

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Home & Rehabilitative Center		STREET ADDRESS, CITY, STATE, ZIP CODE 231 N Jackson St Oakland City, IN 47660	
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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure newly admitted resident's had orders in place for ostomy and implanted port care, for 1 of 2 residents reviewed for ostomy and implanted port care. (Resident B) Finding includes: On 7/8/26 at 9:17 a.m., Resident B's clinical record was reviewed. Diagnoses included but were not limited to, other complications of enterostomy (Primary, Admission), dehydration, encounter for surgical aftercare following surgery on the digestive system. Resident B admitted to the facility on [DATE] and discharged to the hospital on 7/5/26. Care plans were reviewed and included but were not limited to: Resident has IV (intravenous) access; at risk for infection/complications: Implanted port, date initiated 6/30/26. Approach's included but were not limited to: change dressing as ordered, document abnormal findings and notify MD (medical doctor), flush as ordered, keep site clean and dry, observe insertion site for signs of infiltration (redness, swelling, tenderness, coolness, non-functioning access), start date 6/30/26. Resident has an ileostomy, date initiated 6/30/26. Approach's included but were not limited to: assist resident with stoma changes as needed, keep site clean and dry, monitor BM's (bowel movement), notify MD of abnormal findings, observe stoma site for excretions and irritation, start date 6/30/26. Resident is at risk for skin breakdown or further skin breakdown due to : incontinence, pain, weakness, ostomy .document abnormal findings and notify MD, date initiated 6/30/26, Approach treatments as ordered/indicated, start date 6/30/26. A progress note dated 6/29/26 at 1:34 p.m., indicated, Resident admitted to room [room number] per W/C (wheelchair), transferred to bed x 2 assist. Port in place left upper chest without s/s (signs and symptoms) infection. Has illistomy (sic) in place . June and July 2026 physicians orders were reviewed and included but were not limited to: sodium chloride 0.9 % parenteral solution; amount to administer: 500 ml (milliliters) intravenous order once a day on Mon., Wed., Fri., frequency, indication: dehydration, rate 125/ml/hr (hour), special instructions, [DX(Diagnosis) encounter for other specified aftercare, date started 7/1/26- 7/4/26. There were no orders for care or monitoring of the implanted port or the ileostomy. On 7/9/26 11:37 a.m., the DON (Director of Nursing) indicated on admit, orders are supposed to be put in place for care and monitoring if a resident has an ostomy or implanted port. The floor nurse who admitted the resident should input the orders into the record, the IDT (Interdisciplinary team) follows up on the orders. On 7/9/26 at 12:37 p.m., the Regional Nurse Consultant provided the current policy on nursing admission/return with a revision date of 12/25. The policy included but was not limited to: It is the policy of [name of company] to provide baseline and accurate documentation of the mental and physical condition of each resident admitted or readmitted to the facility adn to assist the resident and family with adjusting to the facility. admission procedures will be followed for all new admissions including respite care. Procedure: .1. Physician orders: Upon admission, physician orders must be obtained. 2. Transcribe the admission orders from the original orders sent from the hospital or (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: 155561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Home & Rehabilitative Center		STREET ADDRESS, CITY, STATE, ZIP CODE 231 N Jackson St Oakland City, IN 47660	
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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physician's office . On 7/9/26 at 9: 21 a.m., the Administrator provided the current policy implanted venous port accessing with revision date of 6/1/21. The policy included but was not limited to: .non-coring safety needles are changed every 7 days when the port is accessed and PRN (as needed). Needle change should correspond with dressing change .a dressing change is not required when the implanted venous port is accessed and then immediately deaccessed following blood sampling, monthly maintenance, or a one time IV push medication . This citation relates to Intake 3072064. 410 IAC (Indiana Administrative Code) 3.1-30(a)		