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	01/07/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, record review, and staff interview, the facility failed to provide housekeeping services to maintain a safe, clean, comfortable and homelike environment for 1 of 3 sampled residents (Resident #4) on oxygen. Failure to clean personal fans does not provide a safe and clean environment and has the potential to place the residents at risk of illness.Findings include: Review of Resident #4's medical record occurred on all days of the survey. Diagnoses included chronic obstructive pulmonary disease with acute exacerbation, chronic bronchitis, emphysema, and chronic respiratory failure. Observations on 01/05/25 and 01/06/25 showed Resident #4 in bed with oxygen administered via nasal cannula and a fan blowing air directly at the resident. Observation showed the cover/grate and blades of the fan covered with dust.During an interview on 01/07/2026 at 1:00 p.m., an administrative nurse (#3) stated she expected staff to clean fans every three days.

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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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review, review of facility policy, and staff interview, the facility failed to ensure residents remained free from unnecessary psychotropic medications for 1 of 2 sampled residents (Resident #29) who received an as needed (PRN) psychotropic. Failure to limit PRN psychotropic use to 14 days unless reevaluated by a practitioner placed the resident at risk of receiving unnecessary medications, experiencing adverse drug effects, and possible chemical restraint. Findings include: Review of the facility policy titled Psychotropic Medications occurred on 01/07/26. This policy, dated 12/09/25, stated, . If the attending physician . believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician . evaluates the resident for the appropriateness of the medication. Review of Resident #29's medical record occurred on all days of survey. Diagnoses included anxiety. A physician's order, dated 12/08/25, identified Hydroxyzine (an antihistamine used for antianxiety) 25 mg (milligrams) every six hours PRN for generalized anxiety. The Medication Administration Record (MAR) showed Resident #29 received prn Hydroxyzine on nine occasions between December 23, 2025 and January 5, 2026. The facility failed to ensure the resident's PRN Hydroxyzine was limited to 14 days and reevaluated for continued use. During an interview on 01/07/26 at 2:20 p.m., an administrative nurse (#3) confirmed facility staff failed to ensure the provider limited Resident #29's PRN Hydroxyzine to 14 days and reevaluated for continued use.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, review of facility policy, and staff interview, the facility failed to ensure staff followed standards of practice for 1 of 2 residents (Resident #40) observed for insulin preparation and administration. Failure to properly prepare and prime an insulin pen may result in contamination of the pen and administration of an inaccurate dose of insulin.Findings include:Review of the facility policy titled Medicine: Insulin Administration, Insulin Pens, Insulin Pumps occurred on 01/07/26. This policy, revised 10/31/25, stated, . Insulin Pen. 7. Wipe the tip of the pen where the needle will attach with an alcohol swab or cotton ball moistened with alcohol . 9. Turn the dosage knob to '2' units to prime the pen. 10. Holding the pen with the needle pointing upwards, press the button until at least a drop of insulin appears.Observation on 01/07/26 at 8:26 and 8:32 a.m. showed a nurse (#4) prepared Resident #40's Lantus and Novolog pens. The nurse applied a new needle to the insulin pens without wiping the tips of the pens with an alcohol swab, dialed the insulin pens to 2 units holding the pens horizontally, and with the needle covers on, primed the pens. During an interview on 01/07/26 at 1:30 p.m., an administrative nurse (#3) confirmed she expected staff to clean the insulin pen with alcohol prior to attaching needle and prime an insulin pen with the needle upright.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review, review of facility policy, and staff interview, the facility failed to provide services to prevent skin breakdown and/or minimize the development of pressure ulcers for 1 of 3 sampled residents (Resident #2) with pressure ulcers. Failure to ensure the resident received treatments as ordered and reassess wounds in a timely manner may result in delayed healing of current pressure ulcers and/or the development of new pressure ulcers. Findings include: Review of the facility policy titled Skin Assessment Pressure Ulcer Prevention and Documentation Requirements occurred on 01/07/26. This policy, dated 12/08/25, stated, . If a pressure ulcer is identified, cleanse the area prior to observations being made to allow the wound bed and depth to be more accurately observed. The registered nurse [RN] should record the type of wound and the degree of tissue damage on the Wound RN Assessment . The licensed nurse records the location of the area, the measurements, and the ulcer/wound characteristics. Notify the physician . of the ulcer and resident's condition to obtain orders for a treatment. The pressure ulcer should be assessed . at least weekly and documented on the Wound RN Assessment . - Review of Resident #2's medical record occurred on all days of survey. Diagnoses included an unstageable pressure ulcer to the right buttock. A Response Request, dated 12/16/25, stated, . This is to let you know that [Resident #2] has an are [sic] located on R [right] buttock . Size: Length 4.8 cm [centimeters], Width: 3.6 cm, Depth: 0 . Wound Bed: Granulation . Drainage Amount: Minimal . Additional Information . Random spots of excoriation within dimensions listed, mild sanguinous drainage, location at R buttocks, cleansed [with] wound cleanser and Mepilex applied. Further guidance? . The physician's response, dated 12/17/25, stated, Agree with above treatment - no new orders. The current physician's orders and treatment administration record (TAR) failed to address the use of the wound cleanser and/or Mepilex dressing. The Wound Assessment reports identified the following:* 12/26/25, . right buttock pressure ulcer . open area and purple discoloration . 100% granulation . minimal drainage . denuded erythematous wound margins . no tunneling . clean with wound cleaner . apply Mepilex dressing .* 01/02/25, . right buttock excoriation . pressure ulcer . progressive healing of area . repositioning/turning . incontinence protection . friction/shear management . wound treatment . continue with current plan of treatment .* 01/03/25, . right buttock excoriation . no drainage . intact pink wound margins . no tunneling . Mepilex changed every 3 days . During an interview on 01/06/26 at 9:40 a.m., when asked where staff document wound measurements, a nurse (#5) stated, on the wound assessment reports. The nurse confirmed Resident #2's record failed to show wound measurements. During an interview on 01/07/26 at 2:20 p.m., an administrative nurse (#3) confirmed facility staff failed to record wound measurements and failed to obtain an order for the wound cleanser and Mepilex dressing.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on record review, review of the hospice agreement, and staff interview, the facility failed to ensure resident records contained the hospice election form for 1 of 2 sampled residents (Resident #6) receiving hospice services. Failure to obtain the hospice election form limits staff's ability to ensure coordination of care between the facility and the hospice agency. Findings include:Review of the facilities Hospice and Nursing Facility Services Agreement, dated 04/17/20, stated, . 3.1.16 Coordination of Services. Hospice shall: . (c) Provide Facility with the following information specific to each Hospice Patient residing at Facility . the hospice election form . Review of Resident #6's medical record occurred on all days of survey and identified election of hospice services on 12/31/25.The medical record lacked the hospice election form.During an interview on 01/07/26 at 2:00 p.m., an administrative staff member (#3) confirmed Resident #6's medical record failed to include the hospice election form.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 3 of 14 sampled residents (Resident #4, #6, and #7) observed during cares. Failure to practice infection control standards related to enhanced barrier precautions (EBP), donning/doffing of personal protective equipment (PPE), and hand hygiene has the potential to spread infection throughout the facility.Findings include: Review of the facility policy titled Standard, Enhanced Barrier, and Transmission-Based Precautions occurred on 01/07/26. This policy, revised 07/07/25, stated, . Enhanced barrier precautions expand the use of personal protective equipment beyond situations . refer to the use of gowns and gloves during high-contact resident care activities . Enhanced barrier precautions are also used for residents with chronic wounds . even if the resident is not known to be infected with or colonized with an MDRO [Multidrug-Resistant Organism] . high-contact resident care activities include . changing briefs or assisting with toileting . and wound care . Review of the facility policy titled Hand Hygiene occurred on 01/07/26. This policy, revised 11/13/25, stated, . All employees in patient care areas . will adhere to the 4 moments of Hand Hygiene . 1. Entering room [ROOM NUMBER]. Before Clean Task 3. After Bodily Fluid/Glove Removal 4. Exiting Room . Gloves are a protective barrier . 2. Hand hygiene should be performed after glove removal. After removing gloves regardless of task completed . After contact with a patient's non-intact skin, wound dressings . when moving from contaminated body site to a clean body site during patient care . - Review of Resident #4's medical record occurred on all days of survey. The current care plan stated, . The resident requires Enhanced Barrier Precautions [EBP] chronic wound E/B [evidenced by] stage 2 pressure ulcer on coccyx . Observation on 01/06/26 at 9:34 a.m. showed an EBP sign on Resident #4's door frame. A certified nurse aide (CNA) (#7) performed a brief change wearing gloves but failed to wear a gown. - Observation on 01/06/26 at 3:03 p.m., showed an enhanced barrier precaution sign and PPE container on Resident #6's door. Outside of the resident's room, a nurse (#2) and a CNA (#1) applied gowns and gloves. The staff members failed to perform hand hygiene prior to applying gowns and gloves and entering Resident #6's room. - Review of Resident #7's medical record occurred on all days of survey. The current care plan stated, . The resident requires Enhanced Barrier Precautions [EBP] E/B indwelling catheter . Observation on 01/07/26 at 8:45 a.m. showed an EBP sign on Resident #7's door frame. A staff nurse (#5) and CNA (#6) performed hand hygiene, donned PPE, and entered Resident #7's room. The nurse (#5) removed the soiled dressings from the buttock's wounds, removed the soiled gloves, and without performing hand hygiene, applied clean gloves to complete the dressing change. During an interview on the afternoon of 01/07/26, an administrative nurse (#3) confirmed she expected staff to wear personal protective equipment (PPE) while performing brief changes while on EBP precaution and to perform hand hygiene before applying gloves and after removing gloves.