



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 19, 2024

Administrator
Good Samaritan Society Inver Grove Heights
1301 50th Street East
Inver Grove Heights, MN 55077

RE: CCN: 245285
Cycle Start Date: April 9, 2024

Dear Administrator:

On April 9, 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 actual harm that was not immediate jeopardy (Level G).

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Civil money penalty, (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or,

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in the case of an emergency, has been closed and/or had its residents transferred to other facilities. Because there is potential for a CMP to be issued, there is also potential for NATCEP effective April 9, 2024.

The CMS location may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later

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than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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://forms.web.health.state.mn.us/form/NHDisputeResolution>

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

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.

Feel free to contact me if you have questions.

Sincerely,

Good Samaritan Society Inver Grove Heights

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A handwritten signature in black ink that reads "H. Zahler". The signature is written in a cursive style with a large initial "H" and a stylized "Zahler".

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2024
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY INVER GROVE HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 50TH STREET EAST INVER GROVE HEIGHTS, MN 55077
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 4/8/24 through 4/9/24, a standard abbreviated survey was conducted at your facility. Your facility was IN compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H52852900C (MN00102013) with a deficiency cited at F760. F760 was issued at PAST NON-COMPLIANCE. H52852922C (MN00101562) No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.</p>	F 000		
F 760 SS=G	<p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure 1 of 3 (R1) residents reviewed for medication errors did not have properly transcribed orders for an antibiotic for an infected pressure ulcer. This medication error resulted in actual harm to R1 when she developed sepsis and was hospitalized. The facility implemented corrective action prior to the survey, so the deficiency was issued at past non-compliance.</p> <p>Findings include:</p>	F 760	<p>Past noncompliance: no plan of correction required.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/19/2024
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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 760	<p>Continued From page 1</p> <p>Pressure Ulcer staging per the National Pressure Ulcer Advisory Panel (NPUAP):</p> <p>Stage 2 pressure ulcer: a partial-thickness skin loss with exposed dermis, the wound bed is viable, pink, and moist.</p> <p>Stage 4 pressure ulcer: a full-thickness skin and tissue loss with exposed muscle, ligament, cartilage or bone. Slough and/or eschar may be visible. Rolled edges or tunneling often occur.</p> <p>R1's 1/8/24 quarterly Minimum Data Set (MDS) identified she was cognitively intact, and required extensive assist of one to two staff for all activities of daily living. R1 had one Stage 2 pressure ulcer and one Stage 4 pressure ulcer.</p> <p>R1's care plan dated 4/8/24 included diagnoses of osteomyelitis, quadriplegia, history of stroke, and atherosclerosis of native arteries of right leg with ulceration of heel and midfoot.</p> <p>On 3/28/24 a report to the State Agency (SA) identified nurse practitioner (NP)-A ordered an antibiotic and new wound care orders for R1 on 3/13/24 for a right heel pressure ulcer infection. The order was not transcribed by the facility until 3/28/24, when the previous director of nursing (DON) found the written order in NP-A's office while organizing paperwork. The previous DON noted the order was not in R1's active orders. The facility was unable to determine how the written order ended up back in NP-A's office.</p> <p>On 4/4/24 a report to the SA identified licensed practical nurse (LPN)-A received a written order from NP-A on 3/13/24 for Bactrim (antibiotic) 200 milligram (mg) per 40 milliliter (ml), give 20 ml</p>	F 760		

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F 760	<p>Continued From page 2</p> <p>BID (twice a day) via feeding tube for 10 days. The written order also included updated wound care orders. The report indicated LPN-A had an issue entering the medication into the electronic health record (EHR) system and asked a coworker for help. The medication was not entered into the EHR on 3/13/24. The antibiotic was delivered by the pharmacy and placed in the medication fridge but none of the nursing staff noticed it in the fridge or verified if the medication was documented in the EHR for administration.</p> <p>R1's Active Orders dated 3/13/24 written by NP-A directed for R1's right heel wound to discontinue old wound orders and to clean with wound cleanser, apply moist blue foam dressing and cover with border sacral foam dressing. Change dressing daily and as needed when soiled. The antibiotic order directed Bactrim 200 mg per 40 ml, give 20 ml via feeding tube twice daily for ten days.</p> <p>R1's Active Orders dated 3/28/24 verified the antibiotic order was not started until 3/28/24. The orders directed to clean with wound cleanser, apply moist gauze to wound bed, cover with dressing pad and wrap with Kerlix. Change twice a day.</p> <p>R1's Wound Care Data Collection assessments for R1's right heel indicated the following:</p> <p>3/7/24: The assessment indicated there was drainage leaking around the dressing and the condition of tissue surrounding the dressing was "death tissue." It indicated eschar (dead tissue that sheds off after an injury) as 99% and noted there was a strong odor.</p>	F 760		

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F 760	<p>Continued From page 3</p> <p>3/12/24: The assessment identified R1's right heel as a "deep tissue injury, unstageable and covered with eschar."</p> <p>3/19/24: The assessment identified the dressing was present and intact, with drainage present on the dressing. Another assessment was completed on 3/19/24 which indicated R1's heel was noted as having a foul odor and discharge.</p> <p>3/21/24: The assessment identified the condition of the tissue surrounding the dressing was slightly macerated (the softening and breaking down of skin resulting from prolonged exposure to moisture).</p> <p>3/23/24: The assessment identified the heel was pink, intact and macerated.</p> <p>3/24/24: The assessment identified the dressing was present, intact, with drainage present on the dressing. There was no leaking around the dressing and the skin around the dressing was macerated. The assessment indicated there was not a presence of possible complications, increasing area of ulceration or soft tissue infection. The wound margins were checked off as reddened.</p> <p>3/25/24: The assessment identified the condition of the tissue surrounding the dressing was macerated, white, dry and flaky, moving further from the wound bed.</p> <p>3/26/24: The assessment identified the surrounding skin of the heel was macerated, denuded and reddened.</p> <p>3/27/24: The assessment identified the wound</p>	F 760		

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F 760	<p>Continued From page 4</p> <p>exhibits purulent discharge with a foul odor. But these have decreased with current treatment: Course of antibiotic therapy and use of Vashe (a wound cleansing solution). On 3/27/24, an additional assessment was completed. The assessment indicated the condition of the tissue surrounding the dressing was pink and intact. There was not a presence of possible complications, increasing area of ulceration or soft tissue infection. In addition, the assessment identified the surrounding skin of the wound was reddened.</p> <p>3/28/24: The assessment identified the wound had necrotic tissue to the area, slough was present, and there was an odor.</p> <p>R1's progress notes lacked right heel wound care and assessment information prior to 3/28/24.</p> <p>On 4/2/24 R1's Hospital Care Consultation Note indicated R1 was admitted to the hospital's intensive care unit (ICU) and had septic shock (a potentially fatal medical condition that occurs when sepsis, which is organ injury or damage in response to infection, leads to dangerously low blood pressure and abnormalities in cellular metabolism)with persistent hypotension (low blood pressure) requiring vasopressor (medication used to make blood vessels constrict or become narrow in people with low blood pressure) support. R1 was diagnosed with an infected right foot ulcer, calcaneal osteomyelitis (bone infection in the heel), and a urinary tract infection. R1 was discharged from the hospital and returned to the facility on 4/5/24.</p> <p>On 4/8/24 at 12:01 p.m., R1's family member (FM)-A stated she was never updated R1 was on</p>	F 760		

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F 760	<p>Continued From page 5</p> <p>an antibiotic until the previous DON discovered it had not been administered. She was not normally updated on medication changes, but she would have liked to have known about the antibiotic at the time it was ordered.</p> <p>On 4/8/24 at 1:50 p.m., R1 stated she was unaware that she was prescribed an antibiotic until she was notified that it was missed for two weeks. She would liked to be updated about new medications.</p> <p>On 4/9/24 at 9:17 a.m. LPN-A stated he received new orders for an antibiotic and wound treatment orders for R1 from NP-A. He had issues with entering it into the EHR and "put a question mark on it and passed it to the night shift nurse" so she could clarify and enter it into the system. He had been provided training on how to enter in new orders before the incident. He did not follow up on the orders again. H had received training on wound care, and he provided monitoring and assessments for R1's wounds on the shifts he worked.</p> <p>On 4/9/24 at 9:26 a.m., LPN-B stated she worked the night shift following LPN-A on 3/13/24. She did not remember LPN-A questioning an order for R1, or passing it on to her.</p> <p>On 4/9/24 at 2:27 p.m., the current DON stated R1 was hospitalized for sepsis related to the right heel wound infection. She stated the issue came down to LPN-A not knowing what to do in reference to entering the order into the system. She was surprised by this, because he usually asked other nurses or the DON for assistance.</p> <p>On 4/9/24 at 2:50 p.m., NP-A stated she was</p>	F 760		

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F 760	<p>Continued From page 6</p> <p>unaware R1's antibiotic and wound care orders had not been transcribed. She would have expected the nurses to let her know. She was updated about the worsening of the heel wound on 3/28/24, and noticed it herself when she saw it that day. From her assessment on 3/28/24, she was concerned about R1 being septic due to the worsening heel pressure ulcer, and decided to have R1 sent to the hospital.</p> <p>The facility policy Physician/Practitioner Orders - Rehab/Skilled revised 4/1/24 directed orders should be processed and transcribed into Point Click Care (PCC) immediately upon receipt of an order. Once the order is entered into PCC, the order will populate the appropriate electronic administration documentation location within the application.</p> <p>The past non-compliance began on 3/13/24 and the deficient practice was found and corrected on 3/28/24. The facility provided education to all nurses for implementing new provider orders. On 3/28/24, a skilled nursing facility shift form report was implemented to aid in hand off reports about new provider orders. Expectations for the wound nurse position was clarified and education was provided to nursing staff. A standing order workflow sheet was created and provided to staff. An audit of all active antibiotic orders and new provider orders from the previous 30 days was started on 3/28/24.</p>	F 760		