

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society Augusta Place A Prospera CO		STREET ADDRESS, CITY, STATE, ZIP CODE  301 Lorrain Drive Bismarck, ND 58503	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>13101</p> <p>Based on observation, record review, review of the facility reported incident investigation, and resident and staff interview, the facility failed to ensure an environment free of hazards for 1 of 1 sampled resident (Resident #1) injured while consuming a hot beverage. Failure to place the hot beverage lid securely to the cup resulted in an injury to Resident #1. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident.</p> <p>Findings include:</p> <p>Interviews with Resident #1 occurred on the morning of 05/09/24. The resident stated she likes the lid of her hot beverages loosened to allow them to cool and staff assist her with the hot beverages. She stated, on the day of the burn, staff placed the hot beverage in front of her with the lid loosened and she forgot to wait for assistance and the hot liquid spilled onto her chest.</p> <p>Random observations on 05/09/24 showed secured lids on hot beverages.</p> <p>Review of Resident #1's medical record occurred on 05/09/24. The nurse's progress notes identified the following:</p> <p>* 05/08/24 at 7:30 a.m., Late Entry: Note Text: RN [registered nurse] was informed in report by night shift nurse of area of blistering on resident's chest. At approximately 0730 [7:30 a.m.], RN assessment resident's chest. RN noted blister and small area of redness surrounding blister and above the blister. Resident denied pain at the site. RN confirmed that resident was on provider's list to be seen on rounds 5/8/24.</p> <p>* 05/08/24 at 9:35 a.m., Late Entry: Note Text: Provider saw resident on rounds and assessed blister and area of redness on chest at approximately 0930 [9:30 a.m.]. Resident reported that provider assessed area and had discussed that new orders would be written for area discussed above.</p> <p>* 05/08/24 at 4:15 p.m., Late Entry: Note Text: Received faxed order from [physicians name] at 1312 [1:12 p.m.] for the following: Silvadene [an antibiotic cream used to treat moderate burns] to Burn Chest Wall BID [twice a day] PRN [as needed] for Burn Chest Wall.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>* 05/08/24 at 10:19 p.m., incident, On 5/7/24 at 1900 [7:00 p.m.] staff reported to author that resident has a hot tea spill on her chest. Staff took resident to her room and removed her shirt and assessed area which was red and measured 2 inches x [by] 3 inches at this time. Cool washcloth applied to chest area for 20 minutes. Area was still red at this time and left open to air. Resident put on rounds list for Md [physician] to see Wed. [Wednesday] morning 5/8/24. Nurse assessed the area again at end of shift. At this time redness was gone and a blister had formed measuring 3 inches x .5 inch.</p> <p>The care plan, in place on 05/07/24 (at the time of the burn), stated, Focus: HOT BEVERAGES/SOUP; [Resident #1] has impaired ability to manage hot beverages and soups R/T [related to] arthritis in hands and shoulder. Interventions: *HOT BEVeRAGE AND SOUP SAFETY: Provide a cup with lid. *Supervise at all times while drinking hot beverages and eating soup. Focus: Nutrition . Interventions . Staff assist resident to eat meals. Provided 1:1 supervision. Straws are ok.</p> <p>Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions for the deficient practice by:</p> <p>* Completing an investigation that determined the primary cause of the accident (not securing the lid to the hot beverage cup).</p> <p>* Provided education immediately to all staff through a text communication on 05/08/24 stating facility staff are to ensure all hot liquid covers are securely fastened before giving them to residents to prevent injury and burns.</p> <p>* Interview on 05/09/24 at 11:30 a.m. with two administrative staff members (#1 and #2) and a corporate staff member (#3) identified the facility will reiterate hot beverage safety at the next CNA meeting this month.</p> <p>The surveyor determined a deficient practice existed on 05/07/24. The facility implemented corrective action and completed training to all staff on 05/08/24.</p>		