

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  05/09/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537</b></p> <p>Based on record review, staff interview, and policy review the facility failed to send appropriate records for a transfer to the local emergency room (ER) for 1 of 1 residents reviewed (Resident #42). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>Record review of Resident #42 Minimum Data Set (MDS) dated [DATE] documented he was discharged on [DATE] to the local hospital. The MDS informed his cognitive skill for daily decision making was severely impaired.</p> <p>Record review of Resident #42 Assessments in his Electronic Health Record (EHR) lacked documentation a discharge Assessment was completed on 4/5/24.</p> <p>Record review of Resident #42 Progress Notes on 4/5/24 lacked documentation of what paperwork was sent with the resident to the local hospital.</p> <p>During an interview on 5/9/24 at 10:40 AM the facilities Administrator revealed when Resident #42 went to the hospital on 4/5/24 they did not update the hospital or send documents regarding ADL's, his Care Plan, or what personal belongings were being sent with him.</p> <p>The facilities Policy titled, Interact Transfer Form User Defined Assessment (UDA) and Acute Care Transfer checklist - Rehab/Skilled, last reviewed/revised on 4/1/2024 instructed the following:</p> <ol style="list-style-type: none"> <li>a. Complete a Transfer Form in the facilities EHR under the assessments tab</li> <li>b. Print the Transfer Form and place it in the Acute Care Transfer envelope.</li> <li>c. Send the envelope with the resident to the hospital.</li> </ol>

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>41537</p> <p>Based on record review, staff and pharmacist interview, the facility inaccurately coded 2 of 2 residents Minimum Data Set (MDS) by documenting the residents received insulin during the look back period when they did not (Resident #4 and #10). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>1. The MDS for Resident #4 dated 2/15/24 documented she received one insulin injection between 2/9/24 to 2/15/24.</p> <p>Record review of Resident #4 Treatment Administration Record (TAR) for February 2024 revealed she did not receive insulin medications.</p> <p>2. The MDS for Resident #10 dated 2/22/24 documented she received one insulin injection between 2/16/24 to 2/22/24.</p> <p>Record review of Resident #10 TAR for February 2024 revealed she did not receive insulin medications.</p> <p>During an interview on 5/8/24 at 11:16 AM with the facilities Nurse Consultant revealed Trulicity is an insulin and provided TAR for Resident #4 and #10 showing they received the Trulicity injection during their MDS look back period.</p> <p>During an interview on 5/8/24 at 11:18 AM with one of the facilities Pharmacists revealed the medication Trulicity is not an insulin it is in the drug class Incretin Mimetics and it is not considered an insulin.</p> <p>During an interview on 5/8/24 at 11:20 AM with Staff A, Registered Nurse who coded Resident #4 and #10 MDS revealed she coded the residents Trulicity orders as insulin. She stated her form instructs her that Trulicity is a hypoglycemic drug class and is an insulin. She also stated she does not use the Resident Assessment Instrument (RAI) medication websites, instead used a form provided from her corporation.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>41537</p> <p>Based on record review, staff interview, and policy review the facility failed to provide documentation of what interventions were attempted prior to giving as needed (PRN) anti-anxiety medications for 1 of 3 residents reviewed for anti-anxiety medications (Resident #22). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>Record review of Resident #22's March 2024 Medication Administration Record (MAR) documented he received his once a day PRN anti-anxiety medication on the following dates:</p> <ul style="list-style-type: none"> <li>a. 3/2/24</li> <li>b. 3/3/24</li> <li>c. 3/4/24</li> <li>d. 3/5/24</li> <li>e. 3/7/24</li> <li>f. 3/8/24</li> <li>g. 3/9/24</li> <li>h. 3/10/24</li> <li>i. 3/11/24</li> <li>j. 3/12/24</li> <li>k. 3/13/24</li> <li>l. 3/16/24</li> <li>m. 3/18/24</li> </ul> <p>Record review of Resident #22's Progress Notes from 3/4/24 to 3/18/24 lacked documentation of non-pharmacological interventions attempted prior to giving his PRN anti-anxiety medication.</p> <p>Record review of Resident #22's Progress Notes by the Pharmacy Consultant from 2/4/24 to 5/3/24 lacked direction to staff that they needed to document interventions attempted prior to giving PRN anti-anxiety medications.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/24 at 10:42 AM the Director of Nursing revealed she would expect documentation of what they tried prior to giving PRN anti-anxiety medications. She then stated their Electronic Health Record system has a spot you can put a Progress Note right in and she would expect some type of behavior documentation prior to giving a PRN anti-anxiety medication.</p> <p>Record review of the facilities policy, Psychotropic Medications Rehab/Skilled last revised on 12/06/2023 instructed the following:</p> <p>Non-pharmacological interventions are recommended before medication interventions. Attempts should be documented in the resident care record.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>41537</p> <p>Based on record review, staff interview, and policy review the facility failed to ensure 4 of 5 residents were educated about immunizations and offered the Influenza and Pneumococcal vaccination annually (Resident #20, #39, #15, and #34). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Record review of Resident #20 Electronic Health Record (EHR) Immunizations on 5/9/24 revealed she had not received the following: <ol style="list-style-type: none"> <li>a. Pneumococcal Polysaccharide (PPSV23)</li> <li>b. Pneumococcal Conjugated (PCV20)</li> </ol> </li> </ol> <p>Record review of Resident #20 Progress Notes 2/28/2020 to 5/9/24 lacked documentation that education was provided or that she was given or refused PPSV23 and PCV20 vaccinations (for Pneumonia).</p> <ol style="list-style-type: none"> <li>2. Record review of Resident #39 EHR Immunizations on 5/9/24 revealed he was not up to date with Pneumococcal vaccinations. <p>Record review of Resident #39 Progress Notes 11/30/2023 to 5/9/24 lacked documentation that education was provided or that he was given or refused Pneumococcal vaccines.</p> </li> <li>3. Record review of Resident #15 EHR Immunizations on 5/9/24 revealed he was not up to date with Influenza and Pneumococcal vaccinations. <p>Record review of Resident #15 Progress Notes 10/26/2021 to 5/9/24 lacked documentation that education was provided or that he was given or refused Influenza and Pneumococcal vaccines.</p> </li> <li>4. Record review of Resident #34 EHR Immunizations on 5/9/24 revealed he was not up to date with Influenza and Pneumococcal vaccinations. <p>Record review of Resident #34 Progress Notes 10/26/2021 to 5/9/24 lacked documentation that education was provided or that he was given or refused Influenza and Pneumococcal vaccines.</p> </li> </ol> <p>During an interview on 5/8/24 at 3:15 PM with the facilities Infection Preventionist revealed she had been working at the facility for one (1) month but would expect to have documentation to the show the facility asked and educated residents annually regarding the Influenza or Pneumococcal vaccinations.</p> <p>Record review of the facilities policy titled Immunizations/Vaccinations for Residents Pneumococcal, Influenza dated 9/21/2023 revealed the following:</p> <p>Residents will be reviewed for vaccine eligibility on an ongoing basis as the immunization recommendations change.</p>		