

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 355099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - MOTT		STREET ADDRESS, CITY, STATE, ZIP 401 MILLIONAIRE AVE MOTT, ND 58646	
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	Based on record review and staff interview, the facility failed to document required COVID-19 test documentation for 3 of 3 sampled residents (Resident #1, #2, and #3). Failure to document COVID-19 testing results in each residents' medical record may lead to a lack of further required interventions and/or an incomplete medical record. Findings include: Review of resident medical records occurred on 10/26/20 and showed Resident #1, #2, and #3's records failed to contain documentation of COVID-19 negative test results. During an interview on 10/26/20 at 3:00 p.m., an administrative staff member (#1) confirmed the facility failed to ensure all resident medical records contained documentation of all COVID-19 negative laboratory test results.		

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.