STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165187	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan - West Union	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on electronic health record (EHR), clinical records, facility records, facility policy review, and staff interview the facility failed to timely report an allegation of abuse for 1 of 1 resident reviewed (Resident #2). The facility reported a census of 35 residents. Findings Include:Resident #2's Minimum Data Set (MDS) assessment dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated moderate cognitive impairment. The MDS documented Resident #2 had no hallucinations or delusions. The MDS identified Resident #2 had been occasionally incontinent of urine. The MDS listed diagnoses of renal insufficiency, over-active bladder, non-Alzheimer's dementia, and post-traumatic stress disorder (PTSD).The Care Plan Report revised on 4/20/26 identified Resident #2 had a psychosocial well-being deficit related to Post Traumatic Stress Disorder (PTSD). The Care Plan Intervention dated 4/20/26 directed staff to explain all care procedures prior to completing, and the Care Plan intervention revised on 4/20/26 directed to allow resident time to answer questions, verbalize feelings perceptions, and fears.A Suggestion or Concern facility form dated 4/10/26 completed by Staff A, Lead Social Services Coordinator documented Resident #2 reported a certified nursing assistant (CNA) came in to do a brief check for incontinence and stated she felt like the CNA squeezed her vaginal lips. The Director of Nursing (DON) investigated Resident #2's concern and determined the incident occurred on 3/23/26. The investigation documented Staff B, Licensed Practical Nurse had witnessed an agency staff member check Resident #2's brief for incontinence with no inappropriate contact occurring.The Progress Notes lacked documentation of Resident #2 reporting an incident. An Outpatient Behavior Health Progress note dated 4/23/26 at 11:45 AM, documented the following:Resident #2 stated she could not remember the date, just stated a couple of nights ago that a CNA (Certified Nursing Assistant) had came into her room to check if she was dry. Resident #2 stated the CNA that checked her stuck her hands down her pants to check her and the CNA squeezed her vagina lips. Resident #2 stated that she yelled at the CNA and the lady stopped. Resident #2 stated that she did tell staff member DON (Director of Nursing) and the Administrator. Resident #2 stated that she had asked staff that this particular CNA not be her worker at night. Resident #2 stated that the worker did come in her room again several nights ago and Resident #2 stated she screamed for the CNA to get out of her room. Resident #2 was visibly upset and crying and this triggered some feeling regarding things from her past. Review of the Self Reports provided by the facility documented an incident date of 3/23/26 filed on 4/24/26 for an allegation of abuse.On 5/19/26 at 3:47 PM, the DON recalled Resident #2 reported a concern to the Social Worker on 4/10/26. The DON reported Resident #2 had kept voicing concerns and complained to a new provider. The DON decided to report the allegation to the appropriate state agency due to Resident #2's continued complaints. The DON acknowledged the report had been filed nearly a month after the incident occurred. The DON reported she is responsible for submitting reportable incidents to the appropriate state agency. The DON acknowledged the allegation was not reported timely.Review of the Abuse and Neglect - Rehab/Skilled, Adult Day Services, Therapy & Rehab with a revision date of 4/7/25 revealed the following:Alleged or suspected violations involving any mistreatment, neglect, (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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	exploitation or abuse including injuries of unknown origin will be reported immediately to the administrator. In the absence of the administrator from the location, the following individuals have the administrative authority of the administrator for purposes of immediate reporting of alleged violations: the director of nursing services or the supervisor of social services If an employee receives an allegation of abuse, neglect, exploitation or misappropriation of resident/client property or witnesses suspected abuse, neglect or misappropriation of resident/client property, the employee will take measures to protect the resident/client, provided the safety of the employee is not jeopardized. The employee will then report the allegation to a supervisor.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on electronic health record (EHR) review, clinical records, facility records, facility policy review, and staff interviews the facility failed to submit an updated Preadmission Screening and Resident Review (PASRR) before the PASRR short term approval end date for 1 of 1 resident reviewed (Resident #2). The facility reported a census of 35 residents.Findings Include:Resident #2's Minimum Data Set (MDS) assessment dated [DATE] documented an admission date of 2/25/26. The MDS identified Resident #2 was currently considered by the state level II PASRR process to have a serious mental illness. The MDS included a Brief Interview for Mental Status (BIMS) score of 8 out of 15, indicating moderate cognitive impairment. The MDS documented Resident #2 had no hallucinations or delusions. The MDS listed diagnoses of depression, bipolar disorder, and post-traumatic stress disorder.The Notice of PASRR Level II Outcome dated 2/16/26 documented a short-term approval end date of 4/17/26. The PASRR Outcome Explanation Notice of Short-Term Nursing Facility Approval revealed the following: .You need the level of services provided in a nursing facility for a time-limited period only. The number of approved days is listed on the first page of the notice. If you or the nursing facility things you need to stay in the nursing facility longer than the time period listed on the first page of this notice, the facility must contact [Redacted] to seek authorization for an additional period of time .Specialized services for your behavioral health and/or developmental conditions are required The nursing facility will be required to Care Plan in a PASRR Compliant fashion for all identified service including Specialized Services and Rehabilitative Services. Community Placement Supports must be included in the Care Plan in a PASRR compliant fashion if the individual has received a Short Term PASRR approval, the individual at any time states they wish to return to a lower level of care, and/or the MDS Section Q-500 indicates that the individual wishes to discharge to a lower level of care. Specialized services: You will need to be provide the following specialized services:Service or SupportInitial Psychiatric Evaluation to determine diagnosis and develop plan of careOngoing psychiatric medication management by a psychiatrist or psychiatric Advanced Registered Nurse Practitioner (ARNP) (to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services.)Neuropsychological evaluation that begins with the psychological evaluation, by a psychologist, and leads to further neurological evaluation if indicated (to identify the functionality of the brain).On 5/19/26 at 2:48 PM, Staff C, MDS Coordinator/Registered Nurse (RN), acknowledged the current PASRR was completed on 2/16/26 with a time limited Level II ending on 4/17/26. Staff C verbalized she had been trying to submit an update and ensure services were in place and on the Care Plan Report. Staff C acknowledged she received a notification of non-compliance with Resident #2's PASRR on 4/24/26. Staff C revealed at that time psych appointment dates or medication management hadn't been in place for Resident #2. Staff C reported when she next went to work on submitting the update information to PASRR, Resident #2 had discharged against medical advice. Review of the resident's clinical record revealed they left the facility against medical advice on 5/2/26. On 5/20/26 at 12:30 PM, the Director of Nursing (DON) verbalized the MDS Coordinator was responsible for submitting updated PASRR information. The DON expected an update for a time limited Level II would be submitted prior to the end of the time limited date. Review of the Pre-admission Screening and Resident Review (PASARR)-Rehab/Skilled facility policy revised on 12/29/25 revealed the following:The PASARR process requires that all applicants to Medicaid-certified nursing facilities be screened for possible serious mental disorders (MD), intellectual disabilities (ID) and related conditions. This initial screening is referred to as a Level I and is completed prior to admission to a nursing facility. The purpose of the Level I pre-admission screening is to identity individuals who have or may have MD/ID or a related condition, who would then require PASARR Level II evaluation and (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	determination prior to admission to the facility.PASARR is a federal requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care. PASARR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for a serious mental disorder and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting); and 3) receive the services they need in those settings PASARR recommendations will be incorporated into the care plan (i.e., a PASARR recommendation for counseling to address a resident's social withdrawal could be care planned under mood state).The policy lacked direction for time limited Level II requirements.