



Protecting, Maintaining and Improving the Health of All Minnesota

Electronically delivered
November 3, 2021

Administrator
Good Samaritan Society - St James
1000 South Second Street
St James, MN 56081

RE: CCN: 245593
Cycle Start Date: October 15, 2021

Dear Administrator:

On October 15, 2021, 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), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

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 October 4, 2021, the situation of immediate jeopardy to potential health and safety cited at F686 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 for imposition: 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. **If you have not already provided the**

following information, you are required to provide to this agency within ten working days of your 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 - St James is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective October 15, 2021. 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" 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

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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/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's

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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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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

PRINTED: 01/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2021
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JAMES			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SOUTH SECOND STREET ST JAMES, MN 56081		
(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	<p>INITIAL COMMENTS</p> <p>On 10/12/21 through 10/15/21, 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.</p> <p>The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F686 began on 9/24/21, when the facility failed to notify the provider for care and treatment orders after an unstageable pressure ulcer (PU) developed for R1 reviewed, which resulted in R1's admission to the hospital due to sepsis where she subsequently died. The administrator and director of nursing were notified of the IJ on 10/15/21, at 10:15 a.m. The administrator and director of nursing were notified of the IJ on 10/15/21, at 10:15 a.m. The IJ was removed, and the deficient practice was corrected on 10/04/21, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>The following complaint was found to be SUBSTANTIATED: H5593032C (MN77161), (MN77186), and (MN77306) with a deficiency issued at F686 IJ Past Noncompliance.</p> <p>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.</p>	F 000			
F 686 SS=J	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)	F 686		11/3/21	

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

TITLE

(X6) DATE

Electronically Signed

11/03/2021

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 686	<p>Continued From page 1</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to notify the provider for care and treatment orders after an unstageable pressure ulcer (PU) developed for 1 of 3 residents (R1) reviewed, which resulted in R1's admission to the hospital due to sepsis (the body 's extreme response to an infection. It is a life-threatening medical emergency) where she subsequently died. This resulted in an Immediate Jeopardy (IJ) for R1.</p> <p>The IJ began on 9/24/21, when the facility failed to notify the provider, upon discovery, that R1 had develop an unstageable PU, provided care (cleansing and a foam dressing) for three days without provider PU orders and then transferred R1 to the hospital where she died four days later of sepsis. The administrator and director of nursing were notified of the IJ on 10/15/21, at 10:15 a.m. The IJ was removed, and the deficient practice was corrected on 10/04/21, prior to the start of the survey and was therefore</p>	F 686	Past noncompliance: no plan of correction required.		

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F 686	<p>Continued From page 2 Past Noncompliance.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 08/23/21, indicated R1 was admitted to the facility on 08/23/21, with the following diagnoses: low back pain due to wedge compression fracture of first lumbar, mild cognitive impairment, abnormalities of gait and mobility, and history of falls. The diagnosis report did not indicate R1 had skin integrity concerns or a PU upon admission.</p> <p>R1's history and physical exam dated 08/17/21, completed by medical doctor (MD)-A did not include concerns with skin integrity or that a PU was present.</p> <p>R1's Admission Minimum Data Set (MDS) dated 08/30/21, documented R1's brief interview for mental status assessment indicating R1 as cognitively intact; PHQ-9 (depression assessment) indicating no depression; assessment for potential indicators of psychosis documented no symptoms and no rejection of care; assist of one with dressing, toilet use, personal hygiene, transferring, and walking; and skin assessment documented no venous or arterial ulcers present.</p> <p>R1's admission Braden Scale for Predicting Pressure Sore Risk dated 08/23/21, indicated R1 was at mild risk for developing a PU.</p> <p>R1's baseline care plan dated 08/23/21, revealed no skin integrity monitoring or PU prevention interventions were developed. On 09/22/21, R1's care plan was updated to include, resident has potential for pressure ulcer development related</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>to wedge compression fracture to first lumbar, evidenced by decline in functional mobility, occasional bladder incontinence, and low back pain. An intervention of adding a pressure relieving/reducing cushion to R1's chair and mattress was added. On 09/24/21, the care plan was updated to include, the resident has an unstageable PU to her coccyx. Interventions include report improvements and declines to the health care provider. R1's medical record documented the health care provider was not contacted until 09/26/21.</p> <p>A review of R1's 09/01/21 - 09/30/21, Treatment Administration Record, revealed there were no point of care (POC) skin integrity or PU interventions.</p> <p>R1's weekly bath schedule with nursing skin assessment were schedule to start 08/24/21. R1's POC documented one bath on 09/21/21. R1's medical record did not document that a nursing skin assessment was completed with the bath.</p> <p>On 09/16/21, RN-A documented a skin assessment as, no skin conditions observed.</p> <p>During an interview on 10/14/21, at 3:57 p.m. NA-B stated on 09/21/21, she gave R1 a sponge bath while R1 was sitting on the toilet and looked for skin integrity issues. NA-B stated she did not see any redness on R1's bottom, but she did not pull R1's buttocks apart to look for redness.</p> <p>A progress note dated 09/23/21, at 2:49 a.m. by RN-B documented R1 has mild pain in her buttocks, however, there was no documentation of a pain assessment or if an intervention was</p>	F 686		

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F 686	<p>Continued From page 4 provided.</p> <p>The facility incident report dated 09/24/21, documented nursing assistant (NA)-A reported R1 had a wound on her coccyx to RN-A. RN-A measured the wound and documented an approximately 5 cm x 6 cm x <0.1 cm, with 25% slough (dead tissue separated from the wound) and 75% eschar (dead tissue resembling scab), unstageable wound. RN-A cleansed the wound with wound cleanser and applied a foam dressing for protection. RN-A further documented she informed the provider and notified the DON.</p> <p>R1's Wound Data Collection form dated 09/24/21, documented RN-A cleaned the wound with wound cleanser and applied a foam dressing for protection. R1's Wound Data Collection form dated 09/25/21, documented RN-A replaced the foam dressing on R1's coccyx. R1's Wound Data Collection form dated 09/26/21, documented RN-A cleaned the wound with wound cleanser and covered with a foam dressing, per DON, until nurse practitioner (NP) can assess in the morning.</p> <p>A progress note dated 09/26/21, at 8:10 p.m. by RN-B documented R1 as being more agitated, confused, and calling out. At 8:30 p.m. NP-B was notified and ordered R1 to be transferred to emergency department (ED) for evaluation.</p> <p>Review of R1's hospital medical record summary with admission date of 09/26/21, indicated R1 was transported to hospital from the facility with increased shortness of breath, increased confusion, and generalized weakness. Medical doctor (MD)-A documented R1 to have a significant necrotizing sacral wound measuring</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>approximately 4 cm in diameter, appears to have some drainage, appearing stage 4, and very foul smelling. MD-A further documented that given the likely source of infection being the sacral wound, the patient was treated with antibiotics and admitted to the medical surgical unit for further care.</p> <p>On 09/27/21, physical therapist (PT)-A documented the sacral wound was assessed and the wound was 100% eschar and has a foul odor.</p> <p>R1's 09/27/21, hospital medical surgical unit admitting diagnosis by MD-B was documented as acute hypoxic respiratory failure and sepsis. MD-B documented on 09/27/21, that R1 was slowly declining and changed R1's code status to do not resuscitate/do not intubate (DNR/DNI). R1's physical condition continued to worsen and R1 died on 09/30/21.</p> <p>During an interview on 10/12/21, at 7:30 a.m. power of attorney (POA) stated R1 was having falls at home and losing weight. R1 was taken to ED for evaluation and emergency doctor (ED)-A recommended R1 be admitted to the facility for short term rehabilitation. POA further stated she believed, "[R1] died from the lack of care she received from the facility."</p> <p>During an interview on 10/12/21, at 1:28 p.m. licensed practical nurse (LPN)-A stated residents have the right to refuse a bath, but nurses must complete the weekly skin assessment. LPN-A stated, if a resident refused to bath, NA will document the refusal in PointClickCare (PCC) electronic medical record and inform the nurse.</p> <p>During an interview on 10/13/21, at 9:25 a.m.</p>	F 686			

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F 686	<p>Continued From page 6</p> <p>NP-A stated she was not contacted regarding R1's PU discovered on 09/24/21, as per RN-A's progress note in PCC. NP-A stated the progress note is simply not true. NP-A stated she discovered that R1 had a PU and was hospitalized on Monday, 09/27/21, during her scheduled resident rounds. On 09/27/21, unknown time, NP-A asked DON why she was not notified immediately of R1's PU. DON indicated he instructed NA-A to put a note in NP-A's communication folder. NP-A stated it was her expectation that for all new wounds or a change in condition, the on-call provider be notified immediately, and a note not just be left in the communication folder.</p> <p>During an interview on 10/13/21, at 10:49 a.m. RN-A stated she completed R1's skin assessment on 09/16/21, and there was no wound at that time. RN-A indicated she was surprised when NA-A informed her there was a foul-smelling wound on R1's coccyx on 09/24/21. RN-A assessed the wound and then reported the new PU to DON. RN-A stated DON directed her to put a foam dressing on the PU and fill out a FAX Communication to Physician form. RN-A stated she completed the form and the DON directed her to give him the form and he would contact NP. RN-A stated as a corporate rapid response nurse, she was not sure what the process was for emergent provider notification for the facility. She further stated although the facility was part of a corporation, each facility does things a little different. She indicated she thought this was the way the facility communicated to providers. RN-A stated she did not call the provider or put the FAX Communication to Physician form in the communication folder.</p>	F 686			

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F 686	<p>Continued From page 7</p> <p>During an interview on 10/13/21, at 10:22 a.m. DON stated from reading R1's progress note dated 09/24/21, at 11:00 a.m. that it indicated RN-A had contacted a provider. DON stated RN-A did report to him that R1 had a new PU and that he directed her to fill out the FAX Communication to Physician form and fax it to the provider. DON stated RN-A did not give him the completed form. DON stated as a director of nursing, that it is not his responsibility to be communicating with providers. DON stated the process was for the nurse to fill out the FAX Communication to Physician and if it is emergent, the nurse would fax the form to the provider, and if it is not emergent, then the form is placed in the communication folder. DON stated in this case a call was warranted to the provider and RN-A did not follow the facility process in contacting the provider. DON stated he does not make the determination of what is emergent or not; it is the responsibility of the RN.</p> <p>During a follow up interview on 10/14/21, at 9:40 a.m. DON confirmed, RN-C completes the assessments for MDS and is responsible for developing/updating the care plan. DON stated, RN-C failed to develop an admission care plan that addressed the risk of skin breakdown.</p> <p>During a follow up interview on 10/14/21, at 9:55 a.m. RN-A stated she performed daily cleaning of the wound but did not measure the wound after 09/24/21. When asked why she did not measure the wound, RN-A stated because it looked the same each day. RN-A stated she did not know if the wound was getting deeper or tunneling.</p> <p>During an interview on 10/14/21, at 2:33 p.m. NP-A stated she was never notified that R1 had a</p>	F 686			

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F 686	<p>Continued From page 8</p> <p>skin wound or pressure ulcer, nor was she notified that R1 had a significant change in condition. NP-A further stated the facility performed pressure ulcer treatment for three days without a provider order.</p> <p>During a follow up interview on 10/15/21, at 2:16 p.m. NP stated if there was a foul odor with a wound or pressure ulcer, it means necrotic tissue (dead and dying tissue). NP further stated if she would have been notified of this assessment of R1's wound, she would have immediately ordered R1 to be transferred to ED-A.</p> <p>The facility Skin Assessment and Pressure Ulcer Prevention and Documentation Requirements policy last revised 04/21/21, directed that a systematic skin assessment will be done daily and if a pressure ulcer is identified to notify the provider.</p> <p>The facility Notification of Change policy last revised 05/27/21, directed nursing staff to immediately notify the physician if new treatment is required or there is a significant change in condition.</p> <p>The Past Noncompliance immediate jeopardy began on 9/24/21. The immediate jeopardy was removed and the deficient practice corrected by 10/4/21 after the facility implemented the following action and re-education for nursing staff: Incident Reports, UDA Completion, and Wound Care Planning Webinar; CMS F686 documentation requirements for PU; Wound Documentation PU Injury Identification & Staging; and reeducation - Care Plans, Assessments, Falls, Wounds, policy for reporting. The facility implemented a plan that included the following</p>	F 686			

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

PRINTED: 01/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2021
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JAMES			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SOUTH SECOND STREET ST JAMES, MN 56081		
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F 686	Continued From page 9 reeducation for NA's: Positioning Resident's in Bed and Wheelchair; Monitoring Resident Skin/Reporting to Nurses and Pressure Points; C.N.A. Communication to Nurses; and Skin and/or Changes to Skin.	F 686			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 3, 2021

Administrator
Good Samaritan Society - St James
1000 South Second Street
St James, MN 56081

Re: Event ID: QYSV11

Dear Administrator:

The above facility survey was completed on October 15, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/15/2021
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JAMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SOUTH SECOND STREET ST JAMES, MN 56081
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 10/12/21 through 10/15/21, 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.</p> <p>The following complaint was found to be</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/03/21
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/15/2021
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ST JAMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SOUTH SECOND STREET ST JAMES, MN 56081
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2 000	<p>Continued From page 1</p> <p>SUBSTANTIATED: H5593032C (MN77161), (MN77186), and (MN77306), however NO licensing orders were issued.</p> <p>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.</p>	2 000		