

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Lemars		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Lincoln Street NE Le Mars, IA 51031	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26527</p> <p>Based on record review and staff interview, the facility failed to accurately complete the Minimum Data Set (MDS) assessment for 1 of 14 resident's reviewed (Resident #38). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>According to the MDS assessment dated [DATE], Resident #38 demonstrated long and short term memory problems and severely impaired skills for daily decision making. The resident had diagnoses including non-Alzheimer's dementia. The MDS documented the resident exhibited no behaviors in the 7 day look back period.</p> <p>The Care Plan revised 4/9/25 included the resident was on antipsychotic medication therapy related to a diagnosis of end-stage Alzheimer's and Dementia evidenced by episodes of hitting, yelling, and uncooperative with cares, with the need for scheduled Haldol (antipsychotic). Continued slow dose reduction.</p> <p>The Progress Notes dated 1/6/25 at 8:57 p.m. documented the resident received Ativan (antianxiety) 1 mg for the resident yelling out and unable to rest.</p> <p>The Progress Notes dated 1/7/25 at 3:48 p.m. documented the resident was very vocal most of the shift yelling, calling out, and yelling at people at meals. At 7:16 p.m. when doing eye drops the resident [NAME] chanting no at the charge nurse. At 10:36 p.m. the resident yelling out once awake from nap for supper. A one time dose of Ativan and Haldol administered. The resident continued to yell out for the rest of night. She fell asleep at 10 p.m.</p> <p>The Progress Notes dated 1/8/25 at 7:30 a.m. documented the resident was very vocal during breakfast, yelling and making loud noise, upsetting other residents. At 8:41 a.m. the nurse checked on the resident at the beginning of the shift. The resident attempted to hit the nurse while the nurse adjusted her blanket.</p> <p>On 4/17/25 at 9:13 a.m. the MDS Coordinator stated the 1/10/25 MDS should have included the residents behaviors.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Centers for Medicare and Medicaid Services (CMS)'s Resident Assessment Instrument (RAI) Version 3.0 Manual, Section E for behavior, documented the intent for the items in the section to identify behavioral symptoms in the last seven days that may cause distress to the resident, or may be distressing or disruptive to facility residents, staff members or the care environment. These behaviors may place the resident at risk for injury, isolation, and inactivity and may also indicate unrecognized needs, preferences or illness. Behaviors included those that were potentially harmful to the resident themselves. The emphasis was identifying behaviors, which did not necessarily imply a medical diagnosis. Identification of the frequency and the impact of behavioral symptoms on the resident and on others was critical to distinguish behaviors that constituted problems from those that were not problematic. Once the frequency and impact of behavioral symptoms were accurately determined, follow-up evaluation and care plan interventions could be developed to improve the symptoms or reduce their impact.</p> <p>Steps for assessment included:</p> <ul style="list-style-type: none"> a. Review of the medical record for the 7-day look-back period. b. Interview of staff, across all shifts and disciplines, as well as others who had close interactions with the resident during the 7-day look-back period, including family or friends who visited frequently or had frequent contact with the resident. c. Observation of the resident in a variety of situations during the 7-day look-back period. <p>Coding Instructions included:</p> <p>Code 0, behavior not exhibited: if the behavioral symptoms were not present in the last 7 days. Used this code if the symptom had never been exhibited or if it previously had been exhibited but had been absent in the last 7 days.</p> <p>Code 1, behavior of this type occurred 1-3 days: if the behavior was exhibited 1-3 days of the last 7 days, regardless of the number or severity of episodes that occurred on any one of those days.</p> <p>Code 2, behavior of this type occurred 4-6 days, but less than daily: if the behavior was exhibited 4-6 of the last 7 days, regardless of the number or severity of episodes that occurred on any of those days.</p> <p>Code 3, behavior of this type occurred daily: if the behavior was exhibited daily, regardless of the number or severity of episodes that occurred on any of those days.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</p> <p>Based on clinical record review and staff interview the facility failed to revise and update care plans to include and address high risk medications and side effects to watch for 1 out of 14 residents included in the comprehensive care plans (Resident #53). The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #53 documented diagnoses of depression and anxiety disorder. The MDS showed the Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment.</p> <p>Review of Resident #53's April Medication Administration Record (MAR) revealed the following orders:</p> <ol style="list-style-type: none"> a. Furosemide tablet (diuretic medication) daily with a start date of 12/12/24 b. Halperidol tablet (antipsychotic medication) 3 times daily with a start date of 3/4/25 c. Lispro Injection (insulin, diabetic medication) before meals with a start date of 2/11/25 d. Lantus Solostar Injection (insulin, diabetic medication) daily with a start date of 3/26/25 e. Spirolactone tablet (diuretic medication) daily with a start date of 12/12/24 <p>Review of Resident #53's Order Summary Report signed and dated 4/8/25 revealed the following orders:</p> <ol style="list-style-type: none"> a. Furosemide tablet daily with an order date of 12/11/24 b. Halperidol tablet 3 times daily with an order date of 3/4/25 c. Lispro injection before meals with an order date of 2/11/25 d. Lantus Solostar daily with an order date of 3/25/25 e. Spirolactone tablet daily with an order date of 12/11/25 <p>Review of the Care Plan with a revised date of 2/17/25 lacked the following things:</p> <ol style="list-style-type: none"> a. Specific side effects to watch for with the usage of diabetic medication. b. Specific side effects to watch for with the usage of antipsychotic medication. <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Specific side effects to watch for with the usage of diuretic medications.</p> <p>Review of the facility provided policy titled Care Plan dated 12/2/24 revealed each resident will have an individualized, person-centered, comprehensive plan of care that will include measurable goals and timetables directed toward achieving and maintaining the resident ' s optimal medical, nursing, physical, functional, spiritual, emotional, psychosocial, and educational needs.</p> <p>Interview on 4/16/25 at 11:32 a.m., with the Director of Nursing revealed she expects the care plan to include side effects for high risk medications.</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>44420</p> <p>Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report from Fiscal Quarter 1, 2025 (October 1 - December 31) review, facility staffing review, and staff interviews, the facility failed to meet staffing requirements in three metrics. The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>The PBJ Staffing Data Report with a run date of 4/9/25 triggered submitted weekend staffing data excessively low within the quarter.</p> <p>Review of staffing for nurses and Certified Nursing Assistants (CNAs) scheduled similarly for weekdays and weekends.</p> <p>In an interview on 4/16/25 at 11:34 AM, the DON reported she reviewed the PBJ with the Administrator yesterday and determined the incorrect information was reported due to a glitch at the main campus.</p> <p>In an interview on 4/16/25 at 12:04 PM, the Administrator reported he reviewed staffing and doesn't know why excessively low staffing triggered other than having more office staff working on weekdays. The Administrator reported he planned to look into things. The Administrator reported the facility failed to have a policy regarding PBJ.</p>