STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355099	A. BUILDING _____ B. WING _____	C 10/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - MOTT	401 MILLIONAIRE AVE MOTT, ND 58646

(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
E 000	Initial Comments A COVID-19 Emergency Preparedness Survey was completed by the Centers for Medicare and Medicaid Services (CMS) on 10/06/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024(b)(6).	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey and complaint was conducted on 10/06/20. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) recommended practices to prepare for COVID-19. The facility had 0 COVID-19 positive residents in the facility at this time.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.	F 623		11/4/20

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

Electronically Signed | 10/30/2020

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F 623	Continued From page 1 §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;	F 623		

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F 623	Continued From page 2 (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced	F 623		

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F 623	Continued From page 3 by: Based on information provided by the complainant, record review and staff interview, the facility failed to provide residents or their representatives and the State Long Term Care (LTC) Ombudsman a written notice of transfer as soon as practicable for 2 of 3 sampled residents (Resident #2 and #3) transferred to the hospital from the facility. Failure to provide notices of transfer does not allow residents and/or representative to make informed decisions or inform the Ombudsman of all transfers. Findings include: Information provided by the complainant indicated the facility failed to provide a completed transfer form to the family for the resident's transfer on 06/08/20. Review of Resident #2's medical record occurred the afternoon of 10/06/20. The record showed the facility transferred Resident #2 to an acute care hospital on 06/08/20. The record lacked evidence the facility completed or provided a transfer form to the resident, representative, or Ombudsman. Review of Resident #3's medical record occurred the afternoon of 10/06/20. The record showed the facility transferred Resident #3 to an acute care hospital on 08/02/20. The record lacked evidence the facility completed or provided a transfer from to the resident, representative, or Ombudsman. During an interview the afternoon of 10/06/20, an administrative staff member (#1) confirmed a	F 623	F623 1) The corrective action accomplished for resident #2 and#3 who□s discharge/transfer process was found to be deficient in providing complete transfer from/notification to Family, Representative and/or Ombudsman has been updated on October 30, 2020 to comply with F623 2) The facility recognizes that all residents have the potential to be affected by the same deficient process. 3) The facility will implement an educational in-service in the Discharge/Transfer Process to capture 100% of licensed staff. 4) The Facility will implement the QA process to monitor the Transfer/Discharge Process by designing and creating an auditing tool to capture required measures in the Discharge /Transfer process. (See attached) 5) A Discharge/Transfer team will be implemented to which in standup meetings all transfers and discharges will be monitored and discussed to ensure all measures required will be in compliance F623. The Discharge/Transfer Team will review the monitoring tool and record any deficiencies or concerns that require immediate corrections.	

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F 623	Continued From page 4 transfer notice was not completed on Resident #2 and #3 prior to their hospital transfer.	F 623	6) The Facility will assign the Quality Assurance/Social Services and /or other designee to monitor this process by using weekly, monthly and Quarterly audits to ensure an our Resident/Family/Representative/Ombudsman are provide with notification of all Transfer/Discharge within this facility. Audits on all future discharges will be completed weekly x 4, Monthly x 4, then quarterly x 1 year. Results will be reported to the QAPI team with corrective action implemented. Deficiencies will be reported to the Administrator and the Director of Nursing Services immediately. 7) Corrective action completion date: 11/01/2020	