

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Holstein		STREET ADDRESS, CITY, STATE, ZIP CODE 505 West Second Street Holstein, IA 51025	

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 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** Based on clinical record review, staff interview and facility policy the facility failed to update the resident 's care plan to accurately reflect the resident for 3 of 3 residents reviewed (Resident #1, #2, and #4) The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #1 documented diagnosis of heart failure, renal insufficiency, diabetes mellitus, and hypertension. The MDS showed a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment. The MDS also indicated Resident #1 was in hospice care.</p> <p>Review of the clinical census indicated that Resident #1 was admitted into Hospice care on 3/8/25.</p> <p>Review of the Care Plan for Resident #1 with a date initiated as of 7/23/24 revealed the facility failed to update the care plan to reflect Resident #1 was admitted to hospice care.</p> <p>2. The MDS assessment dated [DATE] for Resident #2 documented diagnosis of heart failure, renal insufficiency, peripheral vascular disease, and toxic liver disease with acute hepatitis. The MDS showed a BIMS score of 15 indicating intact cognition.</p> <p>Review of the Progress Notes for Resident #2 showed documentation of a fall for the following date 4/4/25 at 10:50 a.m. Review of the Progress Notes on 4/6/25 at 3:31 p.m. showed the intervention documented for this fall where Resident #2 stated it is easier to step off of the side of the lift platform/transition piece.</p> <p>Review of the Care Plan for Resident #2 with a date initiated 2/11/25 revealed the facility failed to place intervention of Resident #2 stated it is easier to step off of the side of the lift platform/transition piece on the care plan.</p> <p>3. The MDS assessment dated [DATE] for Resident #4 documented diagnosis of Non-Alzheimer 's dementia, diabetes mellitus, anxiety, and obesity. The MDS showed a BIMS score of 12 indicating moderate cognitive impairment. The MDS also indicated Resident #4 had a weight loss of 5% or more in the last month.</p> <p>Review of the medical diagnosis indicated Resident #4 had type 2 diabetes mellitus.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician Orders indicated that Resident #4 to have daily blood sugars completed every a.m. and as needed for signs and symptoms of hypoglycemia. The Physician Orders also indicate Resident #4 was prescribed diabetic medications that had side effects of weight loss.</p> <p>Review of the Care Plan with a date of initiated 8/9/24 revealed the facility failed to update the care plan to accurately reflect Resident #4's weight loss, diabetic medications and blood sugars.</p> <p>Review of the facility policy named Care Plan-R/S, LTC, Therapy and Rehab dated 12/2/24 revealed the purpose is to develop a comprehensive care plan using an interdisciplinary team approach and to provide guidance to the interdisciplinary team in developing the initial care plan. Residents will receive and be provided with the necessary care and services to attain or maintain the highest practicable well-being in accordance with the comprehensive assessment. 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. Any problems, needs and concerns identified will be addressed through use of departmental assessments, the Resident Assessment Instrument (RAI) and review of the physician's orders. This plan of care will be modified to reflect the care currently required/provided for the resident. The interdisciplinary team will review care plans at least quarterly. Care plans also will be reviewed, evaluated and updated when there is a significant change in the resident ' s condition.</p> <p>An interview on 5/29/25 at 3:30 p.m. with the Director of Nursing and the Assisted Director of Nursing stated the admission nurse does the baseline care plan and the expectation is if the intervention or care have changed it should be placed on the care plan at that time.</p>		