

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 01/15/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48374</p> <p>Based on clinical record review, policy review and staff interviews the facility failed to accurately mental health diagnoses are indicated on the Preadmission Screening and Resident Review (PASARR) for 2 of 2 residents reviewed (Resident #80 and Resident #84). The facility reported a census of 86 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE], documented Resident #80 diagnoses included: bipolar disorder, stroke, hemiplegia (paralysis or weakness on one side) affecting right side, and aphasia (difficulty speaking). The Brief Interview for Mental Status (BIMS) assessment not completed.</p> <p>The electronic health record titled Medical Diagnosis, dated 1/15/25 included the diagnosis of manic episode, unspecified with a diagnosis date of 8/2/24.</p> <p>A review of the PASARR dated 5/29/24 lacked diagnosis of manic episode, unspecified and bipolar disorder.</p> <p>During an interview on 1/15/2025 at 9:28 AM. the Social Worker stated she is responsible for reviewing and completing the resident's PASARR. She explained she is sent a potential resident's PASARR information for review to determine if the facility can meet the resident's needs. If there are new mental health diagnosis or if they are coming from the community she will initiate the PASARR. The Social Worker stated she was not aware Resident #80 had any mental health diagnosis.</p> <p>During an interview on 1/15/2025 at 9:58 AM, the Social Worker stated she had reviewed the resident's documentation as well as the Level I PASARR that was completed prior to admission. The Social Worker stated Resident #80 admitted to the facility with a mental health diagnosis and a new PASARR should have been submitted.</p> <p>During an interview on 01/15/2025 at 11:27 AM, the Director of Nursing (DON) stated the facility should have caught that a Level II PASARR needed to be submitted upon admission or at least by the first care conference. The DON stated she would expect every resident's PASARR to reflect current mental health diagnoses. She stated a PASARR will be submitted for Resident #80.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. The MDS dated [DATE] for Resident #84 documented a BIMS score of 15 out of 15 which indicated intact cognition. The MDS listed diagnoses include psychotic disorder.</p> <p>A review of the PASARR, dated 10/16/24, completed for Resident #84 PASARR revealed a diagnosis of anxiety disorder. The PASARR failed to identify the diagnosis of psychotic disorder.</p> <p>During an interview on 1/15/25 at 9:28 AM, the Social Worker stated the diagnosis of Psychotic Disorder should have been on a PASARR from Resident #84's readmission in October 2024.</p> <p>During an interview on 01/15/25 at 11:19 AM, the DON stated the physician orders for Resident # 84 have listed a diagnoses of encephalopathy and delusions & hallucinations and he was on antipsychotic for his hallucinations when he came back from the hospital in October 2024. The DON stated that is when Resident #84 should have the PASARR resubmitted or at the least with his next assessment date. The DON stated staff should submit for new PASARR when there is change in mental health diagnosis.</p> <p>The facility policy revised on 12/30/24, titled Pre-Admission Screening and Resident Review indicated the Purpose of the policy is:</p> <p>a. To ensure each resident is screened for a mental disorder (MD) or intellectual disability (ID) prior to admission.</p> <p>b. To ensure that individuals with MD or ID receive the care and services they need in the most appropriate setting.</p> <p>The policy directed staff Before Admission to:</p> <p>3. The admissions coordinator, social services, or designated individual will ensure the PASARR Level I screening has been completed before admission and a copy has been received at the time of admission</p> <p>4. The Level I screening will be reviewed to determine whether a Level II screening is required.</p> <p>The policy directed staff During the Stay to:</p> <p>1. If the resident is diagnosed with a mental disorder while in the location, social services, or the designated individual will contact the designated state agency for a Level II screening.</p>		