Electronically delivered
May 26, 2022

Administrator
Good Samaritan Society - Pipestone
1311 North Hiawatha
Pipestone, MN 56164

RE: CCN: 245591
Cycle Start Date: May 10, 2022

Dear Administrator:

On May 10, 2022, 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 immediate jeopardy (Level J),

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

REMOVAL OF IMMEDIATE JEOPARDY

On May 13, 2022, the situation of immediate jeopardy to potential health and safety cited at F678 was removed.

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 listed below to the CMS Region V Office forimposition: 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).

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. <u>If you have not already provided the following information, you are required to provide to this agency within ten working days of your</u>

receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Good Samaritan Society - Pipestone is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective May 10, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

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:

Tamika.Brown@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) 565-9462

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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@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://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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245591	A. BUILDING _____ B. WING _____	C 05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - PIPESTONE	1311 NORTH HIAWATHA PIPESTONE, MN 56164

(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 5/09/22 and 5/10/22, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The IJ began on 5/1/22, at 12:45 p.m., when R1 was found unresponsive and LPN-A initiated CPR without confirming R1's code status, which was documented as DNR. Additionally, the responding facility staff also failed to identify R1's code status and assisted with CPR until Emergency Services arrived and they were instructed to stop because R1 was showing signs of life. The IJ was removed, and the deficient practice was corrected on 5/3/22, prior to the start of the survey and therefore is being issued at Past Noncompliance. The following complaint was found to be SUBSTANTIATED: H55911160C (MN83173) with a deficiency issued at F678 IJ at Past Noncompliance. The following complaints were found to be UNSUBSTANTIATED: H5591030C (MN81448) and H5591031C (MN81115). Although the provider had implemented corrective action prior to survey, harm or immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000		
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)	F 678		

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

Electronically Signed | 06/02/2022

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 678	Continued From page 1 §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure resident wishes for Do Not Resuscitate (DNR) or cardiopulmonary resuscitation (CPR) were performed for 1 of 1 (R1) resident whose Provider Orders for Life Sustaining Treatment (POLST) identified DNR and CPR was performed when resident was found unresponsive and as a result R1 was resuscitated, sent to the Emergency Department (ED) by Ambulance and sustained fractured ribs. This resulted in an Immediate Jeopardy (IJ) for R1. The IJ began on 5/1/22, at 12:45 p.m., when R1 was found unresponsive and LPN-A initiated CPR without confirming R1's code status, which was documented as DNR. Additionally, the responding facility staff also failed to identify R1's code status and assisted with CPR until Emergency Services arrived and they were instructed to stop because R1 was showing signs of life. The IJ was removed, and the deficient practice was corrected on 5/3/22, prior to the start of the survey and therefore is being issued at Past Noncompliance. Findings include: A Nursing Home Initial Report (NHIR) sent to the State Agency on 5/1/22 indicated, at approximate	F 678	Past noncompliance: no plan of correction required.	

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F 678	Continued From page 2 12:50 p.m. resident was found unresponsive. Nurse initiated CPR and had staff call Ambulance. Upon verification on MN POLST, it was determined resident was DNR and CPR was stopped. Resident was moving arm/had pulse and was sent to the hospital at 1:15 p.m. R1's Face Sheet/Admission Record dated 1/3/22, documented R1 was admitted to the facility on 1/3/22 with diagnosis's of generalized epilepsy and epileptic syndromes, alcohol abuse with alcoholic polyneuropathy, history of transient ischemic attack, cerebral infarction without residual deficits, alcoholic polyneuropathy, and Advanced Directive - MN POLST: do not attempt resuscitation/DNR which indicated if patient had no pulse and was not breathing, allow natural death. During an interview on 5/9/22, at 12:48 p.m. RN-C stated as the admission coordinator, part of the admission process is to complete the POLST. The POLST is reviewed with the resident and/or resident representative to ensure their end-of-life wishes are documented. When the POLST form is completed the physician signs to make it an order and she ensures the order is entered in PointClickCare (PCC). In R1's case, his POLST was DNR. Document review of R1's completed POLST signed by R1 and R1's primary care physician dated 1/3/22, directed "Do Not Attempt Resuscitation / DNR (Allow Natural Death), Comfort-Focused Treatment (Allow Natural Death)," and that R1 was the responsible party who made the DNR decision with his primary care physician. Document review of PCC electronic medical	F 678		

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F 678	Continued From page 3 record dated 1/3/22, documented physician order: "MN POLST: COMFORT-Focused Treatment (Allow Natural Death). Patient prefers no transfer to hospital for life-sustaining treatments." During an interview on 5/9/21, at 1:30 p.m. director of nursing (DON) stated, when a code blue (resident in a medical crisis and/or possible cardiac or respiratory arrest) is announced, all available staff will respond to the identified resident room or location. Typically, the nurse who is calling the code blue will announce it is STAT (immediate response requested) and will assume the nurse leader of the medical situation. When a code blue is initiated, staff will use the Emergency Response Drills (CPR) form to document key components with a timeline of resident care. The Emergency Response Drills (CPR) form, found on top of the crash cart, identifies the questions of, "Code Status Requested by and Code Status Verified by," and is initialed and time documented by the scribe. DON stated an Emergency Response Drills (CPR) form was not completed for R1's medical emergency and should have been. DOC further stated, if the form was used, the question of code status would have been verified. DON stated, we own this; R1 was DNR, and CPR was performed to a successful resuscitation and should not have been. During an interview on 5/9/22, at 10:26 a.m. R1's sister (FM)-A stated the family is very upset and angry with the facility because they did not follow R1's DNR wishes. FM-A indicated that R1 had clearly directed he did not want to be resuscitated if his heart stopped and the facility performed CPR anyway. Additionally, FM-A stated R1 reported to her that he has broken ribs from the	F 678		

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F 678	Continued From page 4	F 678		

facility performing CPR and he is in a lot of pain and R1 further reported he is very angry the facility performed CPR on him because is wishes were in the event he died, he was not to be resuscitated. Adding, He wanted to die but now he is in the hospital and trying to die again. FM-A informed surveyor she was traveling to visit R1 and if was strong enough to talk with the surveyor, they would call. No call was received from R1.

During an interview on 5/9/22, at 1:49 p.m. FM-B stated the family and R1 were very angry with the facility, adding the facility knew R1 was DNR, but they performed CPR and now R1 will have ambulance and hospital bills.

During an interview on 5/10/22, at 12:20 p.m. LPN-B stated resident DNR status is updated/reviewed on all residents every night, and a new master copy is kept in the POLST binder at each nurses station. Staff do not rely on memory or use a cheat sheet because a resident's DNR status may change. In the event of an emergency, the fastest way to know the most current DNR status is for staff to review the POLST binder.

During an interview on 5/10/22, at 12:34 p.m. LPN-C stated the POLST status is updated/reviewed on all residents by the overnight staff and a new master copy is kept in a binder at each nurses station. If there are any changes in POLST status, the overnight staff share this information during the morning end of shift report. It is also shared at each end of shift report each day. The fastest way to know the POLST status of a resident is not to look in PCC, but to review the POLST binder. R1's room is

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F 678	Continued From page 5 next door to the first nurses station so it would have been found quickly. During an interview on 5/9/22, at 2:50 p.m. LPN-A stated on 5/1/22, at approximately 12:45 p.m. she was assessing R1 due to a non-injury fall. LPN-A observed R1's oxygen saturation was declining, his level of consciousness was decreasing, and he was not responding to verbal questions. LPN-A left R1's room to locate an oxygen concentrator and upon returning she observed R1 sitting in his wheelchair, but his upper body was laying on the bed. LPN-A lifted R1's head up and observed that his lips were blue, he was drooling, and had pale facial color. LPN-A stated she tried to obtain a radial pulse and could not find one, and R1 was not breathing. LPN-A radioed for help and started chest compressions while R1 was sitting in his wheelchair. When staff arrived, she directed NA-A to call 911. R1 is a large man so when enough staff arrived, they slid him to the floor and LPN-A resumed CPR. LPN-A stated, no one asked R1's code status and that she did not think of it. LPN-A directed the ZOLL AED+PLUS automated external defibrillator (AED) be placed. The AED audio command directed no shock advised and to start compressions. Approximately five minutes later the ambulance emergency medical technicians (EMT) arrived and instructed staff to stop compressions because R1 was moving. EMT's inquired R1's code status and LPN-A stated she did not know. LPN-A left R1's room, entered R1's medical record in PCC and discovered R1 was DNR. LPN-A stated she did not follow the procedure for verifying code status before starting CPR. During an interview on 5/10/22, at 9:01 a.m. RN-A stated she heard LPN-A call for help over the walkie and quickly responded to R1's room. RN-A	F 678		

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F 678	Continued From page 6 observed LPN-A attempting to perform CPR while R1 was sitting in his wheelchair. Once enough staff responded to R1's room, they slid R1 out of the wheelchair to the floor. LPN-A restarted CPR. RN-A noted R1 was totally incontinent of bowel and bladder. An unknown nursing assistant ran to get the Ambu Bag Resuscitator (Ambu Bag) and AED. After a few minutes of CPR, R1 made a gasping sound. When CPR was stopped, the AED verbally directed that no shock advised and to start compression. When EMT's arrived, they directed staff to stop CPR because R1 was moving. EMT's inquired R1's code status and LPN-A stated she did not know. RN-A indicated there was no scribe during the code and that she assumed the code status was checked before CPR was initiated. When LPN-A returned to R1's room, she reported R1 was DNR. LPN-A confirmed she received re-education on the facility policies following the incident with R1 and was able to provided the surveyor steps she would take in the event she found a resident unresponsive in the future that were consistent to the policy. During an interview on 5/9/22, at 2:47 p.m. RN-B stated hearing a call for help and to bring the Crash Cart to R1's room. When entering R1's room, LPN-A was doing chest compressions and RN-A was placing AED defibrillator pads on R1's chest. RN-B heard the AED audio command instruct for chest compressions to be deeper and no shock advised. RN-B replaced LPN-A for chest compressions and at that time EMT's arrived. EMT's quickly directed to stop compressions due to R1 moving his arms. EMT's asked the code status of R1 and LPN-A stated she did not know. RN-B indicated she assumed the code status was checked before CPR was	F 678		

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F 678	Continued From page 7 initiated. LPN-A left R1's room and upon returning, reported R1 was DNR. RN-B confirmed she received re-education on the facility policies following the incident with R1 and was able to provided the surveyor steps she would take in the event she found a resident unresponsive in the future that were consistent to the policy. During an interview on 5/10/22, at 9:24 a.m. nursing assistant (NA)-A stated hearing a call for help in R1's room and upon entering R1's room, observed LPN-A performing a sternum rub to assess if R1 would respond. R1 did not respond and with the staff who just entered R1's room, they slid R1 from his wheelchair to the floor. LPN-A directed NA-A to call 911 for an ambulance and LPN-A restarted CPR. When NA-A returned to R1's room, RN-A had the Ambu Bag and AED. RN-A and LPN-A attached the AED defibrillator pads to R1's chest and the audio command directed, no shock and to start compressions. NA-A stated CPR had been ongoing for approximately five minutes when the EMT's arrived. EMT's directed staff to stop compressions because R1 was moving his arms. EMT's inquired R1's code status, and LPN-A stated she did not know. LPN-A left R1's room and upon return reported R1 was DNR. NA-A stated, at no time did anyone reviving R1 ask what his code status was. EMT's transported R1 to the local hospital. NA-A confirmed he received re-education on the facility policies following the incident with R1 and was able to provided the surveyor steps he would take in the event he found a resident unresponsive in the future that were consistent to the policy. The Past Noncompliance immediate jeopardy began on 5/01/22. The immediate jeopardy was	F 678		

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F 678	Continued From page 8 removed, and the deficient practice was corrected on 5/3/22, after the facility mandated all nursing staff attend educational presentations on, Group In-Service - Nursing Services Department, CPR/AED Policy/Code Status and the facility policy Cardiopulmonary Resuscitation (CPR) Certification Requirements dated 5/2/22, and Group In-Service - Nursing Services Department, Emergency Response Drills (CPR) dated 5/3/22, to reeducate nursing staff on ensuring the code status is identified before CPR is initiated on a resident. Education documentation for facility staff was reviewed by surveyor and interviews were conducted to ensure competency related to detection, response and reporting while onsite.	F 678		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 26, 2022

Administrator
Good Samaritan Society - Pipestone
1311 North Hiawatha
Pipestone, MN 56164

Re: Event ID: S8LE11

Dear Administrator:

The above facility survey was completed on May 10, 2022 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us