

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 03/13/2025
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 0644</p> <p>Level of Harm - Potential for minimal 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** 50874</p> <p>Based on an electronic health record (EHR) review, policy review, and staff interview, the facility failed to submit a new Preadmission Screening and Resident Review (PASRR) assessment for 1 of 1 resident reviewed (Resident #14). The facility reported a census of 42 residents.</p> <p>Findings include:</p> <p>Resident #14 Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 3 indicating severe cognitive impairment. The MDS included diagnoses of Alzheimer's disease, Schizophrenia, and Depression.</p> <p>Resident #14 current PASRR Level 1 Screening Outcome dated 3/2/2022 reflected a PASRR Level 1 outcome referral for a Level II onsite visit. The Notice of PASRR Level II outcome dated 3/8/22 revealed a PASRR determination of Level II -Excluded from PASRR - No PASRR diagnosis.</p> <p>On 3/11/25 a review of the EHR medical diagnoses list documented on 11/8/24 an active diagnosis of paranoid schizophrenia. The Resident #14 Order Summary Report included a listing of all active diagnoses, including the diagnosis of paranoid schizophrenia. The primary physician reviewed and electronically signed the Order Summary Report on 12/13/2024 and 2/14/25.</p> <p>A review of the primary physician Progress Note visit summary dated 2/14/25 at 10:00 AM revealed the assessment included paranoid schizophrenia, recurrent major depression, severe stage Alzheimer's disease, developmental delay history, dilated cardiomyopathy, and aortic stenosis. The Progress Note had been electronically signed by the primary physician on 3/3/25 at 3:29 PM.</p> <p>During an interview on 3/12/24 at 9:13 AM, the Director of Nursing (DON) revealed she had been submitting the PASRR updates for review. The DON acknowledged she was aware of the new diagnosis of paranoid schizophrenia and failed to submit the required PASRR update for Resident #14.</p> <p>A review of the Pre-Admission Screening and Resident Review (PASRR) - Rehab/Skilled facility policy dated 12/30/24 revealed the following:</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> <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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>2. PASRR recommendations will be incorporated into the care plan (i.e., a PASRR recommendation for counseling to address a resident's social withdrawal could be care planned under mood state).</p> <p>3. The location will notify the state-designated mental health or intellectual disability authority promptly when a resident with MD or ID experiences a significant change in mental or physical status. Examples of such changes include, but are not limited to:</p> <ul style="list-style-type: none"> * A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms. * A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment. * A resident who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications. * A resident whose significant change is physical, but has behavioral, psychiatric, or mood-related symptoms, or cognitive abilities that may influence adjustment to an altered pattern of daily living. * A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. <p>The Maximus PASRR manual dated 2/8/23 directs PASRR evaluations are referred to as Level II evaluations to distinguish them from their counterpart Level I screens; the Level I screen is a brief screen used to identify persons applying to or residing in Medicaid certified nursing homes that are subject to the Level II process. Once a person with a suspected or known diagnosis is identified through that screen, a Level II evaluation must be performed to determine whether the individual has special treatment needs associated with the MI and/ or ID/RC.</p>		