STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165189	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan - Villisca	202 North Central Avenue Villisca, IA 50864

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review the facility failed to safely secure controlled substances for 13 of 13 residents reviewed. An observation of the medication administration revealed the staff failed to store controlled substances under extra security. The facility reported a census of 34 residents. Findings include: On 1/27/26 at 7:32 AM observed Staff A, Licensed Practical Nurse (LPN), prepare medications for Resident #33. She pulled the clonazepam (anti-anxiety medication) out of the same drawer as the scheduled medication. When asked why they didn't have the controlled substance under a double lock, she replied she didn't know. She added they had the as needed (PRN) controlled substances under a double lock. On 1/27/26 at 7:44 AM the observation of the narcotic drawer revealed the facility had the PRN lorazepam's and clonazepam's double locked, but not the scheduled ones. The review of the Medication Review Reports (MRR) printed on 1/28/26 at 10:25 AM revealed 4 residents received clonazepam scheduled (Residents #21, #27, #30, and #33). According to the United States Drug Enforcement Administration (DEA) website article regarding Drug Scheduling retrieved 1/28/26 identified drugs, substances, and certain chemicals used to make drugs are classified into 5 distinct categories or schedules depending up the drugs acceptable medical use and abuse or dependency potential. Schedule I drugs have a high potential for abuse, as the schedule changes, so does the abuse potential, schedule V drugs represent the least potential for abuse. The article listed diazepam, tramadol, alprazolam, phenobarbital and Xcopri as Schedule IV (low potential for abuse and low risk of dependence).The Controlled Substances Alphabetic Order listed clonazepam as a Schedule IV medication.On 1/27/26 at 3:30 PM, the Director of Nursing (DON) said as long as she worked at the facility, they only double locked the PRN controlled medications and not the ones scheduled. On 1/28/26 at 7:00 AM, the DON said she talked to the pharmacy. They directed the facility to double lock the scheduled controlled substances as well as the PRN. She said they educated the staff and moved all the controlled substances. The facility policy labeled Medications: Controlled, dated 4/8/25, defined controlled medications as a substance that have an accepted medical use, have a potential for abuse, ranging from low to high and may also lead to physical or psychological dependence. The access system used to lock Schedule II medication could not be the same access system used to lock non-controlled medications.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and policy review the facility failed to ensure safe food storage. In an initial observation of the kitchen, observed the opened food packages without dates when opened. The facility reported a census of 34 residents. Findings include: The initial observation of the kitchen completed on 1/26/26 at 10:00 AM, revealed the following food items without an opened date: A bag of shredded cheeseA bag of cauliflowerA crock pot of cheese.On 1/27/26 at 3:00 PM, the Dietary Manager said they expected the staff to date the food items at the time they open them. They explained unopened items in the refrigerator would be good for 7 days but opened items were good for no longer than 3 days. The described the crock pot of cheese as from a staff party over the weekend and not used by residents. A facility policy titled: Date Marking, dated 4/4/25, instructed to date time/temperature control foods items with the received date. When they opened the food but kept it in storage, the employees would clearly label the date/time when they opened the container.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review the facility failed to follow physicians' orders for blood pressure parameters. In addition, the facility failed to retake blood pressure measurements for readings outside of normal range for 1 of 1 resident reviewed (Resident #38). The facility reported a census of 34 residents.Findings include:Resident #38's Minimum Data Set (MDS) assessment dated [DATE] listed an admission date of 12/13/25. The MDS identified a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The MDS included diagnoses of hypertension (high blood pressure higher than 130/80), respiratory (lungs) failure, disorder of electrolyte and fluid balance. The Care Plan Focus initiated 12/13/25 reflected Resident #38 had hypertension. The Interventions directed the staff to monitor her for disorientation (a form of confusion), lethargy (extreme tiredness), difficulty breathing. Resident #38's Blood Pressure Exceptions Report printed 1/28/26 listed the following low blood pressures (blood pressure less than 90/60) on:12/14/25 at 3:53 PM: 75/56The chart lacked documentation of a repeat blood pressure result or consultation of the doctor.12/15/25 at 7:03 PM: 64/34. No documented blood pressure until 12/15/25 at 11:48 PM. 12/15/25 at 11:48 PM: 96/58.The chart lacked blood pressure measurements on 12/16/2512/20/25 at 9:34 PM: 84/70.Resident #38's December 2025 Medication Administration Record (MAR) included an order dated 12/13/25 at 7:00 PM for metoprolol 25 milligrams (mg) two times a day. The order changed on 12/17/25 at 7:15 AM, to give 25 mg metoprolol, two times a day, and hold if the systolic reading (top number) was less than 100 or the heart rate was less than 50. On 12/20/25 documentation reflected Resident #38 received the evening dose of metoprolol with a blood pressure of 84/70. On 1/28/26 at 9:49 AM, the Director of Nursing (DON) said the nurses should take another blood pressure measurement if/when they have a result outside of normal range. The DON acknowledged the staff gave Resident #38 metoprolol outside the normal range after they had established parameter orders. On 1/28/26 at 10:43 AM, Staff A, Licensed Practical Nurse (LPN), said that if a resident received metoprolol and had a low BP, she would hold the medication, retake the BP, and call the doctor. The Vital Signs-Blood Pressure policy, dated 11/12/25, instructed staff to report if a blood pressure above 139/89 or below 90/60. The Physician Orders policy, dated 4/6/25, defined the purpose of the policy as to provide individualized care to each resident by obtaining appropriate, accurate, and timely physician's orders.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview and policy review the facility failed to serve the therapeutic menu as ordered for 3 of 34 reviewed residents reviewed (Residents #25, #23, and #20). The facility reported a census of 34 residents. Findings include: 1. Resident #25's Medication Review Report (MRR) printed 1/28/26 included diagnoses of muscle weakness, dementia, psychotic disturbance, and anxiety. The MRR included a diet order dated 1/27/26 of a regular diet with regular texture, thin consistency, and ground meat. 2. Resident #23's MRR printed 1/28/26 included diagnoses of kidney disease, malnutrition, and vitamin deficiency. The MRR included a diet order dated 1/27/26 of a no added salt (NAS) diet with soft and bite-sized texture with a mildly thick consistency.3. Resident #20's MRR printed 1/28/26 included diagnoses of hypertension (blood pressure higher than 130/80), vascular dementia (forgetfulness caused by changes in the brain), anxiety and muscle weakness. The MRR included a diet order dated 2/21/25 of a regular texture diet. On 1/27/26 at 12:00 PM, observed the lunch service. Resident #25 received the regular stir fry meal with an egg roll (the meat was not minced, and the egg roll was not pureed). Resident #23 received ground noodles and stir fry with no gravy. Resident #20 received a half scoop of noodles as they only had that left in the pan. On 1/27/26 at 3:00 PM, the Dietary Manager (DM) said Resident #23 should have received gravy on his meal, especially with the noodles being so sticky. She said Resident #25 had somewhat confusing and changing diet specifics. The Week at a Glance Menu, Week 4, showed the #5 diet to be beef and broccoli stir fry, minced with thick gravy, minced fettuccini noodles with thickened broth, pureed egg rolls and pureed brownie. The Week at a Glance Menu, Week 4, listed the #6 diet as soft and bite-sized beef and broccoli stir-fry with thick gravy, soft and bite sized buttered fettuccini noodles, pureed egg rolls, and a pureed brownie. According to a facility policy titled: Texture-Modification Diets, dated 5/12/25, directed the food and nutritional services to provide prescribed texture-modified diets by the resident's attending physician. They should serve texture-modified diets attractively. In addition, they should prepare the texture-modified diets by methods that conserve nutritional value, flavor and appearance. They would use a standardized process for all prepared texture-modified menu items to ensure the resident received the appropriate nutrient content in every menu item.