

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 355093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - BOTTINEAU		STREET ADDRESS, CITY, STATE, ZIP 725 E 10TH ST BOTTINEAU, ND 58318	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on record review and staff interview, the facility failed to document required COVID-19 test documentation for 6 of 6 sampled residents (Resident #1, #2, #3, #4, #5, and #6), and failed to store COVID-19 test results for staff in a secure manner. Failure to document COVID-19 testing and test results in each residents' medical record may lead to a lack of further required interventions and/or an incomplete medical record, and failure to store staff COVID-19 results in a secure manner does not ensure confidentiality of health information. Findings include: Review of resident medical records occurred on 10/29/20 and showed Resident #1, #2, #3, #4, #5, and #6's records failed to contain documentation of COVID-19 testing completed and test results. During an interview on 10/28/20 at 1:00 p.m., an administrative staff member (#1) confirmed the resident medical records lacked documentation of COVID-19 testing completed and the test results. During an interview the afternoon of 10/28/2020, an administrative staff member (#1) stated the staff COVID-19 test results were located on top of the desk in his/her office that is not locked during the day even when unattended, and agreed the staff COVID-19 test results were not stored in a secure manner.</p>		

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

TITLE

(X6) DATE

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.