STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165210	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan - Saint Ansgar	701 East Fourth Street Saint Ansgar, IA 50472

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on review of schedules and interview, the facility failed to provide 8 hours of consecutive Registered Nurse (RN) coverage daily. The facility reported a census of 37 residents. Findings include:A review of schedules revealed that consecutive Registered Nurse (RN) coverage was not provided on the following dates: 5/30/26, 5/31/26, 6/6/26, and 6/13/26. On 6/18/26 at 9:55 AM, the Administrator stated she did not realize the RN coverage had to be eight consecutive hours; therefore, the facility had an RN dividing up her day to provide eight hours of RN coverage a day. She stated the facility was doing it wrong, but now she knows. The Nursing Services Staff policy revised 10/14/25, included the following direction:The purpose of the policy was to provide appropriate staff for resident care in the nursing services department.The location will use the services of a RN for at least eight consecutive hours a day, seven days a week (except when waived by state regulations).

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to follow infection control practices to minimize the spread of infection for 1 resident reviewed (Resident #33). During an observation of a double urostomy (allows urine to exit through a stoma (opening) in your abdomen) change, the nurse touched several items with gloved hands, did not sanitize, and change gloves between right and left urostomy sites, and touched the tip of a stoma powder bottle to Resident #33's abdomen several times without wiping the tip of the bottle off before replacing the cap. The facility reported a census of 37. Findings include:Resident #33's Physician's Order, dated 3/12/24, directed licensed nurses to change the double urostomies twice a week on shower days and PRN (as needed) during the day shift every Tuesday and Friday. On 3/16/26 at 10:00 AM, observed Staff A, Licensed Practical Nurse (LPN), and Staff B, LPN, Clinical Learning and Development Specialist, in Resident #33's room. Staff B was present to observe. Staff A placed a barrier on a tray table, with supplies laid out on it in preparation to change the double urostomies. Staff A used hand sanitizer and donned gloves. Staff A removed the urostomy bag and stoma device from the right urostomy. Staff A cleansed around the tubing with soap and water, then dried the area. She then moved to the left urostomy site without removing her gloves or sanitizing her hands, and washed around the stoma and tubing at that site. While applying stoma powder, she touched the tip of the stoma powder bottle to Resident #33's skin on several different areas of the abdomen around both stomas. Additionally, Staff A touched bottles and other items on the tray table, including the stoma powder bottle, while still wearing gloves. Staff A did not clean the tip of the stoma powder bottle before screwing the cap back onto the bottle. Following the observation, Staff B acknowledged Staff A didn't sanitize her hands between the right and left stoma sites, Staff A touched the tip of the stoma powder bottle to Resident #33's skin, and she touched items in the tray with her gloved hands. The Administrator acknowledged the observations as concerns. The facility policy titled Standard, Enhanced Barrier, and Transmission-Based Precautions, revised on 4/30/26, directed the following:Purpose: To prevent the spread of infection and communicable diseases to residents, employees, and visitors through infection prevention and control practices.Standard Precautions: A group of infection prevention practices that apply to all residents in any setting in which healthcare is delivered, regardless of suspected or confirmed infection status, to prevent the spread of infection.Standard Precautions: Based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.Standard precautions include hand hygiene, the use of personal protective equipment (whenever there is an expectation of possible exposure to an infectious material), and cleaning and disinfection practices. These precautions should be used by all employees, contract workers, and volunteers.