

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Davenport		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Waverly Road Davenport, IA 52804	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>22506</p> <p>Based on observation, clinical record review, bathing records and staff interview, the facility failed to ensure residents are provided adequate personal hygiene services to include at least two bathing opportunities per week for 4 of 4 residents reviewed and failed to provide incontinency care at a frequency necessary to maintain adequate personal hygiene for a resident unable to carry out the activity independently. (Residents #1, #3, #4. #5) The facility reported census was 87.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) with an assessment reference date of 3/17/24, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 2, indicating a severely impaired cognitive status. Resident #1 required total dependence to maximal assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Diagnoses included Non-Alzheimer ' s dementia, cerebrovascular accident (stroke), hemiplegia, peripheral vascular disease and atrial fibrillation. Resident #1 was always incontinent of bladder and frequently incontinent of bowel.</p> <p>According to bathing records, Resident #1 was scheduled for bathing opportunities on Mondays and Thursdays. Bathing records indicate all Monday opportunities since admission, resulted in a shower, however Resident #1 did not receive a shower opportunity 4 of 7 Thursdays (3/14, 3/28, 4/4 and 4/11).</p> <p>During observations on 4/25/24 at 6:51 a.m. Resident #1 was in bed as Staff A and Staff B entered her room to provide care and get her up for the morning. Staff A provided incontinence care appropriately and barrier cream was placed on Resident #1's coccyx wounds and excoriation in her peri area. Resident #1 remained in her broda chair throughout the morning, without any further attempt by staff to provide incontinence care until 12:50 p.m., six hours from the initial time incontinence care was first provided that morning.</p> <p>2. According to the Minimum Sata set (MDS) with an assessment reference date of 4/18/24, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 14 indicating an intact cognitive status. Resident #3 required maximal to moderate assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Diagnosis included atrial fibrillation and arthritis.</p> <p>According to bathing records, Resident #3 was scheduled for bathing opportunities on Saturdays and Wednesdays. Bathing records indicate both Wednesday opportunities since admission, resulted in a shower, however Resident #3 did not receive a shower opportunity on either Saturday (4/13, 4/20).</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. According to the Minimum Data Set (MDS) with an assessment reference date of 3/4/24, Resident #4 had a Brief Interview for Mental Status (BIMS) score of 9 indicating a moderately impaired cognitive status. Resident #4 required maximal assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Diagnosis included congestive heart failure and cancer.</p> <p>According to bathing records, Resident #4 was scheduled for bathing opportunities on Mondays and Thursdays. Bathing records reviewed for April, found all bathing opportunities resulted in a shower except for one (4/8).</p> <p>4. According to the Minimum Data Set (MDS) with an assessment reference date of 12/8/23, Resident #5 had a Brief Interview for Mental Status (BIMS) score of 10 indicating a minimally impaired cognitive status. Resident #5 required supervision to moderate assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Diagnosis included renal insufficiency.</p> <p>According to bathing records, Resident #5 was scheduled for bathing opportunities on Tuesdays and Fridays. Bathing records reviewed during her stay in November and December 2023, found three Tuesday opportunities (11/14, 11/21, 11/28) and three Friday opportunities (11/3, 11/17, 11/24) which did not result in a shower.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>22506</p> <p>Based on observation, clinical record review and staff interview the facility failed to provide an activities program based on a resident's individual interests for 1 of 2 residents reviewed. (Resident #1) The facility reported census was 87.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) with an assessment reference date of 3/17/24, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 2, indicating a severely impaired cognitive status. Resident #1 required total dependence to maximal assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Diagnosis included Non-Alzheimer ' s dementia, cerebrovascular accident (stroke), hemiplegia, peripheral vascular disease and atrial fibrillation. Resident #1 was always incontinent of bladder and frequently incontinent of bowel.</p> <p>According to Resident #1's Plan of Care with focus on maintaining activity interest and interventions which include TV, comedy, non-aggressive shows, jazz,, contemporary, quiet or calm music and to provide opportunities to engage in meaningful conversation and activities with others.</p> <p>In an interview on 4/25/24 at 3:20 p.m. Staff F, Activities Supervisor, stated Resident #1 can come to any group activities scheduled, but notes there were no individual activities planned.</p> <p>Clinical record review noted only one documented activity related to watching TV on 4/23/24 since her admission on 3/11/24.</p>		