

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2130 Harrison Street Quincy, IL 62301	

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 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2130 Harrison Street Quincy, IL 62301	
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 0580 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was provided timely provider notifications to ensure medical intervention was received with an acute change in condition for one of four residents (R1) reviewed for change in condition in the sample of four. This failure resulted in R1 experiencing a delay in evaluation and treatment while experiencing an acute ischemic stroke. Findings include: The facility's Change in Resident Condition Policy, dated 10/8/24, documents, Standard: The attending physician, resident representative, and RCC (Resident Care Coordinator) will be notified of any change in the condition of a resident. Policy: A significant change in a resident's condition must be relayed to the physician, resident representative, RCC, and DON (Director of Nursing) or ADON (Assistant Director of Nursing) timely. Procedure: 2. Any significant change in a resident's condition must be immediately relayed by phone to the attending physician and the resident representative. In addition, notify the supervisor, RCC, DON, or ADON. A significant change in condition is a major decline in a resident's status that will not normally resolve itself without interventions. A significant change in condition may include but not be limited to the following: B. Emergent Situations: Symptoms such as chest pain, loss of consciousness, or other signs or symptoms of heart attack or stroke that may signify a significant change. Sudden unexpected decline in a resident's condition. 4. Call the physician or provider on-call for questions, concerns, or any significant change in condition. R1's Face Sheet documents R1 is an [AGE] year-old female who admitted to the facility on [DATE] with the following, but not limited to, diagnoses: Postprocedural hemorrhage of right eye and adnexa following other procedure, Repeated Falls, Tinea Pedis, and Encephalopathy. R1's MDS (Minimum Data Set) Assessment, dated 7/1/25, documents R1 is cognitively intact and requires supervision or touching assistance with ambulation, sitting to standing, and transfers. This same MDS documents R1 has no impairments to R1's upper or lower extremities. R1's Care Plan, dated 7/8/25, documents, Problem Start Date: 07/08/2025 ADLs (Activities of Daily Livings) Functional Status/Rehabilitation Potential: (R1) requires varying levels of assist d/t (due to) Weakness, Ataxia and Edema. Approach Start Date: 07/08/2025 Report any further deterioration in status to physician. R1's Progress Note, dated 9/11/25 and signed by V9/Agency LPN (Licensed Practical Nurse), documents, (R1) was complaining of left leg weakness and vision problems. (R1) was seen yesterday by (V4/R1's Nurse Practitioner) for these issues. (R1) weakness increased with left leg, needing assistance to transfer to the bathroom. Vital Signs in normal range, ask (R1) if she was in pain, dizzy, or having headache, (R1) voiced no, but her vision was not good and left leg weak. (R1) ate well both meals talking well, took (R1) to the bathroom and to chair to elevate legs, (R1) took a nap. Checked on (R1) her head was down to neck and looked uncomfortable in chair, (R1) woke up and complaints of pain in neck. (R1) asked to go the bathroom (R1's) left arm was flaccid, (R1) transferred two assists. (R1) request to be seen. This same progress documents V10/Nurse Practitioner was notified and gave an order to send R1 to local emergency room. R1's local ED (Emergency Department) Note, dated 9/11/25, documents, Chief Complaint: Stroke-Like Symptoms. (R1) is an [AGE] year-old who presents to the ED with complaints of stroke-like symptoms that began today. (R1) reports waking up with vision problems and requiring assistance to go to the bathroom. This same ED Note documents, Critical Findings: Acute Ischemic Stroke. Admit to Hospital. R1's Hospital Discharge Orders and Summary, dated 9/14/25, documents, Admitting Diagnoses: Left-Sided Weakness and Stroke. On 9/18/25 at 11:46 AM, R1 stated a day or two before being admitted to the hospital on [DATE], R1 experienced changes in vision and reported having leg cramps. A Nurse Practitioner, identified as V4, reportedly saw R1 the day before R1's hospital admission and initiated new orders. The day of R1's hospital admission, before lunch, R1 reported her vision changes became more severe, and developed weakness to her left leg. R1 used her call light because she was too weak to transfer on her own and had to use the bathroom. R1 stated, Two staff members had to assist me to the bathroom. I could not move my left leg and I reported my vision was getting worse. R1 reported a nurse, identified as V9/Agency LPN, came down and assessed R1 and told R1, V4/Nurse Practitioner, had previously assessed R1 the day prior, so V9 was just going to monitor R1. R1 stated, I went to lunch and my vision was getting worse and my left leg was extremely weak. Again, (V9) told me (V4) had just seen me the day prior, so she pushed me down to my room, assisted me to my recliner, and elevated my legs. (V9) told me to try and rest. Around two to three hours later, I put back on my call light to get help with using the bathroom. At this time, I was unable to move my left leg, my left arm, and could hardly see. It took two staff members to assist me to</p>		