



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered  
September 3, 2024

Administrator  
Good Samaritan Society - Specialty Care Community  
3815 West Broadway Avenue  
Robbinsdale, MN 55422

RE: CCN: 245279  
Cycle Start Date: July 17, 2024

Dear Administrator:

On August 22, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: sarah.lane@state.mn.us



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
July 25, 2024

Administrator  
Good Samaritan Society - Specialty Care Community  
3815 West Broadway Avenue  
Robbinsdale, MN 55422

RE: CCN: 245279  
Cycle Start Date: July 17, 2024

Dear Administrator:

On July 17, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

## DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Annette Winters, Regional Operations Supervisor, Federal Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
625 Robert Street North  
P.O. Box 64975  
Saint Paul, Minnesota 55164-0975  
Email: [annette.m.winters@state.mn.us](mailto:annette.m.winters@state.mn.us)  
Mobile: (651) 558-7558

## PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

## VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

If substantial compliance with the regulations is not verified by October 17, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by January 17, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

#### **INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)**

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/lrc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

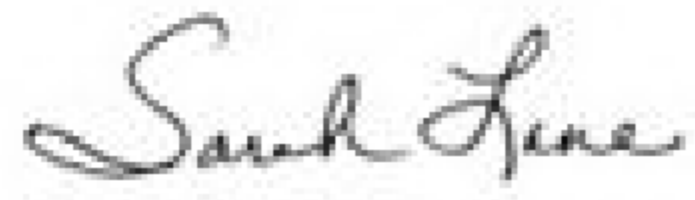
Good Samaritan Society - Specialty Care Community

July 25, 2024

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
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July 25, 2024

Administrator  
Good Samaritan Society - Specialty Care Community  
3815 West Broadway Avenue  
Robbinsdale, MN 55422

Re: Event ID: 6SM411

Dear Administrator:

The above facility survey was completed on July 17, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - SPECIALTY CARE COI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3815 WEST BROADWAY AVENUE ROBBINSDALE, MN 55422</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 7/16/24 through 7/17/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

08/01/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - SPECIALTY CARE COI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3815 WEST BROADWAY AVENUE ROBBINSDALE, MN 55422</b>
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2 000	<p>Continued From page 1</p> <p>the survey. H52795660C(MN104810) H52795664C(MN104846) H52795664C(MN104850)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245279</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3815 WEST BROADWAY AVENUE</b> <b>ROBBINSDALE, MN 55422</b>
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F 000	<p>INITIAL COMMENTS</p> <p>On 7/16/24 through 7/17/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H52795660C(MN104810).</p> <p>The following complaints were reviewed. H52795664C(MN104846) and H52795664C(MN104846/MN104850) with a deficiency issued at F609</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,</p>	F 609		8/15/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/01/2024

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.

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F 609	<p>Continued From page 1</p> <p>are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to report an allegation of staff to resident abuse to the state agency (SA) within two hours after the allegation was made for 1 of 3 residents (R2) reviewed for abuse when the facility reviewed a video taken by a family member.</p> <p>Findings include:</p> <p>R2's care plan dated 9/26/23, indicated he needed extensive help from two staff for bathing, bed mobility, transfers from bed to wheelchair and dressing,</p> <p>R2's care plan dated 9/29/23, indicated he had impaired cognition, dementia, and delirium. Staff</p>	F 609	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.</p>	

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F 609	<p>Continued From page 2</p> <p>were directed to ask him yes and no questions and introduce one thought at a time.</p> <p>R2's significant change Minimum Data Set (MDS) dated 5/30/24, indicated he had severe impaired cognition. He had dementia, encephalopathy (a condition causing confusion, memory loss, and personality changes), cancer, protein malnutrition, weight loss, anemia, and received hospice care. He took antipsychotic and antidepressant medication.</p> <p>R2's care plan dated 7/1/24, indicated he was resistant to care and could be combative. Recommendations included talking calmly, explaining each tasks step by step, and if the behavior continued to leave him in a safe position and reapproach later. Also have another staff member attempt to provide care.</p> <p>R2's care plan dated 7/10/24, indicated he needed to have two staff provide care when able.</p> <p>On 7/17/24 at 11:25 a.m. family members (FM)-A video with audio was reviewed with the director of nursing (DON). The video was in five or six small clips. Some of the footage was blurry. The video showed the following:</p> <ol style="list-style-type: none"> <li>1. NA-B walked into the room without introducing herself or telling R2 what she was going to do.</li> <li>2. She pulled his blanket to the end of the bed exposing his body. She placed her right hand on his left hip and pushed him on to his side. She then pulled the brief out causing his body to be lifted off the bed until the brief came free. She then showed him the brief and said, "see it's dirty."</li> <li>3. NA-B left R2 naked on the bed without covering him or lowering the bed to a safe level</li> </ol>	F 609	<p>F609 (SS = D) Reporting of Alleged Violations</p> <ol style="list-style-type: none"> <li>1) The resident found to have been affected by the deficient practice no longer resides at the center.</li> <li>2) All residents that reside at the center have the potential to be affected by the deficient practice. As a result, various residents on several units were interviewed. All reported feeling safe and denied having experienced abuse or neglect.</li> <li>3) To ensure systematic changes are sustained, re-education for all staff will be completed on Good Samaritan Society policy and procedures regarding abuse and neglect with an emphasis on the reporting requirements.</li> <li>4) Routine environmental audits of abuse and neglect reporting will be completed weekly x4, then monthly x3. Audits will include interviews with staff using scenario-based questions. Audit results will be reviewed by the QAPI committee with appropriate follow-up initiated to ensure compliance is sustained.</li> <li>5) The Director of Nursing and/or designee will be responsible for correction of deficiency by 8/15/2024.</li> </ol>	

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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - SPECIALTY CARE COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3815 WEST BROADWAY AVENUE</b> <b>ROBBINSDALE, MN 55422</b>		
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F 609	<p>Continued From page 3</p> <p>before she went into the bathroom. While she was gone R2 attempted to get out of bed.</p> <p>4. R2 was kicking NA-B while she attempted to put his pants on. When she pulled the pants up, his whole body lifted off the bed. NA-B asked R2 several times "why are you hurting me?" NA-B grabbed onto his pants to pull and pushed R2 to get R2 to a transfer position to his wheelchair.</p> <p>5. NA-B moved him from the bed to the wheelchair holding the resident's pants, not using a gait belt (thick belt placed on the resident's waist for staff to hold onto when transferring a resident from bed to wheelchair). During the transfer R2 was combative and she plopped R2 into the wheelchair causing the chair to jerk backwards.</p> <p>6. NA-B tried to put on R2's shirt while he resisted her causing the shirt to get stuck over his face. A nurse walked into the room and helped him get the shirt off. NA-B told the nurse R2 would not let her get him dressed and was hurting her. The next videos were blurry and unable to see what happened next.</p> <p>During interview on 7/17/24 at 11:00 a.m. director of nursing (DON) stated on 7/8/24, R2's family member (FM)-A showed her a video of AP taking care of R2. The DON stated she felt the AP made mistakes such as continuing to dress him when he resisted her, and not using "dementia care tactics." She could have asked for help or come back later. She also grabbed his clothing to turn him from side to side. She left him with the bed raised up to an unsafe level while she collected supplies in the bathroom and transferred him without a gait belt. While AP made mistakes, she felt the AP did not act with "intent" therefore she did not have to report the incident to the SA within two hours from watching the video. She</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>suspended AP while doing an investigation of the events. She had AP review the video and explained to her what she did wrong, and what she could have done better. The AP did not comment on her actions. AP was terminated because the incident was her third and final warning. She said the other two warnings were not associated with resident care issues.</p> <p>During interview on 7/16/24 at 11:47 a.m. NA-A stated she received abuse training annually and after any incident of abuse. NA-A identified if she observed another staff member being abusive or rough with a resident, she would stay with the resident then report it to the nurse. She had abuse training a few weeks ago and education related to what to do if a resident is resistant to cares and hitting staff. She learned if a resident resisted care use a calm voice, be kind, and speak slowly.</p> <p>Facility policy Abuse &amp; Neglect-Rehab/Skilled, Therapy &amp; Rehab dated 7/6/23, indicated if an alleged abuse, neglect, mistreatment occurred, the facility was required to report to the State Agency within 2 hours after learning about the incident.</p>	F 609		