

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Prescott Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 3380 North Windsong Drive Prescott Valley, AZ 86314	

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)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51124</p> <p>Based on clinical record review, staff interviews, and facility documentation and policy review, the facility failed to ensure a baseline care plan was developed and implemented timely for one resident (#20). The deficient practice could lead to decreased communication and coordination between interdisciplinary team members, leading to a decreased quality of care for a resident.</p> <p>-Findings include:</p> <p>Resident #20 was admitted [DATE], with diagnoses that included neurocognitive disorder, major depressive disorder, anxiety disorder, Parkinson's disease, other Alzheimer's disease, difficulty in walking, muscle weakness, and nondisplaced fracture of surgical neck of left humerus.</p> <p>An MDS (minimum data set) assessment had not been completed due to the resident's newly admitted status.</p> <p>A Fall Risk Evaluation dated March 15, 2025, revealed the resident was at high risk for falls.</p> <p>A progress note dated March 15, 2025 revealed the resident tended to yell and call out often during the shift. Water and call light are within reach, however the resident appears not to be able to use the call light adequately.</p> <p>There was no evidence of a baseline care plan completed within 48 hours of admission.</p> <p>A progress note dated March 16, 2025, revealed Resident #20 had legs over the side of the bed in an attempt to get up. The resident was re-adjusted onto the bed. Fall mats are on both sides of the bed, and the bed is in the lowest position with the call light within reach.</p> <p>A progress note dated March 17, 2025, revealed the resident was observed sitting on the floor next to his bed. The bed was in the lowest position and the fall mat was in place. Resident reports trying to get up to go to the bathroom and forgot to use the call light for assistance. Proper notifications were made.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note dated March 18, 2025, revealed a nursing assistant found the resident in the room, laying on the floor on the fall mat. The resident did not press the call button. The bed was in the lowest positions and the call light was in reach. Non-slip socks were on both of the resident's feet. The patient stated he was trying to put his shoes on. Fall protocol was initiated.</p> <p>A Baseline Care Plan dated March 18, 2025, and signed March 20, 2025, revealed the resident had a history of falls.</p> <p>A care plan dated March 19, 2025, revealed the resident had falls on March 17 and March 18, 2025, with interventions including to have call light within reach, room close to nurse's station, check range of motion at time of fall.</p> <p>An interview was conducted with the Assistant Director of Nursing (ADON / Staff #18) on March 25, 2025, at 1:41 PM. The ADON stated that the facility identifies residents who are at risk for falls from information received upon admission. The facility then places interventions to reduce fall risk as appropriate. The ADON stated that the facility has the baseline care plan and the comprehensive care plan to ensure all members of the interdisciplinary team are on the same page as far as implementing the recommended interventions for a resident. The ADON stated the baseline care plan is located in the electronic medical record under the assessments tab. The ADON stated that if there was poor communication between the interdisciplinary team members, then a resident could be injured if high risk for falls. Additionally, the ADON stated it was her understanding that baseline care plans needed to be completed within 48 to 72 hours of a resident's admission. The medical record was reviewed, and the ADON confirmed that Resident #20 admitted [DATE], and stated that the baseline care plan was not initiated for Resident #20 until March 18, 2025.</p> <p>An interview was conducted with the Social Services Director (SSD / Staff #26) on March 25, 2025, at 1:53 PM. The SSD stated that any staff can initiate the baseline care plan for a resident, and that it needs to be completed within the first 48 hours after a resident's admission. The SSD stated that facility has the baseline care plan under the list of assessments in the electronic medical record, additionally, the SSD stated there was no baseline care plan prior to March 18, 2025, for Resident #20.</p> <p>On March 25, 2025, at 2:09 PM, an interview was conducted with the Director of Nursing (DON / Staff #61). The DON stated that the baseline care plan is located in the assessments list, and is supposed to be opened and completed within 48 hours of a resident's admission. The DON stated that the baseline care plan provides an overview of the patient, and the importance of it is to give the care team members an idea of how to provide care for the resident. The DON stated that if a resident was at high risk for falls, then it should be on the baseline care plan. The clinical record was reviewed for Resident #20 and the DON stated that there was no baseline care plan prior to March 18, 2025, and that it would be her expectation for staff to complete it within the required 48 hours.</p> <p>Review of the facility policy titled Care Planning, revised January 2024, revealed the facility will develop a baseline and/or comprehensive care plan for each resident in accordance with OBRA and MDS guidelines. The facility will develop a person-centered baseline care plan for each resident within 48 hours of admission.</p>		