

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society Corsica		STREET ADDRESS, CITY, STATE, ZIP CODE  455 North Dakota Corsica, SD 57328	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>45383</p> <p>Based on observation, interview, record review, and policy review, the provide failed to ensure one of one sampled resident (7) had a care plan that indicated the use of a Thera bath paraffin wax machine that could be used independently. Findings include:</p> <p>1. Observation and interview with resident 7 while in his room revealed:</p> <ul style="list-style-type: none"> <li>*He had been admitted from another facility on 12/1/22.</li> <li>*He had a Thera bath paraffin wax machine in his room.</li> <li>*He had used it for the arthritis in his hands.</li> <li>*Maintained the machine on his own.</li> </ul> <p>Review of resident 7's current care plan on 8/20/24 had not indicated the use of a paraffin wax treatment.</p> <p>Interview on 8/22/24 at 10:45 with director of nursing B regarding resident 7's care plan revealed she had updated resident 7's care plan on 8/21/23 to include the use of his paraffin wax machine.</p> <p>Review of the provider's November 2023 Care Plan policy revealed:</p> <ul style="list-style-type: none"> <li>*A focus on the resident as the focus of control and supporting the resident in making his or he own choices and having control over their daily life.</li> <li>*The plan of care will be modified to reflect the care currently required/provided for the resident.</li> </ul>

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45383</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure one of one sampled resident (7) had been assessed for the safe self-administration use of his paraffin bath machine. Findings include:</p> <p>1. Interview on 8/20/24 at 8:53 a.m. with resident 7 in his room revealed:</p> <p>*He was admitted on [DATE] from another facility.</p> <p>*He had a paraffin wax machine in his room.</p> <p>*He took care the machine himself.</p> <p>Review of resident 7's electronic medical record (EMR) revealed:</p> <p>*He had an order on 11/10/15 for Thera wax treatment to bilateral hands as directed by physical therapy and occupational therapy.</p> <p>*He had a self-administration assessment completed on 8/1/22 at the last facility he had lived in for the use of the Thera bath.</p> <p>*No self-assessment assessment had been completed since his admission to this facility regarding his use of the Thera bath.</p> <p>*An assessment had been completed on 3/5/24 and 5/27/24 to self-administer his nebulizer treatments after they were set up.</p> <p>Review of resident 7's current care plan on 8/20/24 had not indicated the use of a Therabath paraffin wax treatment.</p> <p>Review of resident 7's therapy progress notes revealed there were no progress notes related to his paraffin wax self use.</p> <p>Interview on 8/22/24 at 10:45 a.m. with director of nursing B regarding the resident's paraffin wax machine revealed:</p> <p>*She agreed that he had not had an assessment since he was admitted there.</p> <p>*She had updated his care plan on 8/21/24 to include his paraffin wax machine.</p> <p>*She agreed that therapy had not evaluated him since his admission for the use of his paraffin wax.</p> <p>Interview on 8/22/24 at 11:00 a.m. with administrator A regarding resident 7's order revealed:</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*She agreed that they needed an updated and more specific order for the use of his paraffin wax.</p> <p>*She also agreed that the assessment should have been done more frequently.</p> <p>Review of the provider's October 2023 Resident Self-Administration of Medication policy revealed:</p> <p>*To determine if the resident can safely self-administer medications.</p> <p>*To identify which medication may be safely self-administered.</p> <p>*To assist the resident who is self-administering medication to manage his or her prescribed medication in a safe manner.</p> <p>*To provide residents who can do so safely with the opportunity to self-administer medications.</p> <p>*Complete the Resident Self-Administration of Medications UDS to determine if the resident can safely administer medications and to create a plan to assist the resident to be successful in this process.</p> <p>*A physician's order must be specific to the medication being self-administered (e.g., Bengay ointment tid (three times per day) prn (as needed) for leg discomfort. May be kept at the bedside for self-administration or, May have all oral medications at bedside for self-administration).</p> <p>*The care plan must indicate which medications the resident is self-administering, where they are kept, who will document the medication and he location of administration, if applicable. Document quarterly on PN-Care Plan Review.</p>