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

Electronically Delivered

August 16, 2023

Administrator
Good Samaritan Society - Comforcare
1201 17th Street Ne
Austin, MN  55912

RE: CCN: 245317
Cycle Start Date: June 27, 2023

Dear Administrator:

On August 9, 2023, 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.

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

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Electronically delivered

August 16, 2023

Administrator
Good Samaritan Society - Comforcare
1201 17th Street Ne
Austin, MN  55912

Re: Reinspection Results
Event ID:  JHPT12

Dear Administrator:

On August 9, 2023, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on June 27, 2023.  At this time these correction orders were found corrected.

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

DEPARTMENT OF HEALTH

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

Electronically delivered
July 10, 2023

Administrator
Good Samaritan Society - Comforcare
1201 17th Street Ne
Austin, MN  55912

RE: CCN: 245317
Cycle Start Date: June 27, 2023

Dear Administrator:

On June 27, 2023, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 September 27, 2023 (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 December 27, 2023 (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/ltc_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

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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

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

Electronically delivered
July 10, 2023

Administrator
Good Samaritan Society - Comforcare
1201 17th Street Ne
Austin, MN  55912

Re: State Nursing Home Licensing Orders
Event ID: JHPT11

Dear Administrator:

The above facility was surveyed on June 26, 2023 through June 27, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

Please feel free to call me with any questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 00967 | A. BUILDING: _____ B. WING _____ | C 06/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOOD SAMARITAN SOCIETY - COMFORCARE | 1201 17TH STREET NE AUSTIN, MN 55912 |

| (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 |
|---|---|---|---|---|
| 2 000 | Initial Comments<br><br>*****ATTENTION******<br><br>NH LICENSING CORRECTION ORDER<br><br>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.<br><br>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.<br><br>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.<br><br>INITIAL COMMENTS:<br>On 6/26/23-6/27/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. | 2 000 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 2 000 | Continued From page 1<br><br>The following complaints were reviewed., H53173282C (MN00089916), H53173262C (MN00085924) with a licensing order issued at 1695<br><br>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.<br>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. | 2 000 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 21695 | MN Rule 4658.1415 Subp. 4 Plant Housekeeping, Operation, & Maintenance<br><br>Subp. 4. Housekeeping. A nursing home must provide housekeeping and maintenance services necessary to maintain a clean, orderly, and comfortable interior, including walls, floors, ceilings, registers, fixtures, equipment, lighting, and furnishings.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and document review, the facility failed to provide a clean and sanitary environment which was free of dust and debris in 7 of 7 rooms (Rooms 209, 301, 306, 311, 315, 405 and 408) and hallways hallways reviewed for environment. In addition, the facility failed to provide routine maintenance of cabinetry in 1 of 3 kitchenettes.<br><br>Findings include:<br><br>A review of facility grievances from January 2023 through June 2023 indicated 8 grievances related to resident's rooms needing to be cleaned and or mopped and one related to bugs in the room.<br><br>A review of the June housekeeper's schedule identified only one housekeeper that was scheduled from 6:00 a.m.-1:30p.m. Monday through Friday.<br><br>During an observation on 6/26/23, at 1:38 p.m. dust and scraps of small white paper textured items along the walls and floorboards of the 300 hallway and in residents rooms that had their doors open. | 21695 | Acknowledged. | 7/27/23 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| GOOD SAMARITAN SOCIETY - COMFORCARE | 1201 17TH STREET NE AUSTIN, MN 55912 |

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| 21695 | Continued From page 3<br><br>During an observation and interview on 6/26/23, at 2:01 p.m. R4 stated she was unsure how often her room was cleaned and mopped but believed her room was sometimes overlooked in the cleaning routine. Underneath R4's bed clumps of dust and hair along with M&M type candy pieces were observed.<br><br>During an observation and interview on 6/27/23, at 9:33 a.m. a R5 stated her room ha not been cleaned in about 2 weeks. R5's room had dust and white scraps scattered throughout the room.<br><br>During an observation on 6/27/23, at 9:05 a.m. on the 400 unit there was littered with food crumbs and scraps around floorboards in the hallway and in the kitchenette. The kitchenette cabinets to be in disrepair, one door missing and drawer fronts missing.<br><br>During an observation on 6/27/23, at 9:10 a.m. on the 200 wing there was dust and scraps of unknown debris along the hallway floorboards and around the cylinder pedestal under the counter in the kitchenette.<br><br>During an observation on 6/27/23, at 9:14 a.m. in room 302 scraps and dust was observed around the floor, more so on the edges of the room.<br><br>During an observation on 6/27/23, at 9:17 a.m. in room 306 there were numerous smaller white paper like debris scraps approximately the size of a dime on the floor. Additionally dirt/dust build up under the bed, along base boards, in corners and on top of room furnishings.<br><br>During an observation on 6/27/23, at 12:31 p.m. the 300 wing had a dried food like splatter about 3 feel long on the carpet between room 309 and | 21695 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 21695 | Continued From page 4<br><br>310. Room 311 had dust and food crumbs on the floor and room 315 had bowel movement on the toilet seat with dust build up, paper like scraps and crumbs on the floor.<br><br>During an interview on 6/26/23, at 3:19 p.m. with family member (FM)-A indicated when her family member at the facility she would frequently visit the facility. FM-A stated she had concerns with the cleanliness of the facility; her family member's room was "filthy dirty". She had taken pictures of a filthy toilet that was in the room that R1 had not been able to use for weeks, dirty food splatter on the wall and dirt and scraps throughout the room. FM-A indicated she had asked from staff however they had directed her to speak to housekeeping; housekeeping never did help her clean the room up before out of town family arrived to see R1.<br><br>During an interview on 6/26/23, at 1:46 p.m. nursing assistant (NA)-A stated housekeeping had left for the day. NA's were responsible for cleaning in the absence of housekeepers and would only clean when things need to be taken care of immediately; NA-A gave the examples of a spill and/or a "bowel movement mess."<br><br>During an interview on 6/26/23, at 1:53 p.m. registered nurse (RN)-A stated she normally worked on the 200 wing. RN-A indicated she believed the wing was was cleaned once a week, but was unable to recall the last time the it was cleaned.<br><br>During an interview on 6/27/23, at 9:19 a.m. housekeeper (HSK)-A stated she has been employed at the facility for a few years. HSK-A stated she was currently the only housekeeper employed at the facility and normally the facility had 2 or 3 housekeepers. HSK-A did not have a | 21695 | | |

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| 21695 | Continued From page 5<br><br>cleaning schedule/checklist, was not documenting when or what areas she cleaned; she was keeping it "in her head". HSK-A stated nursing rarely cleaned up any messes including bowel movement and or spills and would wait for her to arrive in the facility for the messes to be cleaned.<br><br>During an interview on 6/26/23, at 2:57 p.m. administrator stated she was going to attempt to locate a cleaning schedule. administrator stated the maintenance supervisor was also the supervisor of housekeeping. administrator stated, "I know they are supposed to have a schedule for cleaning." Administrator was unable to provide a routine cleaning/housekeeping schedule.<br><br>During an interview on 6/27/23, at 10:43 a.m. housekeeping supervisor (HS) indicated he would get complaints about housekeeping from over weekends or after the housekeeper left for the day. HS explained he did not feel the current housekeeper had enough time to complete her job daily; she was doing the job of 2.5 people. HS stated HSK-A was trying to complete 5 resident rooms a day and she kept a list of people that need their rooms cleaned more often. The facility did not have a routine cleaning schedule, the staff knew what to do. HS reported he did not complete audits and/or verify when and how rooms were being cleaned. HS provided Good Samaritan Comfort Care Resident Room Cleaning Process forms. The forms included Healing grace room 201-215, The Lodge rooms 301-315, The Garden 401-415. These forms identified the suggested way to clean the rooms along with spaces to date, time, and initial as completed. HS stated he did not have any completed sheets for the month of June and May's sheets had many holes making it difficult to | 21695 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| GOOD SAMARITAN SOCIETY - COMFORCARE | 1201 17TH STREET NE AUSTIN, MN 55912 |

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|---|---|---|---|---|
| 21695 | Continued From page 6<br><br>identify when resident's rooms had last been cleaned.<br><br>Facility policy entitled, Standard or Light Cleaning-Rehab/Skilled, dated 3/29/23, included standard or light cleaning should occur on a daily basis in occupied rooms. If not scheduled daily, the schedule should be adjusted for daily cleaning in rooms where resident is under transmission precautions or conditions that may require more frequent cleaning.<br><br>SUGGESTED METHOD OF CORRECTION: The administrator, maintenance supervisor, or designee could ensure a preventative maintenance program was developed to accurately reflect ongoing preventative maintenance and cleaning scheduled or needed in the facility on a routine basis. The facility could create policies and procedures, educate staff on these changes and perform environmental rounds/audits periodically to ensure preventative maintenance and cleaning is adequately completed. The facility could report those findings to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 21695 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245317 | A. BUILDING _____ B. WING _____ | C 06/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GOOD SAMARITAN SOCIETY - COMFORCARE | 1201 17TH STREET NE AUSTIN, MN 55912 |

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|---|---|---|---|---|
| F 000 | INITIAL COMMENTS<br><br>On 6/26/23 and 6/27/23, 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.<br><br>The following complaints were reviewed., H53173282C (MN00089916), H53173262C (MN00085924) with a citation issued at F921<br><br>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.<br><br>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. | F 000 | | |
| F 921 SS=E | Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)<br><br>§483.90(i) Other Environmental Conditions<br>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and document review, the facility failed to provide a clean and sanitary environment which was free of dust and debris in 7 of 7 rooms (Rooms 209, 301, 306, 311, 315, 405 and 408) and hallways hallways reviewed for environment. In addition, the facility | F 921 | 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 | 7/27/23 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 07/20/2023 |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245317 | A. BUILDING _____ B. WING _____ | C 06/27/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOOD SAMARITAN SOCIETY - COMFORCARE | 1201 17TH STREET NE AUSTIN, MN 55912 |

| (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 921 | Continued From page 1<br>failed to provide routine maintenance of cabinetry in 1 of 3 kitchenettes.<br><br>Findings include:<br><br>A review of facility grievances from January 2023 through June 2023 indicated 8 grievances related to resident's rooms needing to be cleaned and or mopped and one related to bugs in the room.<br><br>A review of the June housekeeper's schedule identified only one housekeeper that was scheduled from 6:00 a.m.-1:30p.m. Monday through Friday.<br><br>During an observation on 6/26/23, at 1:38 p.m. dust and scraps of small white paper textured items along the walls and floorboards of the 300 hallway and in residents rooms that had their doors open.<br><br>During an observation and interview on 6/26/23, at 2:01 p.m. R4 stated she was unsure how often her room was cleaned and mopped but believed her room was sometimes overlooked in the cleaning routine. Underneath R4's bed clumps of dust and hair along with M&M type candy pieces were observed.<br><br>During an observation and interview on 6/27/23, at 9:33 a.m. a R5 stated her room ha not been cleaned in about 2 weeks. R5's room had dust and white scraps scattered throughout the room.<br><br>During an observation on 6/27/23, at 9:05 a.m. on the 400 unit there was littered with food crumbs and scraps around floorboards in the hallway and in the kitchenette. The kitchenette cabinets to be in disrepair, one door missing and drawer fronts | F 921 | 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.<br><br>1. All resident rooms and dining areas were audited and cleaned between 6/27/23 and 6/28/23<br>2. All resident rooms and dining areas were audited and cleaned between 6/27/23 and 6/28/23<br><br>3. Review completed by the Quality Assurance Committee and Housekeeping department of the current cleaning tasks and job duties. A new schedule has been created for resident room cleanings. Building cleaning tasks have been re-allocated to focus the Environmental Service Department on resident areas. All staff have been given access to basic housekeeping tools, and will be educated by 7/27/23 on proper housekeeping procedures by the Housekeeping Supervisor or designee. Changes in housekeeping equipment will be ordered by 7/27/23. A new job description and departmental schedule/blocks will be created by 7/27/23 to reflect changes made within the department. Housekeeping will be discussed and followed up on by the Quality Committee during each QAPI meeting. | |

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| GOOD SAMARITAN SOCIETY - COMFORCARE | 1201 17TH STREET NE AUSTIN, MN 55912 |

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| F 921 | Continued From page 2<br>missing.<br><br>During an observation on 6/27/23, at 9:10 a.m. on the 200 wing there was dust and scraps of unknown debris along the hallway floorboards and around the cylinder pedestal under the counter in the kitchenette.<br><br>During an observation on 6/27/23, at 9:14 a.m. in room 302 scraps and dust was observed around the floor, more so on the edges of the room.<br><br>During an observation on 6/27/23, at 9:17 a.m. in room 306 there were numerous smaller white paper like debris scraps approximately the size of a dime on the floor. Additionally dirt/dust build up under the bed, along base boards, in corners and on top of room furnishings.<br><br>During an observation on 6/27/23, at 12:31 p.m. the 300 wing had a dried food like splatter about 3 feel long on the carpet between room 309 and 310. Room 311 had dust and food crumbs on the floor and room 315 had bowel movement on the toilet seat with dust build up, paper like scraps and crumbs on the floor.<br><br>During an interview on 6/26/23, at 3:19 p.m. with family member (FM)-A indicated when her family member at the facility she would frequently visit the facility. FM-A stated she had concerns with the cleanliness of the facility; her family member's room was "filthy dirty". She had taken pictures of a filthy toilet that was in the room that R1 had not been able to use for weeks, dirty food splatter on the wall and dirt and scraps throughout the room. FM-A indicated she had asked from staff however they had directed her to speak to housekeeping; housekeeping never did help her clean the room | F 921 | 4. Audits will be conducted for 4 random resident rooms by the Quality Assurance Coordinator or designee to weekly x 4 and monthly x 2 to ensure rooms are being cleaned properly and according to schedule. Audit results will be brought to the monthly QA meeting for further recommendations. | |

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| F 921 | Continued From page 3<br>up before out of town family arrived to see R1.<br><br>During an interview on 6/26/23, at 1:46 p.m. nursing assistant (NA)-A stated housekeeping had left for the day. NA's were responsible for cleaning in the absence of housekeepers and would only clean when things need to be taken care of immediately; NA-A gave the examples of a spill and/or a "bowel movement mess."<br><br>During an interview on 6/26/23, at 1:53 p.m. registered nurse (RN)-A stated she normally worked on the 200 wing. RN-A indicated she believed the wing was was cleaned once a week, but was unable to recall the last time the it was cleaned.<br><br>During an interview on 6/27/23, at 9:19 a.m. housekeeper (HSK)-A stated she has been employed at the facility for a few years. HSK-A stated she was currently the only housekeeper employed at the facility and normally the facility had 2 or 3 housekeepers. HSK-A did not have a cleaning schedule/checklist, was not documenting when or what areas she cleaned; she was keeping it "in her head". HSK-A stated nursing rarely cleaned up any messes including bowel movement and or spills and would wait for her to arrive in the facility for the messes to be cleaned.<br><br>During an interview on 6/26/23, at 2:57 p.m. administrator stated she was going to attempt to locate a cleaning schedule. administrator stated the maintenance supervisor was also the supervisor of housekeeping. administrator stated, "I know they are supposed to have a schedule for cleaning." Administrator was unable to provide a routine cleaning/housekeeping schedule. | F 921 | | |

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| F 921 | Continued From page 4<br><br>During an interview on 6/27/23, at 10:43 a.m. housekeeping supervisor (HS) indicated he would get complaints about housekeeping from over weekends or after the housekeeper left for the day. HS explained he did not feel the current housekeeper had enough time to complete her job daily; she was doing the job of 2.5 people. HS stated HSK-A was trying to complete 5 resident rooms a day and she kept a list of people that need their rooms cleaned more often. The facility did not have a routine cleaning schedule, the staff knew what to do. HS reported he did not complete audits and/or verify when and how rooms were being cleaned. HS provided Good Samaritan Comfort Care Resident Room Cleaning Process forms. The forms included Healing grace room 201-215, The Lodge rooms 301-315, The Garden 401-415. These forms identified the suggested way to clean the rooms along with spaces to date, time, and initial as completed. HS stated he did not have any completed sheets for the month of June and May's sheets had many holes making it difficult to identify when resident's rooms had last been cleaned.<br><br>Facility policy entitled, Standard or Light Cleaning-Rehab/Skilled, dated 3/29/23, included standard or light cleaning should occur on a daily basis in occupied rooms. If not scheduled daily, the schedule should be adjusted for daily cleaning in rooms where resident is under transmission precautions or conditions that may require more frequent cleaning. | F 921 | | |