Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 12, 2024

Administrator
Good Samaritan Society - Bethany
804 Wright Street
Brainerd, MN 56401

RE: CCN: 245500
Cycle Start Date: December 20, 2024

Dear Administrator:

On January 2, 2024, we informed you that we may impose enforcement remedies.

On January 4, 2024, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

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 Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 20, 2024

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 20, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 20, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

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, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by March 20, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Good Samaritan Society - Bethany will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 20, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 20, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

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 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

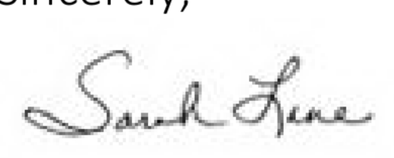
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://forms.web.health.state.mn.us/form/NHDisputeResolution

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,



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

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Electronically delivered

January 12, 2024

Administrator
Good Samaritan Society - Bethany
804 Wright Street
Brainerd, MN 56401

Re: Event ID: 1MDJ11

Dear Administrator:

The above facility survey was completed on January 4, 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245500	A. BUILDING _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BETHANY	804 WRIGHT STREET BRAINERD, MN 56401

(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
F 000	INITIAL COMMENTS On 1/3/24 through 1/4/24, 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. The following complaint was reviewed H55008363C (MN99484), with a deficiency issued at F684. 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. 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 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document	F 684	Disclaimer	2/1/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/17/2024

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 684	Continued From page 1 review, the facility failed to follow physician orders for a non-pressure related wound, to promote healing, for 1 of 3 residents (R1) who were reviewed. Findings include: R1's significant change Minimal Data Set (MDS) dated 10/13/23, identified R1 had diagnoses which included heart failure, diabetes mellitus and depression. R1 was cognitively intact and did not exhibit behaviors of rejection of care. Further, R1's MDS identified no skin concerns. R1's care plan dated 1/3/24, revealed R1 required staff assistance for activities of daily living such as ambulation, transfers, dressing, hygiene, and toileting. R1 exhibited behavior symptom of scratching to point of bleeding related to possible anxiety. R1 had actual skin impairment due to picking of skin and lichen simplex chronicus (skin condition caused by chronic itching and scratching). R1's Skin Observation dated 12/2/23, revealed a new wound noted to right upper posterior inner thigh. Wound was noted to be an upside-down triangle shape measuring approximately 2 centimeters (cm) by 3 cm and 0.5 cm deep. R1's wound was cleansed and Mepilex was applied. R1's Order Summary Report dated 1/3/24, indicated R1 had an order for posterior buttock wounds and scrotal wounds directing staff to cleanse wounds with wound cleanser and pat dry, wipe away loose debris, sprinkle with stoma powder, brush off excess, then apply Calmoseptine ointment or Triad hydrophilic wound filler to cover the areas with reapplication	F 684	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. Nursing staff were reeducated, by DNS or designee, on the importance of following orders as written in the TAR. Additionally nursing staff was reeducated, by DNS or designee that if they are unable to identify the wound or locate required supplies contact a nurse manager. A whole house sweep was done of all residents in the facility with wounds and all nurse staff were reeducated on the importance of following orders as written in the TAR for those residents and all residents going forward with wounds. Nurse station managers will be educated that going forward they will be expected to regularly monitor care of wounds and ensure that they are being done as per the TAR.	

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F 684	Continued From page 2 2 times per day with AM and at bedtime cares. This order had a start date of 1/2/24. R1's Nursing Home note from wound care doctor dated 12/28/23, indicated R1 was being seen for follow-up regarding skin picking wounds. R1 was hospitalized from 12/23/23 until 12/28/23 related to orthostatic hypotension. During hospitalization R1 was also noted to have a new wound on his buttocks right and scrotum. On 1/4/24 at 10:24 a.m., licensed practical nurse (LPN)-A was observed to wash hands in R1's bathroom and apply gloves. R1 was standing in the middle of his room and holding onto his walker. LPN-A did not offer R1 to lay on his bed to complete wound treatment. LPN-A kneeling on the floor stated she noted no open sores on R1's buttocks or scrotum. LPN-A stated she was cleansing the general area with water, dried the area, and applied Calmoseptine ointment. Again, LPN-A stated there were no open wounds or redness noted. R1 stated "it hurts" and stated there were open sores in the area. LPN-A removed gloves and assisted R1 with pulling up his pants. LPN-A exited R1's room. LPN-A failed to use wound cleanser or stoma powder during treatment as ordered. On 1/4/24 at 10:34 a.m., LPN-A stated R1 required assistance with all ADLs and was incontinent of bowel and bladder. LPN-A stated she was aware of R1's wounds on buttocks and scrotum following his recent hospitalization. Further, LPN-A again confirmed she did not see any open wounds while completing R1's wounds treatment but was doing the treatment as preventative in the general area where the wounds were noted in the treatment order. LPN-A	F 684	All residents with wounds with be audited 1x every week for 6 weeks to ensure that the wound care that they are receiving matches what is stated in the TAR. Audits will be reviewed by the QAPI committee and they will give direction for any further needed action. Completed by: February 1, 2024	

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F 684	Continued From page 3 stated she would complete R1's wound treatment while he was standing because R1 won't lay in bed. In addition, LPN-A stated she had completed R1's treatment following his return from his hospitalization and prior to observation on 1/4/24 but had not seen a wound on his bottom. LPN-A also stated she did not use wound cleanser, as ordered, due to it not being available. On 1/4/24 at 11:40 a.m., registered nurse (RN)-A stated R1 was noted to have moisture associated friction wounds on the right and left buttocks. RN-A stated R1 was compliant with laying in bed for wound treatments to be completed and incontinence cares to be completed thoroughly, otherwise he prefers to be in his recliner. RN-A stated licensed nurses were expected to complete all wound care while R1 was lying in bed because when R1 was standing his skin would fold down and staff would not be able to see the wounds. In addition, RN-A stated bariatric resident would be at risk for wounds, especially if they were not mobile and had skin folds, staff would be expected to be thoroughly assessing those folds. On 1/4/24 at 12:49 p.m., RN-A assists R1 to his bed and assists with lifting R1's feet up onto the bed and directs R1 to roll onto his right side. When asked to describe the wounds, RN-A stated the wound on R1's left buttock appeared to be friction related, red/pink wound bed, small amount of drainage, and an area that appears to be scabbed over. RN-A stated on R1's right buttock there was a Mepilex bandage, which she removed, and described the wound as weird edged, V-shaped, with healed areas, minimal discharge and wound bed appeared pink. Further, RN-A stated wounds appeared to be	F 684		

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F 684	Continued From page 4 clean, and no signs of worsening or infection noted, as well as confirmed there was no ointment or powder noted on wounds which would indicate LPN-A did not appropriately complete R1's treatment as ordered. RN-A confirmed wound cleanser was available and staff would be expected to ensure all supplies are in the resident's room per physician order in treatment, prior to starting the treatment. In addition, RN-A stated staff would be expected to have R1 lay in bed on his right side while performing wound care treatment. On 1/4/24 at 2:19 p.m., director of nursing (DON) stated bariatric residents are at high risk for skin concerns and staff would be expected to be assessing, cleaning, and drying high risk areas such as skin folds. DON staff would be expected to have R1 lay in bed to at least complete his wound care and do a real thorough assessment. Further, DON stated if a licensed nurse was completing a treatment order and did not observe a wound or couldn't find the wound the treatment was for the licensed nurse would be expected to find their supervisor or nurse manager to seek clarification. In addition, if the licensed nurse completing treatment could not locate a wound supply that was part of the order, the nurse would be expected to check the supply closet and notify supervisor if there were any supplies needed. Review of facility policy titled Wound Dressing Change revised 12/4/23, directed staff to check physician's order and position resident for comfort and to accommodate dressing change. Purpose of policy and procedure was to promote wound healing and help wound remain free of infection.	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00087	A. BUILDING: _____ B. WING _____	C 01/04/2024

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 1/3/24 through 1/4/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure. The following complaint was reviewed: H55008363C (MN99484). No licensing orders	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 were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. 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.	2 000		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 29, 2024

Administrator
Good Samaritan Society - Bethany
804 Wright Street
Brainerd, MN 56401

RE: CCN: 245500
Cycle Start Date: December 20, 2024

Dear Administrator:

On January 12, 2024, we notified you a remedy was imposed. On February 1, 2024 the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 1, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 20, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 12, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 20, 2024, due to denial of payment for new admissions. Since your facility attained substantial compliance on February 1, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us