STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355100	A. BUILDING _____ B. WING _____	C 03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - DEVILS LAKE	302 7TH AVE NE DEVILS LAKE, ND 58301

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F 000	INITIAL COMMENTS For the complaint survey completed March 7, 2012, the sample included 6 sampled residents.	F 000	**General Disclaimer** 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 allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and review of facility policies and procedures, the facility failed to ensure 1 of 1 sampled resident (Resident #3) who experienced shoulder pain following a fall received the appropriate care and services necessary to treat her medical condition. Failure to appropriately assess and identify the cause of Resident #3's continued shoulder pain resulted in the resident experiencing avoidable pain and delayed treatment of the clavicular fracture. Findings include: Review of the facility policy titled "Pain Data Collection and Management" occurred on 03/07/12. This policy, dated November 2009, stated, ". . . Procedure . . . 2. Use the Pain Data Collection Supplement Tool . . . to identify pain and document on the Pain Data Collection Tool. . . . 5. Develop care plan including pain, goal and	F 309	F 309 Provide Care/Services for Highest Well Being **This is what the facility will do to correct the specific problems, found related to the specific resident identified.**	

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

Administrator — 4-4-2012

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 309	Continued From page 1 interventions: a. define on care plan what pain scale is being used. . . . 10. Document summarization of pain analysis on Pain Data Collection Tool . . . This is to be completed . . . for residents on a pain management program. Include . . . resident's general condition noting any significant changes . . . cognitive status, behavior manifestations or occurrence of new pain and resident's acceptance of pain level. . . ." Resident #3's medical record, reviewed on 03/07/12, identified the facility admitted the resident in 2002. Resident #3's diagnoses included senile dementia, depression, cerebrovascular disease, fall resulting in right clavicular fracture, and pain. The quarterly Minimum Data Set (MDS), dated 01/28/12, identified Resident #3 as having severely impaired cognitive skills. The Incident Details report, dated 02/05/12, identified facility staff found Resident #3 on the floor in the hallway "on her back [with] her legs curled up." The resident had fallen "face first out of w/c." Facility staff identified Resident #3 had a "10 cm [centimeter] x [by] 5 cm goose-egg" on her forehead, and "pain, but no visible injury" to her right shoulder. Facility staff performed a "physical", called 911, and transferred the resident to the emergency room. The facility failed to provide a copy of the resident's transfer form upon request. The Emergency Room Report, dated 02/05/12, identified Resident #3 "was brought in by ambulance. . . . She was moaning and crying out in pain. . . . She is unable to focally identify what is hurting. . . . she does have a history of	F 309	2-14-12 Resident #3 was diagnosed with a right clavicle fracture. Resident continues to receive appropriate pain medication. The Physical Therapy evaluation did not indicated a need for therapy. Resident #3 has returned to baseline functioning. **This is what the facility will do to identify and correct any problems found with other residents who also could be affected by the facility practice.** The Director of Nursing Services/Designee will review all residents who have fallen in the past 30 days. The review will include evaluating for changes in pain by completing a pain assessment. Care plans will be updated as needed to address any pain related to the fall. Completion Date 4-10-12 **This is what the facility will do or changes it will make to the systems that will prevent this problem from reoccurring in the future.** All licensed staff will be educated on Pain Data Collection Management. Education will include a written test. Director of Nursing Services will be responsible to make sure the	

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F 309	Continued From page 2 dementia, so she is not an excellent historian by any means. . . . CT [computed tomography] of the head, C-spine, hips and pelvis was done. . . . no bleeding was seen on the CT scan. No fractures were seen in the abdomen and pelvis. . . . She will be sent back to the nursing home with some morphine orders . . ." Resident #3's Physician Orders identified the following: * 01/10/12, Tylenol 500 mg prn for pain * 02/05/12, Morphine 2.5 - 5 mg as needed for pain Resident #3's February 2012 Medication Administration Record (MAR) identified the following: * 500 mg prn Tylenol given on 02/08/12 * 2.5 mg prn Morphine given on 02/05/12 and 02/06/12 for right shoulder pain * 5 mg prn Morphine given on 02/11/12, 02/12/12, 02/13/12 for right shoulder pain Resident #3's Interdisciplinary Progress Notes identified the following: * 02/05/12 at 10:15 p.m., "Res [Resident] is sleeping at present, gave prn [as needed] morphine at 9:30 p.m. as res restless [and] appears to be grimacing in pain. . . . Hematoma to forehead is spreading, bruising now noted to temple/cheek area." * 02/06/12 at 3:20 p.m., ". . . Given morphine 2.5 mg [milligrams] for shoulder pain at 1:45 [p.m.] [with] good results. . . ." * 02/07/12 at 3:40 p.m., "Resident has no c/o [complaints of] pain today. Head and eye bruised. . . ." * 02/08/12 am, "[No] c/o [complaint/of] [sic] this	F 309	education is completed by April 10, 2012. **This is how the facility will monitor to make sure the changes continue and the problem is prevented.** The Director of Nursing Services/Designee will complete a Quality Round Pain Assessment audit. The audit will check to make sure appropriate pain assessments are completed in a timely manner. Results of this audit will be reported to the Continuous Quality Improvement (CQI) Committee on a monthly basis. The reports will be submitted for ~~3~~ months and then as directed by the CQI Committee. Completion of first audit by 4-10-12.	phone call 04/10/12 4:40 pm 5 administrator changed to 6 months... BN

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F 309	Continued From page 3 shift. Forehead and eye bruised. . . ." * 02/13/12 8:10 a.m., "Res having shoulder pain only when arm raised. CN [charge nurse] palpated arm [no] pain . . . but res c/o Lt [left] [sic] arm pain when res arm lifted to about 75% angle from body. res arm lowered. CN called . . . xray dept [department]. CN [questioned] if res [sic] arm was xrayed when res in ER [after] fall - the xray dept did not do an xray. CN . . . called . . . MD [medical doctor] on call . . . req [requested] xray of arm [and] shoulder. . . ." * At 3:20 p.m., "Dr. [doctor] . . . called he reported preliminary dx [diagnoses] of dislocated Rt [right] shoulder [and] clavicular fx [fracture] . . . ordered a sling . . ." * At 4:05 p.m., "[Facility staff] applied sling res c/o shoulder pain - prn pain med given. . . ." * 02/14/12 at 11:50 a.m., "Dr. . . . called res has fx of clavicle [no] dislocation of shoulder [with] recent xray. . . ." The first Pain Data Collection Tool completed, dated 02/14/12, identified Resident #3 had pain in her "right shoulder/arm," and demonstrated "occasional labored breathing, occasional moan/groan, facial grimacing, guarding, unable to console, distract, or reassure." She received a Pain Assessment in Advanced Dementia (PAINAD) score of 8, indicating severe pain. Resident #3's Pain Care Plan, dated 02/14/12, identified, ". . . 2. Use Pain Scale (Facial Expressions) . . . 7. Provide prn pain med prior to am/hs [night] cares as needed 8. Sling to R) [right] arm." During an interview on 03/07/12 at 1:10 p.m., when asked if Resident #3 demonstrated any	F 309		

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F 309	Continued From page 4 signs of being in pain, a CNA (#1) stated, "After her fall, that shoulder really hurt when I would have to do cares for her . . . rolling her around, getting the [lift] sling under her, putting her clothes on her, especially to her bad side." The CNA (#1) also described the resident as grimacing, taking "her good arm and grabbing her bad arm," and saying "ow ow ow" or "My shoulder." When asked how often Resident #3 demonstrated signs of being in pain, the CNA (#1) stated, "Every day she had pain, every transfer. I reported it to the charge nurse." She could not confirm if the nurse assessed the resident during cares. During an interview on 03/07/12 at 1:30 p.m., when asked if Resident #3 demonstrated any signs of pain, a CNA (#2) stated, "I saw her a few days after her fall, and she would "grimace when [we were] turning her, squinting her eyes. She does say 'That hurts. I hurt. It just hurts like heck.'" The CNA (#2) also stated, "I went to the charge nurse. I was really concerned and wanted to know what to do for her." She could not confirm if the nurse assessed the resident during cares. During an interview on 03/07/12 at 11:30 a.m., when asked if direct care staff reported Resident #3 being in pain, a nursing staff member (#3) stated, "They'd [CNAs] say she complained of a lot of pain with repositioning, moving . . . I'd go in and ask her [if she was in pain] and she'd say 'No.'" She also stated, "She'd deny [being in] pain, even after she cried out in pain." The nursing staff member (#3) identified the resident's complaints of pain should have been documented in the Interdisciplinary Notes. Review of the	F 309		

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F 309	Continued From page 5 Interdisciplinary Notes revealed no documentation addressing the CNA's reports of Resident #3's pain with cares until 02/13/12. During an interview on 03/07/12 at 2:40 p.m., when asked if direct care staff reported Resident #3's pain, a managerial nursing staff member (#4) confirmed the CNAs reported the resident was in pain during cares. When asked how facility staff followed-up on the resident's shoulder injury/pain after she returned to the facility from the ER, the managerial nursing staff member (#4) stated "If you sent them [the resident to ER], you'd imagine they'd check it. The [facility] nurse should have done a pain assessment then [on 02/05/12]." The facility was unable to provide evidence to indicate the hospital was informed of Resident #3's complaint of right shoulder pain after the fall on 02/05/12. Failure of the facility staff to assess and identify the cause of Resident #3's continued shoulder pain resulted in the resident experiencing avoidable pain and delayed treatment of the clavicular fracture.	F 309		