STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155561	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Home & Rehabilitative Center	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the restorative services were provided for 1 of 1 residents reviewed for restorative and rehabilitation services. Restorative services were not initiated for a resident when discharged from rehabilitation services. (Resident 9)Finding includes: During an interview on 3/20/26 at 9:16 A.M., Resident 9 indicated that he had been cleared to walk for a while, but no one had been around to help him get started. On 3/23/26 at 8:46 A.M., Resident 9's clinical record was reviewed. Diagnoses included, but were not limited to, chronic obstructive pulmonary, unspecified fracture of left acetabulum, subsequent encounter for fracture with routine healing, and other specified fracture of left pubis.The current Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident 9 was cognitively intact. Resident 9 was independent with eating, needed substantial to maximum assistance for dressing and lying to sitting at the bedside, and needed partial to substantial assistance for the following transfer modes sitting to standing from chair to bed, and walking 10 feet with a walker. Resident 9 required a walker and wheelchair for mobility during 7 day look back period and had a history of falls.Current physician orders included, but was limited to the following,A physician note dated 2/9/26, written by the Orthopedic physician indicated Options for treatment included living with symptoms trying to Weight Bearing as Tolerated (WBAT) and working with therapy. The other option is surgery to convert to a total hip replacement. Patient representative states his cardiologist did not recommend he undergo surgery. At that time the bone has healed enough he can WBAT with a walker. Return in 2 months for repeat x-rays.The current care plan for activities of daily living includes the following interventions but were not limited to:Activity Level: Up with assist of one to wheelchair (w/c), anti-rollbacks to w/c, equagel to w/c with dycem above and below, and Weight Bearing as Tolerated (WBAT) with walker dated 3/4/26.Nursing Progress Notes from 2/3/26 to 3/25/26 lacked any reference to therapy or to the implementation of a restorative plan.A physical therapy note dated 2/3/26, written by a Physical Therapist at facility indicated that the resident was to be discharged to restorative and nursing staff. During an interview on 3/19/26 at 9:00 A.M., a Therapy aide indicated he was assigned to residents with restorative care plans.During an interview on 3/23/26 at 2:15 P.M., an Occupational Therapist indicated there was no restorative services set up for the resident and was not aware of why the orders were missed.During an interview on 3/25/26 at 10:15 A.M., the Regional Physical Therapy Support person indicated that the order was missed from the physician treatment note and would be taken care of today. On 3/25/26 at 12:15 P.M., the Director of Nursing (DON) provided a Quarterly Therapy Screen Tool indicating that no evaluation was indicated for the resident. During this time the DON indicated that the resident refused therapy options. The document lacks the resident's response of refusal. On 3/25/26 at 11:30 A.M., the Administrator provided a current policy Restorative Nursing Program dated 4/2025. The policy indicated .recommendations for restorative nursing program can be made for the resident when preparing for discharge from a skilled program . 410 Indiana Administrative Code (IAC) 16.2-3.1-38(a)(2)(B)410 IAC 16.2-3.1-17(c)(4)

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