STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355097	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Larimore	501 E Front St Larimore, ND 58251

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **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 provide necessary care and services for 1 of 1 closed record resident (Resident #4) reviewed. Failure to assess, monitor blood pressures, and implement interventions in response to Resident #4's low blood pressure may have contributed to the resident's decline in condition. Findings include:Review of the facility policy titled Vital Signs - Blood Pressure occurred on 05/19/26. This policy, dated 11/12/25, stated, . PURPOSE To assess whether resident's blood pressure is within normal limits . Record vital signs. Report to the nurse if the blood pressure is . below 90/60, or the resident is complaining of light headedness, dizziness, blurred vision and/or shallow breathing.Review of Resident #4's medical record occurred on 05/19/26 and identified an admission date of 04/10/26. Diagnoses included hypertension (high blood pressure). Physician orders included the following:* Hydrochlorothiazide 25 milligrams (mg) daily for hypertension* Clonidine 0.1 mg two times a day for hypertension* Benazepril 20 mg daily for hypertension* Atenolol 100 mg daily for hypertensionReview of Resident #4's progress notes showed the following:* 04/15/26 at 5:15 p.m., . Call received from MDS [Minimum Data Set] nurse informing this writer that res [resident] was being sent out for ER [emergency room] eval [evaluation] at request of family d/t [due to] lethargy.* 04/15/26 at 5:18 p.m. Nurse was called in to resident's room by family members (wife, daughter and son). Upon entering room resident was noted to be lethargic, but easily arouse.[sic]. He was able to communicate with nurse in a slow/soft voice. His vital signs when checked were: 98.0, [temperature] 78 [pulse], 14 [respirations], 79/38 [blood pressure] Lying RA [right arm] 110/55 Lying LA [left arm] 90% RA [room air], with no s/s [signs or symptoms] of SOB [shortness of breath] at rest, Blood sugar 168 mg/dL [milligrams per deciliter]. Primary provider was called, and updated about resident's status, who gave order for resident to be sent to the emergency room [ER] for further evaluation. Nurse updated family members, prior to placing 911 call. Wife refused to signed [sic] bed hold at this time. Paramedic crew arrived about 30 minutes later, and took resident to the ER.Review of Resident #4's blood pressure readings showed the following:* 04/10/26 at 12:39 p.m. 135/73* 04/11/26 at 1:52 p.m. 108/58* 04/11/26 at 2:14 p.m. 98/58 * 04/15/26 at 4:35 p.m. 79/38 During an interview on 04/19/26 at 4:10 p.m. an administrative nurse (#1) stated she expected the medication aide who took Resident's #4's blood pressure on 04/11/26 to report the low blood pressure to the nurse. The administrative nurse also stated, When a resident is on daily skilled notes, nursing should absolutely be taking their blood pressure daily.The facility failed to follow up/intervene when Resident #4's blood pressure fell below normal limits on 04/11/26 until the family alerted facility staff of the resident's lethargy on 04/15/26.

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