away from the meatus to remove secretions or encrustation to avoid contaminating the urinary tract. * Hand Hygiene, dated 06/08/26, stated, . When to change gloves and perform hand hygiene . If gloves become soiled with blood or body fluids after a task . * Cleaning of Common Areas, dated 04/02/25, stated, . to maintain a clean, attractive and sanitary building . clean countertops . - Review of Resident #2's medical record occurred on 06/18/26 and identified EBP related to an indwelling catheter. Observation on 06/18/26 at 9:45 a.m. showed two certified nurse aides (CNAs) (#4 and #5) performed hand hygiene, applied appropriate personal protective equipment (PPE) and entered Resident #2's room to provide a bed bath. The CNA (#4) filled a basin with soap and water and placed it on the overbed table. While cleansing the peri area and catheter tubing, the CNA (#4) used the same washcloth and then proceeded to wash the resident's legs with the same washcloth. The CNA (#4) obtained a fresh basin of soap and water, and both CNAs positioned Resident #2 on his side. The CNA (#4) washed the resident's buttocks and, with the same washcloth, washed the resident's back. The CNAs (#4 and #5) removed their PPE, performed hand hygiene, and exited the room. The CNA (#4) failed to cleanse the Resident #2's genital area last, failed to provide catheter cares according to facility policy/procedures, and failed to sanitize the bedside table after removing the basin. These failures may result in cross contamination. - Review of Resident #4's medical record occurred on 06/18/26 and identified EBP related to an indwelling catheter. Observation on 06/18/26 showed a CNA (#3) and a nurse (#7) performed hand hygiene and entered Resident #4's room. The CNA applied gloves, and both the CNA and the nurse utilized a sit-to-stand mechanical lift to transfer the resident from the bed to the wheelchair. The CNA (#3) failed to apply a gown and the nurse (#7) failed to apply gloves and a gown prior to completing the transfer. During an interview on 06/18/26 at 3:48 p.m., an administrative staff member (#1) stated she expected staff to wear a gown and gloves when transferring residents on EBP and confirmed staff failed to use (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	appropriate infection control practices while performing Resident #2's morning and catheter cares. The facility failed to ensure staff followed established infectionˆcontrol practices during personal care.