STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165240	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Waukon	21 East Main Street Waukon, IA 52172

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 0637 Level of Harm - Potential for minimal harm Residents Affected - Some	Assess the resident when there is a significant change in condition 42133 Based on clinical record review, Center for Medicare and Medicaid (CMS) Long-Term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User's Manual review, and staff interview the facility failed to complete a Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS) within the required time frame for 2 of 2 residents sampled for hospice care (Resident #40 and #10). The facility reported a census of 52 residents. Findings include: 1. Resident #40 Electronic Census Record documented she admitted into hospice care on 6/17/24. Resident #40 SCSA MDS with an assessment reference date of 6/27/24 showed a Brief Interview for Mental Status (BIMS) score of 12 indicating moderate cognitive loss. The MDS listed diagnoses of Non-Alzheimer's Dementia, heart failure, diabetes mellitus, and end stage renal failure. The MDS documented Resident #40 received hospice care services. A 7/10/24 review of the MDS Summary Page showed the SCSA MDS completion date as 7/05/24, greater than 14 days after the significant change determination date. On 7/10/24 at 11:43 AM the MDS Coordinator reported she attended a meeting in June (2024) and they talked about the MDS SCSA needing to be completed within 14 days. She looked at the RAI manual and found out the SCSA MDS's had been completed too late, but she hadn't really reported the error to the facility. She reported she is aware of the requirement now. She reported she follows the facility MDS policy and the RAI for completing the MDS. During an interview on 7/10/24 at 12:41 PM the Director of Nursing Services (DNS) reported she didn't know what the requirements were for the completion of a SCSA MDS. She would have to defer to the MDS Coordinator and the facility policy. She would expect the MDS Coordinator to follow the facility policy. The MDS 3.0 RAI Policy, revised 7/01/24, provided by the facility, under Procedure: Significant Change MDS outlined the following process: (continued on next page)

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F 0637 Level of Harm - Potential for minimal harm Residents Affected - Some	a. When a significant change is identified, the professional employee identifying the change will notify the social worker, RN Coordinator or designated employee so that a timeline may be established and communicated to the team members. b. The team member who identified the change will document in the progress notes that a significant change has occurred and will identify whether the change is an improvement or a decline and in what areas. The Procedure further directed to follow steps #3-#18 of the policy. c. Step #4 directed the MDS Coordinator or designee to open the MDS within the 14 day look back in Point Click Care (PCC). d. Step #13 directed for a comprehensive MDS (SCSA is a comprehensive MDS assessment) the RN MDS Coordinator/RN Designee would electronically sign V0200B1 and date V0200B2 signifying the completion of the RAI process. The Policy included to see also the Resident Assessment Instrument User's Manual. The LTC RAI 3.0 User's Manual Version 1.18.1 October 2023 page 1-4 documents the RAI process has multiple regulatory requirements. Federal regulations at 42 CFR (Code of Federal Regulations) 483.20 (b)(1)(xviii), (g), and (h) require that the assessment accurately reflects the resident's status. The LTC RAI 3.0 User's Manual Version 1.18.11 October 2023 Page 2-17 directs the MDS completion date is no later than the 14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days). Page 2-25 directs An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. 42134 2. Resident #10's Progress Note written on 6/10/24 at 4:24 PM documented the resident had received an order for hospice. Progress Note written on 6/10/24 at 4:25 PM documented the family was notified of the hospice order and services provided. Progress Note written on 6/10/24 at 4:28 PM documented the family decided on a hospice provider but wanted to discuss the decision with additional family members. Progress Note written on 6/11/24 at 3:48 PM documented the family had made a definitive choice of hospice provider. Hospice was in the building and initiated the process. Progress Note written 6/12/24 at 6:51 PM documented Resident #10 was admitted to hospice services. The SCSA was signed off as complete on 7/1/24 (19 days after admission to hospice).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133 Based on observation, clinical record review, policy review, and staff interview the facility failed to provide appropriate catheter care to prevent potential cross contamination that could lead to a urinary tract infection (UTI) for 1 of 1 residents sampled (Resident #38). The facility identified a census of 52 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] showed a Brief Interview for Mental Status Score of 7 indicating severe cognitive impairment with a diagnosis of Non-Alzheimer's Dementia. The MDS documented Resident #38 as dependent upon staff for managing his urinary catheter for diagnoses of benign prostatic hyperplasia and neurogenic bladder. A review of the April and May 2024 Medication Administration Records (MARs) documented Resident #38 received Levaquin (antibiotic) tablet 500 milligrams (MG), one tablet by mouth one time day for UTI for three days from 4/29/24 - 5/01/24. A review of the June 2024 MAR showed Resident #38 received physician ordered Levofloxacin (antibiotic) oral tablet 250 MG, two tablets by mouth one time only for UTI on 6/23/24 and Levofloxacin 500 MG one tablet by mouth in the evening from 6/24/24 - 6/29/24 to equal seven days of antibiotic therapy. The Care Plan revised 6/18/24 documented Resident #38 used an indwelling catheter related to incomplete bladder emptying and noted the Resident at a risk of infection. The Care Plan directed the following interventions: a. Certified Nursing Assistants (CNAs) to provide catheter care morning and evening. b. Report unusual observations/conditions to the nurse. c. Monitor/document pain/discomfort due to the catheter. d. May wear a leg bag during the day and straight catheter drainage bag at night. e. Monitor/record/report to the health care provider for signs and symptoms of UTI: pain, burning/blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, a change in behavior, and a change in eating patterns. A review of the Physician Orders on 7/09/24 showed the following: a. Catheter 20 French 30 cubic centimeter (CC) with balloon to straight drainage. Change the catheter as needed if dislodged or plugged and unable to clear with irrigation. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. Catheter bag: change drainage bag monthly and as needed if plugged and unable to clean with irrigation. c. Flush Foley catheter twice a day. d. Flush Foley catheter with 50 milliliters (ML) normal saline every 6 hours as needed. e. May convert to drainage system to leg bag while up as needed. f. Urojet (numbing agent used to control pain during catheter insertion) with Foley catheter changes from emergency room visit as needed related to neuromuscular dysfunction of the bladder, unspecified. Start date 6/21/23. g. Cranberry concentrate oral capsule 500 MG, give one capsule by mouth in the morning related to personal history of UTI. Start dated 7/11/23. Resident #38 Kardex, under Bladder/Bowel/Toileting, directed the Resident used a 20 French catheter, utilized incontinence products, could wear a leg bag during the day and a straight catheter (urinary) drainage bag a night and to report unusual observations/conditions to the nurse. During an observation on 7/08/24 at 11:15 AM Resident #38 urinary drainage bag tipped forward out of the dignity bag underneath his wheelchair with three inches of the catheter tubing in direct contact with the floor. The urinary drainage bag tubing contained yellow, cloudy urine with mucous present. On 7/09/24 at 7:52 AM Resident #38 lay in a low bed. The urinary drainage bag lay with half the bag laying on the fall mat outside the bed and the other half laying on the floor. The Resident rested with his eyes closed and his left foot out of the bed on the floor next to the urinary drainage bag. During an observation on 7/10/24 at 7:09 AM Resident #38 lay in a low bed. The urinary drainage bag lay directly on the floor draining yellow urine. Observation on 7/10/24 at 8:26 AM revealed Resident #38 lay in a low bed. The urinary drainage bag lay directly on the floor with the drain tube out of the holder directly in contact with the gray fall mat on the floor off the left side of the bed. The urinary drainage bag was almost half full of yellow urine. On 7/10/24 at 10:35 AM Staff A, CNA reported urinary drainage bags are not to touch the floor. Staff A reported there had not been a privacy bag on the resident's bed this morning. She should have gone to laundry to get a privacy bag for the bed. She confirmed Resident #38 did not have a dignity bag over his drainage bag while in bed this morning. The dignity bags are kept in the laundry room and she did not go get a dignity bag for his bed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/10/24 at 12:24 PM Staff B, CNA explained urinary catheter bags and tubing should not make contact with the floor. She verbalized they hang the urinary drainage bag off the side of the bed when the resident is in bed. If the resident is in a low bed, a plastic bag should be put over the drainage bag to keep the bag from contacting the floor or a dignity bag should be used over the drainage bag. During an observation of Resident #38 room on 7/10/24 at 12:32 PM, the gray fall mat noted to be folded in half with the outside of the mat touching the right side of the recliner and the other side of the mat touching the left side of the trash can. The sides touching the surfaces could potentially lead to cross contamination if the mat came into contact with the urinary drainage bag. On 7/10/24 at 2:42 PM Staff C, Registered Nurse (RN) reported if a resident is in bed, they hang the urinary drainage bag off the side of the bed. When asked what is the practice when a resident is in a low bed, she responded a barrier should be used under the bag. When asked further about the barrier, Staff C reported she wasn't sure what the facility practice was and didn't want to answer wrong. She would have to check on that. During an interview on 7/10/24 at 2:55 PM the DNS reported Staff C had just asked her about barriers for the catheter bags for the low beds and she was going to look up the policy. She expects the urinary drainage bags will not come into contact with the floor, but reported she needed to look up the policy to see what they were supposed to do. The DNS verbalized the fall mats should be folded inward so that the surface that could come into contact with the urinary drainage bag would not cause a problem. During an interview on 7/11/24 at 8:05 AM the DNS reported she expected the staff to utilized a dignity bag over the urinary drainage bags when the resident is in a low bed. The dignity bag straps could be adjusted so the bag is up off the floor even when used on a low bed. The Catheter: Care, Insertion, Removal, Drainage Bags, and Irrigation Specimen Policy revised 2/10/23 directed catheter tubing should never be allowed to touch the floor. Catheter (urinary drainage) bags should be covered when up in a chair and out in public or visible from the door/hall. The Policy lacked direction to the staff to keep the urinary drainage bags from coming into contact with the floor.