

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Estherville		STREET ADDRESS, CITY, STATE, ZIP CODE 1646 Fifth Avenue North Estherville, IA 51334	

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. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/10/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Estherville		STREET ADDRESS, CITY, STATE, ZIP CODE 1646 Fifth Avenue North Estherville, IA 51334	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to report an allegation of abuse to the State Survey and Certification Agency/Department of Inspections, Appeals and Licensing (DIAL) for 1 of 3 residents reviewed (Resident #3). The facility reported a census of 50 residents. Findings include: According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #3 scored 11 on the Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment. The resident required assist with toileting, bathing and transfers. The residents diagnoses included an (ankle) fracture. The Progress Notes dated 9/24/25 at 3:06 a.m. documented the resident screamed, waking residents up, self transferring, and making false accusations of being hit by the nurse while the nurse had been at the nurse station charting. On 10/29/25 at 2 p.m. the Administrator stated the resident's son came in, and the police officer came late that afternoon. That was how/when they found out about the allegation made about the night nurse. She said they didn't self-report it because the police had already looked at the video of that night. She said the night nurse was on contract at the time. On 10/30/25 at 8:25 a.m. The administrator and the Director of Nursing (DON) both agreed Staff A Licensed Practical Nurse (LPN) documented about the resident's allegation. The Administrator stated if they had been notified, they would have self-reported to state. On 11/6/25 at 9:42 a.m. Staff A Licensed Practical Nurse (LPN) stated she was at the nurses station when she heard the resident screaming in the hall. She wasn't sure where the CNA was. She walked down the hall and the resident said she threw a flashlight at her. Staff A stated she didn't get close to the resident because she made that allegation. She said she notified the supervisor, but she couldn't remember who. She said that was her last shift there. During interview with the Administrator shown an undated report that documented the Administrator has reported a total of 8 self-reports in the past year for this location and understands the need to report when needed. However, the police had conducted a thorough investigation and deemed that there was nothing that occurred. Therefore the Administrator considered this case closed. The son had reported it therefore both family and local police were notified. The resident sustained no injury or any trauma that was ever identified. This allegation by a disgruntled family member was deemed by the local police as unfounded and therefore no further actions were taken. This agency nurse has not worked in the center since that time as the center has not needed agency assistance since that time. The facility Abuse and Neglect policy reviewed/revised 4/7/27 documented alleged or suspected violations involving any mistreatment, neglect, exploitation or abuse including injuries of unknown origin would be reported immediately to the administrator. In case of absence of the administrator, follow the chain of command for notification (director of nursing services, social worker, etc.). If the alleged perpetrator is one's supervisor or department manager, notify his/her supervisor. Designated agencies will be notified in accordance with state law, including the State Survey and Certification Agency (DIAL). If there is an allegation of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident/client property, and/or there is serious bodily injury, then it will be reported immediately, but not later than two hours after the allegation is made. If there is an allegation that does not involve abuse and there is no serious bodily injury, then it will be reported not later than 24 hours after the allegation is made.</p>		