



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

Electronically Delivered  
September 17, 2021

Administrator  
Good Samaritan Society - Mountain Lake  
745 Basinger Memorial Drive  
Mountain Lake, MN 56159

RE: CCN: 245549  
Cycle Start Date: July 29, 2021

Dear Administrator:

On September 16, 2021, 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.

Feel free to contact me if you have questions.

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 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us



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Electronically delivered  
August 20, 2021

Administrator  
Good Samaritan Society - Mountain Lake  
745 Basinger Memorial Drive  
Mountain Lake, MN 56159

RE: CCN: 245549  
Cycle Start Date: July 29, 2021

Dear Administrator:

On July 29, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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 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.

#### **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" tag), i.e., the plan of correction should be directed to:

**Nicole Osterloh, RN, Unit Supervisor**  
**Marshall District Office**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**1400 East Lyon Street, Suite 102**  
**Marshall, Minnesota 56258-2504**  
**Email: nicole.osterloh@state.mn.us**  
**Office: 507-476-4230**  
**Mobile: (507) 251-6264 Mobile: (605) 881-6192**

#### **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 October 29, 2021 (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).

Good Samaritan Society - Mountain Lake

August 20, 2021

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In addition, if substantial compliance with the regulations is not verified by January 29, 2022 (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](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](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 Poeping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poeping@state.mn.us

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

PRINTED: 08/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245549</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>745 BASINGER MEMORIAL DRIVE MOUNTAIN LAKE, MN 56159</b>		
(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 7/28/21 through 7/29/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaint H5549016C (MN756161) was found to be SUBSTANTIATED with a deficiency cited at F580.  The following complaint H5549016C (MN75112), were found to be UNSUBSTANTIATED.  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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical,	F 580		9/9/21	

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

TITLE

(X6) DATE

Electronically Signed

08/27/2021

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 580	Continued From page 1 mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).  §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).	F 580			

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F 580	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the physician was notified of changes in condition for 1 of 3 resident (R1) following a fall with head trauma.</p> <p>Findings include:</p> <p>R1's 7/15/21, quarterly Minimum Data Set (MDS): quarterly 7/15/21, identified R1's cognition was intact. R1 used a wheelchair and walker for mobility needs. R1 transferred with supervision of 1 staff. R1 required extensive assist of one staff to use the toilet, and for bed mobility. R1 required assistance of one staff to ambulate. R1 was able to transport herself independently to destinations using her wheelchair. R1 was frequently incontinent of urine and occasionally incontinent of bowel. R1 had no pain. R1 had one fall with no injury. R1's diagnoses included history of a stroke, high blood pressure, depression, adjustment disorder with depressed mood, hypothyroidism, chronic pain, right leg pain with cramping and muscle spasms.</p> <p>Review of R1's electronic medical record (EMR) identified the following: R1's 7/15/21, Functional ability assessment identified R1 required partial to moderate assistance to use the toilet and dress. R1 was independent to move in bed, to change position from lying to sitting, and to stand from a seated position, and transfer. R1 required supervision with partial to moderate assistance of one staff while walking.</p> <p>R1's 7/16/21, risk management report identified R1 was found on the bathroom floor lying on her</p>	F 580	<ul style="list-style-type: none"> <li>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.</li> </ul> <p>F580</p> <p>1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice. R1's physician was updated on resident's nausea and dizziness following her fall on July 22nd. Orders were received for CT scan. Ordering physician was asked if he wanted CT scan done that evening or if it could wait until the next day. Physician stated if R1 refused to go that evening then it could be done the next day. R1 refused to go to ER that evening and requested to schedule it the next day. DON called the hospital the following day to schedule the CT scan and scheduler informed DON that the scan would require prior authorization from her insurance which could take a few days. DON notified</p>		



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F 580	<p>Continued From page 3</p> <p>back with her head against wall. R1 had two abrasions to her right arm and bumped the back of her head. R1 was alert and oriented to person, place, time, and situation. R1 identified the wheelchair had moved away from her.</p> <p>Review of R1's July 2021, electronic medication administration record identified R1 used Zofran on 7/16/21, 7/18/21, 7/21/21, and 7/23/21. R1 used Tylenol as needed on 7/17/21 and 7/18/21. R1 had not used any Tylenol or Zofran prior to her fall with head trauma.</p> <p>R1's 7/16/21 through 7/23/21, nurse notes identified R1 received Zofran for nausea, however the notes made no mention R1 had continued headache following her fall with head trauma and made no mention whether the physician was notified of her continued symptoms.</p> <p>R1's neurological status was assessed three times daily between 7/16/21 and 7/23/21. However, the assessment did not include R1's had complaints of nausea, headache and weakness.</p> <p>R1's physician communication notes identified on 7/16/21, R1's provider was faxed regarding R1's fall. The fax made no mention R1 had symptoms of nausea following the fall. Additionally, no faxes were included in the physician communication the physician was notified of R1's continued symptoms of headache and nausea.</p> <p>Interview on 7/28/21, at 9:27 a.m., with registered nurse (RN)-A identified he worked on 7/16/21. R1 was found in her bathroom with her head against the wall, R1 had identified she had bumped her</p>	F 580	<p>ordering physician of this information and the physician instructed staff to send R1 through the ER to have scan completed that day. R1 was sent to the ER via ambulance and CT scan was completed. No head injury was noted.</p> <ul style="list-style-type: none"> <li>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All resident's records were reviewed on July 30, 2021 to ensure none had issues that would require notification of physician. No issues or concerns were identified during this review.</li> </ul> <p>Another review of all residents was completed by the Director of Nursing on August 20, 2021 for any concerns that the physician had not been notified of. No issues or concerns were identified during this review.</p> <ul style="list-style-type: none"> <li>3. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. Re-education will be provided to the licensed nursing staff regarding GSS policy and procedure for notification to physician for significant change on 9/2/21. System change will include having nurses contact the resident's provider or on-call physician if after hours via phone, not fax. Education will include giving a thorough report to the physician on resident condition. This notification will be</li> </ul>		



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F 580	<p>Continued From page 4</p> <p>head on the sink. R1's neurological status assessed and was intact. R1 had no signs of dislocation or rotation in her upper or lower extremities. R1 had no changes in cognition during the shift, and R1 had not requested to see the physician any time after her fall. R1's head hurt following the fall. She had no complaints of hip pain. R1 was given her Tylenol for head pain and Zofran for nausea. R1 remained alert and had no changes in condition during the shift. R1 had a history of nausea. RN-A was unsure of how many times R1 used Zofran for nausea. RN-A notified the physician by fax and had not called the physician to report R1's headache and nausea.</p> <p>Interview on 7/29/21 at 12:18 p.m., with FM-A identified R1 had a stroke a few years ago. R1 had some issues with drooling and had developed a cough about two months ago. FM-A had complained to staff about it during care conferences, but nothing had been done about it. R1 had fallen about 1 month prior to her fall on 7/16/21 but had no injuries following the fall. R1 was not evaluated at the hospital after her first fall, so the physician was unable to determine when the fracture occurred. The day of R1's fall FM-A went to the facility to check on R1. R1 was anxious and requested FM-A to stay. R1 was unable to care for herself and was upset because staff kept telling her she was independent and could care for herself without assistance. FM-A had not called staff to assist R1 at that time. During the visit, R1 complained of an upset stomach and was given Zofran. On 7/22/21, FM-A attended a care conference for R1. R1's symptoms of headache and nausea were addressed. FM-A commented to the facility staff her symptoms sounded like a concussion. FM-A</p>	F 580	<p>documented in the resident record.</p> <ul style="list-style-type: none"> <li>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</li> </ul> <p>All residents who have had a fall will be audited to ensure any change in condition was communicated to the physician timely. These audits will be done by DNS or designee weekly X 4 then monthly X 3. Results will be taken to Quality Committee monthly for further recommendations.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 580	<p>Continued From page 5</p> <p>indicated the facility had contacted the doctor after the care conference. R1's provider was contacted and R1 was sent to the ED for evaluation.</p> <p>Interview on 7/29/21 at 12:45 p.m., with R1 identified she was alert and oriented to person, place, time and situation. R1 identified she had fallen in her bathroom about two weeks ago and had had hit her head on the sink and ended up with a bump on her head. After the fall R1 had increased headache, nausea and dizziness while standing. R1 reported this to the nurses and wanted to go to the doctor. R1 was told she was fine and there was no need for her to be seen. Staff provided her with Tylenol and Zofran to relieve her symptoms.</p> <p>Interview on 7/29/21 at 10:53 a.m., with the director of nursing (DON) identified she acted as the charge nurse for the past month due to low census staff reductions. She worked the day R1 fell. R1's family member visited the facility after the fall and remained with R1 until she went to bed. The DON recalled FM-A visited R1 after the fall and was concerned R1 was moving slower than usual. The DON spoke with FM-A and offered to have her evaluated by physical therapy (PT). The DON was not aware notified R1 had nausea and a headache after her fall. On 7/22/21, R1 had a care conference. R1's fall and symptoms were discussed, and R1's physician was contacted regarding her symptoms. R1's physician ordered her to have a CT-scan. R1's insurance required prior authorization, and the physician was contacted. He ordered R1 to go the ED on 7/22/21 or 7/23/21 for a CT scan. R1 chose to go to the ED on 7/23/21 for the CT-scan. At the ED R1 was found to have an old</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>hip fracture. At the ED, she was transferred to a facility able to provide a higher level of care. R1 returned to the facility on 7/27/21, with diagnoses of pneumonia and an old hip fracture. Head trauma was ruled out at the hospital. The DON agreed nausea and headache, and weakness could indicate head injury, and agreed the physician should have been contacted when symptoms developed the evening of her fall. She expected nursing staff to document any signs of head trauma in the neurological assessment located in the EMR and notify the physician of changes in R1's status by phone rather than by fax when symptoms of head trauma were present. Staff were also expected to contact her if they were unsure and had questions regarding resident care.</p> <p>Interview on 7/29/21 at 2:30 p.m., with the administrator identified she expected staff to follow the procedures for resident change in status and to notify the physician when residents had symptoms of potential head trauma. Staff were also expected to follow the fall policy and procedures, physician orders. They were expected to document any symptoms present in the neurological assessment, including headache and nausea.</p> <p>The 4/6/21, Fall Prevention and Management policy and procedure identified the nurse was to observe the resident and perform a full-body exam to determine any suspicion of injury, assess neurological status, and continue to monitor the resident's condition and communicate updates as needed. Document resident information in nurse notes. Residents with suspected head injury were to be notified by phone and not by fax.</p>	F 580			



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Electronically delivered  
August 20, 2021

Administrator  
Good Samaritan Society - Mountain Lake  
745 Basinger Memorial Drive  
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Re: State Nursing Home Licensing Orders  
Event ID: D6YI11

Dear Administrator:

The above facility was surveyed on July 28, 2021 through July 29, 2021 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](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.

*An equal opportunity employer.*

Good Samaritan Society - Mountain Lake

August 20, 2021

Page 2

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:

**Nicole Osterloh, RN, Unit Supervisor  
Marshall District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
1400 East Lyon Street, Suite 102  
Marshall, Minnesota 56258-2504  
Email: nicole.osterloh@state.mn.us  
Office: 507-476-4230  
Mobile: (507) 251-6264 Mobile: (605) 881-6192**

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.



Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
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:  <b>00755</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - MOUNTAIN LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>745 BASINGER MEMORIAL DRIVE MOUNTAIN LAKE, MN 56159</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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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: A complaint investigation was conducted on 7/28/21 through 7/29//21, to investigate complaint H5549016C (MN)75112. As a result the following was identified:</p> <p>The following complaint H5549016C (MN756161) was found to be SUBSTANTIATED with a</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 <b>08/27/21</b>
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Minnesota Department of Health

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2 000	Continued From page 1  deficiency cited at F580 with licensing orders issued at 1830.  The following complaint H5549016C (MN75112), were found to be UNSUBSTANTIATED.  The facility is enrolled in the electronic Plan of Correction (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	2 000		
21830	MN St. Statute 144.651 Subd. 10 Patients & Residents of HC Fac.Bill of Rights  Subd. 10. Participation in planning treatment; notification of family members.  (a) Residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative or both. In the event that the resident cannot be present, a family member or other representative chosen by the resident may be included in such conferences.  (b) If a resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the resident as the person to contact in an emergency that the resident has been admitted to the facility. The facility shall allow the family member to participate in treatment	21830		9/9/21



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21830	Continued From page 2  planning, unless the facility knows or has reason to believe the resident has an effective advance directive to the contrary or knows the resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the resident has executed an advance directive relative to the resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include: (1) examining the personal effects of the resident; (2) examining the medical records of the resident in the possession of the facility; (3) inquiring of any emergency contact or family member contacted under this section whether the resident has executed an advance directive and whether the resident has a physician to whom the resident normally goes for care; and (4) inquiring of the physician to whom the resident normally goes for care, if known, whether the resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights. (c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by	21830		

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21830	<p>Continued From page 3</p> <p>examining the personal effects of the resident and the medical records of the resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the physician was notified of changes in condition for 1 of 3 resident (R1) following a fall with head trauma.</p> <p>Findings include:</p> <p>R1's 7/15/21, quarterly Minimum Data Set (MDS): quarterly 7/15/21, identified R1's cognition was intact. R1 used a wheelchair and walker for mobility needs. R1 transferred with supervision of 1 staff. R1 required extensive assist of one staff to use the toilet, and for bed mobility. R1 required assistance of one staff to ambulate. R1 was able</p>	21830	Corrected.	

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21830	<p>Continued From page 4</p> <p>to transport herself independently to destinations using her wheelchair. R1 was frequently incontinent of urine and occasionally incontinent of bowel. R1 had no pain. R1 had one fall with no injury. R1's diagnoses included history of a stroke, high blood pressure, depression, adjustment disorder with depressed mood, hypothyroidism, chronic pain, right leg pain with cramping and muscle spasms.</p> <p>Review of R1's electronic medical record (EMR) identified the following: R1's 7/15/21, Functional ability assessment identified R1 required partial to moderate assistance to use the toilet and dress. R1 was independent to move in bed, to change position from lying to sitting, and to stand from a seated position, and transfer. R1 required supervision with partial to moderate assistance of one staff while walking.</p> <p>R1's 7/16/21, risk management report identified R1 was found on the bathroom floor lying on her back with her head against wall. R1 had two abrasions to her right arm and bumped the back of her head. R1 was alert and oriented to person, place, time, and situation. R1 identified the wheelchair had moved away from her.</p> <p>Review of R1's July 2021, electronic medication administration record identified R1 used Zofran on 7/16/21, 7/18/21, 7/21/21, and 7/23/21. R1 used Tylenol as needed on 7/17/21 and 7/18/21. R1 had not used any Tylenol or Zofran prior to her fall with head trauma.</p> <p>R1's 7/16/21 through 7/23/21, nurse notes identified R1 received Zofran for nausea, however the notes made no mention R1 had continued headache following her fall with head</p>	21830		

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21830	<p>Continued From page 5</p> <p>trauma and made no mention whether the physician was notified of her continued symptoms.</p> <p>R1's neurological status was assessed three times daily between 7/16/21 and 7/23/21. However, the assessment did not include R1's had complaints of nausea, headache and weakness.</p> <p>R1's physician communication notes identified on 7/16/21, R1's provider was faxed regarding R1's fall. The fax made no mention R1 had symptoms of nausea following the fall. Additionally, no faxes were included in the physician communication the physician was notified of R1's continued symptoms of headache and nausea.</p> <p>Interview on 7/28/21, at 9:27 a.m., with registered nurse (RN)-A identified he worked on 7/16/21. R1 was found in her bathroom with her head against the wall, R1 had identified she had bumped her head on the sink. R1's neurological status assessed and was intact. R1 had no signs of dislocation or rotation in her upper or lower extremities. R1 had no changes in cognition during the shift, and R1 had not requested to see the physician any time after her fall. R1's head hurt following the fall. She had no complaints of hip pain. R1 was given her Tylenol for head pain and Zofran for nausea. R1 remained alert and had no changes in condition during the shift. R1 had a history of nausea. RN-A was unsure of how many times R1 used Zofran for nausea. RN-A notified the physician by fax and had not called the physician to report R1's headache and nausea.</p> <p>Interview on 7/29/21 at 12:18 p.m., with FM-A identified R1 had a stroke a few years ago. R1</p>	21830		

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21830	<p>Continued From page 6</p> <p>had some issues with drooling and had developed a cough about two months ago. FM-A had complained to staff about it during care conferences, but nothing had been done about it. R1 had fallen about 1 month prior to her fall on 7/16/21 but had no injuries following the fall. R1 was not evaluated at the hospital after her first fall, so the physician was unable to determine when the fracture occurred. The day of R1's fall FM-A went to the facility to check on R1. R1 was anxious and requested FM-A to stay. R1 was unable to care for herself and was upset because staff kept telling her she was independent and could care for herself without assistance. FM-A had not called staff to assist R1 at that time. During the visit, R1 complained of an upset stomach and was given Zofran. On 7/22/21, FM-A attended a care conference for R1. R1's symptoms of headache and nausea were addressed. FM-A commented to the facility staff her symptoms sounded like a concussion. FM-A indicated the facility had contacted the doctor after the care conference. R1's provider was contacted and R1 was sent to the ED for evaluation.</p> <p>Interview on 7/29/21 at 12:45 p.m., with R1 identified she was alert and oriented to person, place, time and situation. R1 identified she had fallen in her bathroom about two weeks ago and had hit her head on the sink and ended up with a bump on her head. After the fall R1 had increased headache, nausea and dizziness while standing. R1 reported this to the nurses and wanted to go to the doctor. R1 was told she was fine and there was no need for her to be seen. Staff provided her with Tylenol and Zofran to relieve her symptoms.</p> <p>Interview on 7/29/21 at 10:53 a.m., with the</p>	21830		

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21830	<p>Continued From page 7</p> <p>director of nursing (DON) identified she acted as the charge nurse for the past month due to low census staff reductions. She worked the day R1 fell. R1's family member visited the facility after the fall and remained with R1 until she went to bed. The DON recalled FM-A visited R1 after the fall and was concerned R1 was moving slower than usual. The DON spoke with FM-A and offered to have her evaluated by physical therapy (PT). The DON was not aware notified R1 had nausea and a headache after her fall. On 7/22/21, R1 had a care conference. R1's fall and symptoms were discussed, and R1's physician was contacted regarding her symptoms. R1's physician ordered her to have a CT-scan. R1's insurance required prior authorization, and the physician was contacted. He ordered R1 to go the ED on 7/22/21 or 7/23/21 for a CT scan. R1 chose to go to the ED on 7/23/21 for the CT-scan. At the ED R1 was found to have an old hip fracture. At the ED, she was transferred to a facility able to provide a higher level of care. R1 returned to the facility on 7/27/21, with diagnoses of pneumonia and an old hip fracture. Head trauma was ruled out at the hospital. The DON agreed nausea and headache, and weakness could indicate head injury, and agreed the physician should have been contacted when symptoms developed the evening of her fall. She expected nursing staff to document any signs of head trauma in the neurological assessment located in the EMR and notify the physician of changes in R1's status by phone rather than by fax when symptoms of head trauma were present. Staff were also expected to contact her if they were unsure and had questions regarding resident care.</p> <p>Interview on 7/29/21 at 2:30 p.m., with the administrator identified she expected staff to</p>	21830		
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21830	<p>Continued From page 8</p> <p>follow the procedures for resident change in status and to notify the physician when residents had symptoms of potential head trauma. Staff were also expected to follow the fall policy and procedures, physician orders. They were expected to document any symptoms present in the neurological assessment, including headache and nausea.</p> <p>The 4/6/21, Fall Prevention and Management policy and procedure identified the nurse was to observe the resident and perform a full-body exam to determine any suspicion of injury, assess neurological status, and continue to monitor the resident's condition and communicate updates as needed. Document resident information in nurse notes. Residents with suspected head injury were to be notified by phone and not by fax.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> Social Service and/or their designee could develop /revise policies for resident choices and educate all facility staff on those policies. The DON and/or designee could conduct resident interviews to ensure resident choices are being honored, reviewed then audit to ensure compliance.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	21830		