

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Ottumwa		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 West Chester Avenue Ottumwa, IA 52501	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>22506</p> <p>Based on clinical record review and bathing records, the facility failed to ensure residents were provided adequate personal hygiene services to include at least two bathing opportunities per week for 2 of 4 residents reviewed (Residents #3 & #9). The facility reported census was 110 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) with an assessment reference date of 3/28/24, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 11 indicating a mildly impaired cognitive status. Resident #3 required maximal to dependent assistance with mobility, transfers, dressing, toilet use, and personal hygiene needs. Resident #3 was coded as always incontinent of bowel and bladder. Diagnoses included peripheral vascular disease, diabetes mellitus, & malnutrition.</p> <p>According to shower schedules, Resident #3 was to receive shower opportunities on Wednesdays and Saturdays. Bathing records during April and May 2024 indicated Resident #3 was not provided bathing opportunities as scheduled on 4/17, 5/4, 5/11, 5/15 and 5/18.</p> <p>According to the Minimum Data Set (MDS) with an assessment reference date of 1/27/24, Resident #9 had a Brief Interview for Mental Status (BIMS) score of 4 indicating a severely impaired cognitive status. Resident #4 required moderate to maximal assistance with dressing, toilet use, and personal hygiene needs and supervision with mobility, transfers, and eating. Resident #9 was coded as occasional incontinent of bowel and bladder. Diagnoses included Non-Alzheimer's dementia, coronary artery disease, & gastroesophageal reflux disease.</p> <p>According to shower schedules, Resident #9 was to receive shower opportunities on Mondays and Thursdays. Bathing records during April and May 2024 indicated Resident #9 was not provided bathing opportunities as scheduled on 4/15, 4/22, and 5/6.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>22506</p> <p>Based on record review, bathing records, and staff interviews, the facility failed to provide sufficient staff to ensure resident needs were met and bathing opportunities are provided as scheduled for 1 of 3 residents reviewed (Resident #3). The facility reported census was 110 residents.</p> <p>Findings include:</p> <p>In an interview on 5/22/24 at 9:00 a.m. Staff O, staff scheduler, stated she schedules one nurse with two to three aides from 6:00 a.m. to 6:00 p.m. on the 300 hall and 400/500 halls. Then reduces to one nurse and two aides from 6:00 p.m. to 10:00 p.m. Staff O stated staffing parameters are based on census.</p> <p>In an interview on 5/21/24 at 3:00 p.m. Staff K, Certified Nurse Aide, stated two aides on 300 hall are sufficient to meet resident needs, however there are times weekly in which they may only have one aide working.</p> <p>In an interview on 5/21/24 at 3:05 p.m. Staff J, Certified Nurse Aide, stated she has worked evening shifts on 300 hall for seven months. Staff J stated two aides are needed on 300 hall to meet the needs of the residents, but noted at least once a week, they may only schedule one aide.</p> <p>According to Daily Assignment Records for Wednesday, May 15th, 2024 the facility only had one aide scheduled on 300 hall from 6:00 a.m. to 2:00 p.m.</p> <p>In an interview on 5/21/24 at 3:15 p.m. Staff L, Certified Nurse Aide, stated she was working 6:00 a.m. to 6:00 p.m. today on 400/500 halls. Staff L stated there is currently one other aide working with her this afternoon. Staff L stated two aides are not sufficient to meet resident needs because of the number of two person assist residents on the 400 hall. Staff L stated they were scheduled for three aides this evening, but one was pulled to another hall.</p> <p>In an interview on 5/21/24 at 3:20 p.m. Staff G, Certified Nurse Aide, stated she was working 2:00 p.m. to 10:00 p.m. this evening on 400/500 halls. Staff G stated they had three aides scheduled, but one was pulled to another hall. Staff G stated two aides are not sufficient to meet resident needs due to the heavy assist level of the residents on 400 hall requiring two person assist. Staff G stated she has been answering call lights since arriving and has been unable to start on evening showers. Staff G stated being short staffed (less than 3) is common.</p> <p>According to the Minimum Data Set (MDS) with an assessment reference date of 3/28/24, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 11 indicating a mildly impaired cognitive status. Resident #3 required maximal to dependent assistance with mobility, transfers, dressing, toilet use, and personal hygiene needs. Resident #3 was coded as always incontinent of bowel and bladder. Diagnoses included peripheral vascular disease, diabetes mellitus, & malnutrition.</p> <p>(continued on next page)</p>		

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