STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355125	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society Augusta Place A Prospera CO	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)
F 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 28398

Based on record review, review of the facility reported incident investigation, review of facility policy, and staff interview, the facility failed to ensure residents remained free from significant medication errors for 1 of 4 sampled residents (Resident #1) receiving insulin. Failure to administer insulin according to a physician's order may have contributed to Resident #1's hyperglycemia (elevated blood sugar level) and hospitalization . This citation is considered past noncompliance based on review of the corrective action the facility implemented immediately following the incident.

Findings include:

The surveyor determined a deficient practice existed on 07/30/24. The facility implemented corrective action on 07/30/24 and completed staff education and began audits on 07/31/24.

Review of the facility policy titled Medication: Administration Including Scheduling and Medication Aides occurred on 08/01/24. This policy, dated 05/21/24, stated, . Medications are administered to the resident according to the 'Six Rights.' . PROCEDURE . 4. Follow the 'Six Rights': Right medication, right dose . 5. Perform three checks: Read the label on the medication container and compare with the MAR [Medication Administration Record] when removing the container from the supply drawer, when placing the medication in an administration cup/syringe and just before administering the medication.

The initial facility reported incident form, dated 07/30/24, stated, . Resident [#1] was sent to ER [emergency room] to monitor high blood sugar. The resident received multiple doses of Lantus [long-acting insulin] but should have received HumaLOG [fast-acting insulin].

Resident #1's 07/30/24 orders included:

* Lantus SoloStar Pen insulin 22 units subcutaneously (sq) at bedtime daily

* HumaLOG (Lispro) KwikPen insulin sq per sliding scale before meals, with 8 units if blood sugar 351-400 milligrams/deciliter (mg/dl)

Resident #1's vital sign record showed the following blood sugar levels on 07/30/24:

* 7:00 a.m., 379 mg/dl

(continued on next page)

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

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 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society Augusta Place A Prospera CO	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)
F 0760 Level of Harm - Actual harm Residents Affected - Few	* 11:00 a.m., 456 mg/dl * 4:00 p.m., 566 mg/dl A progress note, dated 08/01/24 at 10:05 a.m., stated, Upon investigation of incident dated 7/30/24 . LPN [licensed practical nurse] stated she gave [NAME] [sic] throughout the day [07/30/24]. At 7:30 [a.m.] resident received 8 units of [NAME] [sic] instead of Humalog. LPN received an additional telephone order at 11:00 [a. m.] from the provider for an additional 2 units of (short acting) Humalog. LPN administered total of 10 units of [NAME] instead of Humalog. LPN followed up again with provider at 1600 [4:00 p.m.] and received another order for 10 units of (short acting) Humalog. 10 units of [NAME] [sic] was administered instead of Humalog at 1600. During an interview on 08/01/24 at 12:20 p.m., an administrative nurse (#1) stated the nurse (#3) coming on duty on 07/30/24 at 6 p.m. asked the nurse (#2) what insulin she gave Resident #1, and the nurse (#2) showed her the Lantus pen which she confirmed she used instead of the Humalog insulin pen each time that day (July 30th). Based on the following information, noncompliance at F760 is considered past noncompliance. The facility implemented the corrective actions to ensure the deficient practice does not recur by: * The facility conducted an investigation on 07/30/24 with interviews of staff that determined the cause of the incident. Nursing staff failed to follow all the Rights of medication administration. Resident #1 received the wrong type of insulin. * Provided 1 on 1 education immediately after the incident on 07/30/24 with the involved staff regarding the proper medication administration process. * Suspended the nurse until the investigation was completed. * Provided education to nursing staff prior to the start of their shifts beginning on the evening of 07/30/24. Will continue with education on the Six Rights of medication administration by the Director of Nursing or designee from August 1-16, 2024. * On 07/31/24 began audits of insulin administration during med pass to ensure residents receive the correct insulin and nurses follow the Rights of medication administration.