

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 10/31/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, resident interview, staff interview, and policy review the facility failed to treat residents with dignity, and respect throughout cares provided for 2 of 5 residents reviewed (Resident #2, and #43). The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #2 ' s Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further revealed diagnosis of cancer, renal insufficiency, anxiety, and diabetes mellitus.</p> <p>Interview on 10/29/24 at 8:07 AM with Resident #2 revealed that Staff B Certified Nursing Assistant (CNA) had told her that she would get to her when she had time, and to not keep using the call light. Resident # 2 then revealed that Staff B had never cursed at her, but was just rude and waved her finger at Resident #2.</p> <p>Review of a facility provided investigation dated 9/22/24 revealed an interview with Resident #2 documenting that Resident #2 reported a concern that Staff B had pointed at Resident #2 and told the resident to not put on the call light, and that Staff B would get to the resident when Staff B had time. This document further revealed that Staff B was put on suspension on 9/23/24 at 11:11 AM.</p> <p>2. Review of Resident #43 ' s MDS dated [DATE] revealed a BIMS score of 14 indicating intact cognition. The MDS further revealed diagnosis of heart failure, and diabetes mellitus.</p> <p>Interview on 10/28/24 at 1:12 PM with Resident #43 stated that Staff B CNA was very barky, and rude. Resident #43 further revealed that Staff B does not work here anymore. Resident #43 stated that there was a meeting and he brought up the fact that Staff B was rude. Resident #43 revealed he was relieved when Staff B was not here anymore. Resident #43 stated Staff B would talk very disrespectfully to him, and other residents.</p> <p>Interview on 10/30/24 at 7:49 AM with Staff C Registered Nurse (RN) revealed that she had heard reports from residents that Staff B was rude to them. Staff B stated that residents had told her that Staff B was never rough with them, but it was just the tone of her voice, and that Staff B wasn't talking to them in a respectful way. Staff C then revealed that she would notify the Director of Nursing (DON) when the complaints were reported to her.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/30/24 at 10:54 AM with the DON revealed her expectation would be for staff to treat the residents with dignity and respect. The DON further revealed that she will not tolerate any issues of residents being treated without respect or dignity.</p> <p>Interview on 10/30/24 at 11:06 AM with the Administrator revealed that her expectations are for residents to be treated with respect and dignity at all times.</p> <p>Review of facility provided policy titled, Resident Dignity with a review date of 11/16/23 revealed:</p> <p>a. Addressing residents as individuals when providing care and services.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, staff interview, and policy review the facility failed to update the resident's care plan to accurately reflect the resident for 1 of 3 residents reviewed (Resident #200). The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>Review of Resident #200 ' s Minimum Data Set (MDS) dated [DATE] revealed Resident #200 was admitted on [DATE] from a critical access hospital. The MDS further revealed diagnosis of depression, and psychotic disorder.</p> <p>Review of Resident #200 ' s Electronic Healthcare Record (EHR) page titled, Physician ' s orders revealed an order for alprazolam (an antianxiety medication) 0.5 mg oral tablet, give 0.5 mg by mouth every 8 hours as needed for agitation.</p> <p>Review of Resident #200 ' s Care Plan with a printed date of 10/30/24 lacked any documentation of antianxiety medication usage.</p> <p>Interview on 10/30/24 at 10:51 AM with the Director of Nursing (DON) confirmed Resident #200 does have an order for alprazolam, and her expectation would be for antianxiety medications to be on the Resident ' s care plan.</p> <p>Review of a facility provided policy titled, Care Plans with a revision date of 11/1/23 revealed:</p> <p>a. The plan of care will be modified to reflect the care currently required/provided for the resident.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on observation, resident interview, staff interview, and policy review the facility failed to provide food at an appetizing temperature to 2 of 8 residents reviewed (Residents #27, and #43). The facility reported a census of 51 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of Resident #27 ' s Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. <p>Interview on 10/28/24 at 12:02 PM with Resident #27 revealed that she eats in her room and that the food is often cold when it is delivered.</p> <ol style="list-style-type: none"> 2. Review of Resident #43 ' s MDS dated [DATE] revealed a BIMS score of 14 indicating intact cognition. <p>Interview on 10/28/24 at 1:17 PM with Resident #43 revealed that food is often cold when it should be hot.</p> <p>During continuous observation on 10/30/24 at 1:32 PM the last room trays were sent out of the kitchen to be delivered to the residents.</p> <p>Observation on 10/30/24 at 1:47 PM a temperature was obtained on the last room tray delivered. The ham and beans was revealed to be 126 degrees and the mashed potatoes were noted to be 122 degrees.</p> <p>Interview on 10/30/24 at 1:53 PM with the Certified Dietary Manager (CDM) revealed her expectations are for food to be served at the appropriate temperatures.</p> <p>Review of a facility provided policy titled, Food Temperature Monitoring with a review date of 12/21/23 documented:</p> <ol style="list-style-type: none"> a. Hot foods should be served at 135 degrees Fahrenheit or higher.

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48004</p> <p>Based on observation, staff interview, and policy review the facility failed to prepare, serve and distribute food in accordance with professional standards. The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>During continuous observation on 10/30/24 from 12:25 PM until 12:41 PM Staff A was observed to make extra servings of pureed brownie without completing hand hygiene. Staff A was then observed touching door jams, then preparing room trays, handling spatulas, touching plates for service, and handling bowls for lunch service. At 12:41 PM Staff A then completed hand hygiene.</p> <p>Interview on 10/30/24 at 1:53 PM with the Certified Dietary Manager (CDM) revealed her expectations are for hand hygiene to be completed at the appropriate times.</p> <p>Review of a facility provided policy titled, Hand Washing and Glove Usage-Food Nutrition Services with a review date of 6/13/24 revealed:</p> <p>a. Employees involved in food preparation, distribution and serving must consistently utilize good hygienic practices and techniques.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>26527</p> <p>Based on the Center for Medicare and Medicaid Services (CMS) PBJ (Payroll Based Journal) Staffing Data Report for April 1 - June 30, 2024 report, facility schedules, and staff interview, the facility failed to submit complete and accurate staffing information to CMS. The facility reported a census of 51 residents.</p> <p>Findings include:</p> <p>The CMS PBJ Staffing Data Report for April 1 - June 30, 2024 indicated the facility triggered for investigation of staffing.</p> <p>The Facility Schedule for May 4th, 2024 showed Staff E Agency Certified Nursing Assistant (CNA) worked 6 p.m. to 6:15 a.m. (May 5th).</p> <p>A facility PBJ report lacked hours for Staff E on May 5th.</p> <p>On 10/30/24 at 9:34 a.m. Staff D who now does scheduling, and did it at one time before, looked at May 4-5 weekend and a Staff E CNA who worked 6 p.m. to 6 a.m. was inputted into the wrong day on the PBJ report. She actually worked 5/4/24 6 p.m. to May 5th 6 a.m., but her information was put in on 4/28/24, a day she did not work.</p> <p>On 10/30/24 at 10:30 a.m. the Administrator confirmed Staff E was put in on the PBJ report 4/28/24 a day she did not work, and not on 5/5/24 (a day she worked 12 a.m. to 6 a.m.). The information was put in wrong.</p> <p>On 10/31/24 at 10:26 a.m. the Administrator obtained additional information that PBJ did not always include agency staff. She said they did not accurately input the information into the PBJ report.</p>		