

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - West Union		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Hall Street West Union, IA 52175	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19126</p> <p>Based on clinical record review, staff and resident interviews, and observations the facility failed to provide a sufficient number of staff to ensure each resident's call light is answered timely for 5 of 6 residents reviewed (Resident #2, #3, #4, #5, #6). The facility reported a census of 45 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set, dated dated dated [DATE], Resident #2 had diagnoses which included diabetes and dementia. The resident had a brief interview for mental status score (BIMS) of 9 which indicated moderate cognitive ability. The MDS revealed the resident required substantial assistance from staff for toileting and activities of daily living. The resident utilized a walker with one staff to ambulate to the rest room.</p> <p>During an interview with Resident #2 on 10/29/24 at 11:10 am, the resident indicated when he presses his call light it takes a while for the staff to assist him to the restroom. He admitted that he sometimes has to go to the bathroom and does not wait for the staff to assist him, he reported he has had several falls while waiting for staff.</p> <p>2. According to the Minimum Data Set, dated dated dated [DATE], Resident #3 had diagnoses which included thoracic spinal bifida with paraplegia. The resident had a brief interview for mental status score of 15 which indicated he was alert and oriented. The MDS revealed the resident had total dependence on staff for all activities of daily living. Staff utilize a mechanical lift for all transfers.</p> <p>During an interview with Resident #3 on 10/28/24 at 11:40 am, the resident revealed the call light response times really depends on the day, he stated when the facility only has 3 aides working in the building, he has to wait 15-30 minutes for his call light to be answered. The resident has timed his call lights.</p> <p>3. According to the Minimum Data Set (MDS) dated [DATE], Resident #4 had diagnoses which include post polio syndrome. The resident had a BIMS score of 15 which indicated he was alert and oriented. The MDS revealed the resident had total dependence on staff for all activities of daily living. The staff utilize a mechanical lift for all transfers.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/29/24 at 8:15 am with Resident #4, the resident stated the staff use a Hoyer lift to place him on the commode which he will sit on for an extended period of time per his choice. The resident stated when he needs to get off the commode he has to wait for extended periods of time for the staff to answer his call light to assist him off the commode.</p> <p>4. According to the MDS dated [DATE], Resident #5 had a BIMS score of 11 which indicated moderate cognitive ability. The MDS revealed the resident had diagnoses which included morbid obesity. The resident utilized a wheelchair to move about the facility and required assistance of 1 staff for transfers.</p> <p>During an interview with Resident #5 on 10/29/24 at 11:13 am revealed she stated she will wait sometimes up to 1 hour for the staff to answer her call light but mostly it is answered within 20-30 minutes. The resident also reported if a staff will answer her light, they will often come into her room, turn off the call light and leave saying they will return but they do not return. She reported she sometimes has to put her call light on again.</p> <p>5. According to the MDS dated [DATE], Resident #6 had a BIMS score of 15 which indicated they were alert and oriented. The resident had diagnoses which included chronic kidney disease, degenerative disc disease, and history of falls. The resident required extensive assistance of 1 staff for transfers using a non-mechanical lift. The resident moved about the facility in a motorized wheelchair.</p> <p>During an interview with Resident #6 on 10/29/24 at 9:20 am, the resident stated the call lights usually take a long time for the staff to answer, a lot of times over 15 minutes. The longest he has waited is up to 40 minutes.</p> <p>During an interview with Staff A-Certified Nurses Aide on 10/28/24 at 11:15 am, the C.N.A. stated she was working on the 100, 200 and 300 hall alone today, and reported having 18 residents she was responsible to get up for the day and dress, responsible for the baths that day on her wing, answer the call lights, and assist the residents during the day as they need help. The 3 wings have a total of 18 residents with 5 residents who required the use of a Hoyer lift with 2 staff for transfers. Staff A stated she got her last resident up at 10:00 am. this morning and provided the resident a room tray as the dining room was closed. Staff A stated the resident call lights ring longer than they should, and stated I do the best I can. Staff A stated the staffing in the facility for day and evening shift should be 4 certified nurses aides but reported they work short about 1-2 days a week.</p> <p>During an interview with Staff B-Certified Nurses Aide on 10/28/24 at 1:30 pm, Staff B stated the staffing levels are terrible, we work short a lot of the time. She described short as being only 3 aides for all the residents, the facility has 5 wings and is spread out. Staff B stated today they only have 3 aides working which is 1 aide short than it should be. They could not find an agency aide to work today so they are working without the 4th aide, this happened frequently. Staff B admitted the call lights are not always answered within 15 minutes but stated we try.</p> <p>During an interview with Staff C-LPN on 10/28/24 at 2:40 pm, Staff C stated she was now responsible for the schedule as of last week. She stated the day shift and evening shift should have 4 aides if the census is over 44. She stated they are short today, she attempted to reach out to a staffing agency but they did not respond back to her. Staff C admitted it was very hard for 1 aide to provide resident care for the 100, 200, and 300 hall that had a census of 18 residents.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with Staff D-Register Nurse on 10/28/24 at 2:50 pm, Staff D reported they only have 3 aides working today and the staffing was frequently like this. She stated they cannot get the residents down to the dining room in the morning due to low staff. She indicated the dining room closes at 9:30 am so this required the residents to get a room tray instead of going to the dining room. Staff D stated she frequently gets resident complaints of delayed call light response times, and had witnessed call lights go off for 45 minutes. Staff D stated she was frequently the only RN working her shift and must decide which resident needs her most. She stated it is impossible for 3 aides to provide resident cares and answer call lights timely for the entire building.</p> <p>An interview with Staff E-Certified Nurses Aide on 10/29/24 at 10:33 am revealed the aides work with only 3 staff about 2-3 times a week. She stated when she works the 100-200 and 300 Hall she cannot get the residents down on time for breakfast so the residents receive a room tray. She stated a lot of her residents want to go the dining room but are not able to get to the dining room on time.</p> <p>In an interview with Staff G-Food Service Supervisor on 10/28/24 at 1:15 pm, Staff G stated almost daily she will use her walkie talkie and alert the CNA staff which residents have not shown up in the dining room for meals. She stated she will then fix those residents a room tray for the staff to pick up. Staff G stated the dining times are as follows; breakfast 7-9 am, lunch 11:30-12:30 and evening meal from 5-6 pm.</p> <p>In an interview with Staff F-RN/Interim Director of Nurses on 10/29/24 at 2:15 pm, Staff F stated she had only been in the facility a short time and didn't know about the staffing shortage, the aide and resident complaints due to low staff level and delayed call lights.</p> <p>Review of a meal time posting displayed in the resident dining room identified the dining hours; breakfast from 7-9 am, lunch 11:30-12:30 pm and evening meal from 5-6 pm.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>19126</p> <p>Based on clinical record review, staff and resident interviews, and observations the facility failed to provide tuberculosis screening for 2 of 3 new employees reviewed (Staff H and Staff I). The facility reported a census of 45 residents.</p> <p>Findings include:</p> <p>Review of employee file documents revealed Staff H-Certified Nurses Aide had a hire date of 6/25/24 and worked full time.</p> <p>During an interview with Staff H-CNA on 10/29/24 at 11:10 am, Staff H stated when she began her employment at the facility the former Director of Nurses only did 1 tuberculosis screening test and failed to give her the second step as required. Staff H began her Step 2 Tuberculosis screening on this day.</p> <p>Review of employee file documents revealed former Staff I-Certified Nurses Aide had a hire date of 12/19/23. The facility received her archived employee file from the Corporate office but failed to find the aide ever had any tuberculosis screening completed as per facility policy.</p> <p>Review of the Tuberculosis Control Plan and Screening for Employees policy dated 12/7/2023 indicated new employees will have a baseline TB screening and post-exposure screening according to current CDC recommendations and guidelines prior to employment.</p> <p>During an interview with Staff F-Interim Director of Nurses on 10/29/24 at 4:45 pm, Staff F stated she cannot find any TB testing for either Staff H or Staff I in their employee files and assumed it was not done. Staff H began her screening on this day. Staff F stated all staff are required to have 2 Step TB testing prior to working with the residents in the facility.</p>