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	04/16/2025

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

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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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 50874 Based on electronic health record (EHR) review, Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 user's manual review, and staff interviews the facility failed to submit six completed Minimum Data Set (MDS) assessments for 1 of 1 residents reviewed (Resident #201). The facility reported a census of 51 residents. Findings include: A review of the EHR, MDS detail listing for Resident #201 revealed the following: 3/13/2025 - Annual - None PPS / M D S 3.0 - Completed 12/19/2024 - Quarterly - None PPS / M D S 3.0 - Completed 10/3/2024 - Quarterly - None PPS / M D S 3.0 - Completed 7/18/2024 - Quarterly - None PPS / M D S 3.0 - Completed 6/11/2024 - End of PPS Part A Stay / M D S 3.0 - Completed 4/20/2024 - Admission /Medicare - 5 Day / M D S 3.0 - Completed 4/17/2024 - Entry / M D S 3.0 - Accepted A review of all completed but not accepted MDS's for Resident #201 documented the unit was neither Medicare nor Medicaid certified and MDS data is not required by the state. The submission information for all completed but not accepted MDS's for Resident #201 documented do not submit to the Centers for Medicare and Medicaid Services (CMS). During an interview on 4/14/25 at 12:35 PM, Staff D, Business Office Manager revealed the facility is dually certified for all beds with CMS. (continued on next page)

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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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/14/25 at 12:45 PM, Staff E, MDS Coordinator/Infection Preventionist reported she and/or another staff member are responsible for completion of the MDS. Staff E revealed when the MDS's have been completed they are submitted to CMS. Staff E acknowledged she completed section A of the MDS, identifying the unit is neither Medicare nor Medicaid certified and MDS data is not required by the state. Staff E acknowledged the facility is certified to participate in the Medicare and Medicaid programs. Staff E revealed she reviews the export ready file to review the MDS's to be submitted and verifies the files have been accepted. During an interview on 4/14/25 at 1:00 PM, the Director of Nursing (DON) revealed the facility follows the RAI manual for completing and submission of the MDS assessments. The DON verified 6 of the 7 MDS assessments for Resident #201 had not been submitted. A review of the Long-Term Care Facility RAI 3.0 user's manual Version 1.19.1, October 2024 revealed nursing homes are required to submit Omnibus Budget Reconciliation Act (OBRA) required Minimum Data Set (MDS) records for all residents in Medicare- or Medicaid-certified beds regardless of the payer source. Skilled nursing facilities (SNFs) and non-critical access hospitals (non-CAH) with a swing bed agreement (swing beds) are required to transmit additional MDS assessments for all Medicare beneficiaries in a Part A stay reimbursable under the SNF Perspective Payment System (PPS). All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS' Internet Quality Improvement and Evaluation System (iQIES). Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF (PPS). Assessments that are completed for purposes other than OBRA or SNF PPS reasons are not to be submitted to iQIES, examples include, but are not limited to, private insurance and Medicare Advantage Plans (i.e., Medicare Part C). After completion of the required assessment and/or tracking records, each provider must create electronic transmission files that meet the requirements detailed in the current MDS 3.0 Data Submission Specifications available on the CMS MDS 3.0 website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html. The provider indicates the certification or licensure of the unit on which the resident resides in item A0410, Unit Certification or Licensure Designation. In addition to reflecting certification or licensure of the unit, this item indicates the submission authority for a record. o Value = 1 Unit is neither Medicare nor Medicaid certified and MDS data is not required by CMS or the State. o Value = 2 Unit is neither Medicare nor Medicaid certified but MDS data is required by the State. o Value = 3 Unit is Medicare and/or Medicaid certified.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537 Based on record review, staff interview, and policy review the facility failed to recheck oxygen saturation levels for 1 of 1 residents with a respiratory illness to ensure it remained within set parameters to keep above 90% SpO2 (peripheral oxygen saturation) set by the Doctor and ensure oxygen was care planed and interventions implemented (Resident #26). The facility reported a census of 51 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] for Resident #26 documented a Brief Interview for Mental Status (BIMS) score of 0 indicating severe cognitive impairment. The MDS documented she received oxygen and was dependent on staff for dressing, toileting, and transferring and does not walk. The MDS also documented diagnoses of pneumonia, chronic obstructive pulmonary disease (COPD) with acute exacerbation, aphasia, non-traumatic brain dysfunction, cancer, diabetes mellitus, and hip fracture. Record review of Resident #26 current orders in her Electronic Health Record (EHR) on 4/16/25 documented a current order with a start date of 1/29/25 to apply Oxygen 2 Liters Per Minute (LPM) per nasal cannula to keep oxygen saturation above 90% for COPD. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 4/15/2025 10:05 AM 88.0% Oxygen via Nasal Cannula 4/15/2025 9:33 AM 88.0% Oxygen via Nasal Cannula Record review of Resident #26 Progress Notes documented the following significant documentation follow up to the oxygen saturation level on 4/15/2025 at 11:18 AM lung sounds diminished, shortness of breath eased with oxygen on and neb treatments. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 4/13/2025 2:15 AM 91.0% Oxygen via Nasal Cannula 4/12/2025 11:20 PM 88.0% Oxygen via Nasal Cannula 4/12/2025 6:15 PM 88.0% Oxygen via Nasal Cannula 4/12/2025 10:46 AM 89.0% Room Air 4/12/2025 10:15 AM 89.0% Room Air 4/12/2025 2:15 AM 88.0% Room Air (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/11/2025 6:15 PM 87.0% Room Air 4/11/2025 9:59 AM 86.0% Oxygen via Nasal Cannula 4/11/2025 9:30 AM 91.0% Room Air 4/11/2025 2:15 AM 89.0% Room Air 4/10/2025 6:15 PM 88.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation follow up to the oxygen saturation level: On 4/13/2025 at 5:35 PM continues on supplemental oxygen and often removes nasal cannula and has to be redirected to keep it on or put it back on. Oxygen saturation levels do still drop with removal of oxygen. On 4/12/2025 at 1:45 PM lung sounds diminished, oxygen saturation over 90% with oxygen on. On 4/11/2025 at 10:13 PM she removes nasal cannula. On 4/11/2025 at 11:31 AM oxygen levels vary, was 86% with oxygen on, other times it was 91% and 93%. On 4/10/25 at 10:41 PM is alert but disoriented, seems restless, moving around in her bed. On 4/10/25 at 3:40 PM lung sounds diminished, oxygen saturation over 90% with oxygen per nasal cannula. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 4/5/2025 9:36 AM 93.0% Oxygen via Nasal Cannula 4/5/2025 9:21 AM 89.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation follow up to the oxygen saturation level on 4/5/25 at 9:37 AM lung sounds with slight wheezing, nebulizer treatments assist with ability to take deep breathes oxygen saturation 93% on oxygen. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 4/4/2025 9:42 AM 92.0% Oxygen via Nasal Cannula 4/3/2025 9:49 PM 89.0% Room Air 4/3/2025 10:24 AM 91.0% Room Air (continued on next page)

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/2/2025 10:29 PM 88.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation follow up to the oxygen saturation level: On 4/4/25 at 1:09 AM has been alert but still very confused, unable to finish sentences. On 4/4/25 at 12:03 AM does not keep oxygen nasal cannula in nose. On 4/3/2025 at 10:55 AM oxygen saturation 92% on room air, lung sounds shallow with minimal wheezing. Record review of Resident #26 oxygen saturations in her Electronic Health Record (EHR) documented the following outside of parameters and the follow up oxygen saturation: 3/30/2025 10:08 PM 90.0% Room Air 3/30/2025 4:25 PM 88.0% Room Air 3/30/2025 10:35 AM 91.0% Room Air 3/29/2025 10:14 PM 89.0% Room Air 3/29/2025 7:29 PM 89.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation follow up to the oxygen saturation level: On 3/29/25 at 10:46 PM disoriented, unable to verbalize appropriately, though she is sometimes able to communicate with gestures and pointing. On 3/28/25 at 12:13 AM had removed oxygen, it was put back on. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 3/18/2025 11:03 PM 92.0% Oxygen via Nasal Cannula 3/18/2025 10:47 AM 80.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation prior to the oxygen saturation level on 3/18/25 at 1:10 AM she is alert and disoriented and confused, she thinks she knows what she is talking about but makes absolutely no sense she has been restless this shift, but appears comfortable and denies need for pain medication. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/16/2025 9:14 AM 91.0% Oxygen via Nasal Cannula 3/16/2025 3:45 AM 88.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation related to the oxygen saturation level on 3/16/25 at 3:04 PM she is very anxious and says she is in pain. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 3/15/2025 10:01 AM 92.0% Room Air 3/14/2025 7:45 PM 89.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation related to the oxygen saturation level on 3/14/25 at 11:41 PM she is unable to communicate verbally with any clarity and at 11:09 PM is alert but disoriented, she refuses her oxygen sometimes by taking it off and it is put back on. Sometimes she just screams help rather than using her call light, at this time she is settled down and quiet. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 3/3/2025 7:32 PM 93.0% Oxygen via Nasal Cannula 3/3/2025 7:48 AM 82.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation related to the oxygen saturation level on 3/3/25 at 7:52 AM and 7:48 AM she was informed of benefits of wearing oxygen and risks of declining at 4:43 PM she initially refused oxygen but after reattempts she consented. Record review of Resident #26 oxygen saturations in her EHR documented the following outside of parameters and the follow up oxygen saturation: 3/2/2025 8:50 AM 94.0% Oxygen via Nasal Cannula 3/1/2025 7:23 PM 79.0% Room Air Record review of Resident #26 Progress Notes documented the following significant documentation related to the oxygen saturation level on 3/2/25 at 12:21 AM she is alert but disorient and has refused oxygen so her oxygen saturation has been low, measure at 79%. She is very confused, cannot speak sensibly, and gets irritated when people don't understand her. Record review of Resident #26 Progress Notes documented the following significant documentation related to the oxygen saturation level on 3/1/25 at 7:25 PM she refuses oxygen, will continue to offer. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #26 current Care Plan and Baseline Care Plan on 4/15/25 revealed they lacked goals and interventions regarding her need for oxygen. On 4/15/25 at 3:19 PM a request was made to provide a policy or procedure related to any of the following: change in condition, respiratory and/or oxygen assessments. The facility provided a Change In Condition Evaluation policy dated 4/6/25 and Respirations policy dated 10/29/24, however the policies provided did not include direction regarding oxygen saturation levels and what to do. Review of the facility policy Care Plan dated 12/2/24 instructed the following: The care plan will emphasize the care and development of the whole person ensuring that the resident will receive appropriate care and services. It will address the relationship of items or services required and facility responsibility for providing these services. During an interview on 4/16/25 at 10:30 AM with the MDS Coordinator revealed a residents Baseline Care Plan, Comprehensive Care Plan should have oxygen on it if the resident uses oxygen and relevant interventions if a resident would routinely attempt to take oxygen off.

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 42134 Based on clinical record review, policy review, and staff interview the facility failed to care plan high risk medications to include side effects to be monitored for 2 of 5 residents (Residents #20 and #29) reviewed for high risk medications. The facility reported a census of 51 residents. Findings include: The Minimum Data Set (MDS) for Resident #20 dated 3/20/25 documented the resident received an antipsychotic on a routine basis. The MDS documented the resident was also taking an antidepressant, diuretic (fluid pill), and an opioid (narcotic) pain medication. 1. The Care Plan for Resident #20 lacked side effects to be monitored for the antipsychotic medication. 2. The Care Plan for Resident #20 lacked side effects to be monitored for the antidepressant medication. 3. The Care Plan for Resident #20 lacked side effects to be monitored for the diuretic medication. 4. The Care Plan for Resident #20 lacked side effects to be monitored for the opioid pain medication. During an interview on 4/16/25 at 10:30 AM, the MDS coordinator acknowledged the Care Plan should include side effects to be monitored for the antipsychotic, antidepressant, diuretic and opioid medications. The MDS coordinator explained she didn't know she needed to include the side effects on the Care Plan. The facility policy titled Psychotropic Medications - Rehab/Skilled last reviewed on 12/30/24 directed staff to monitor for side effects of psychotropic medications. The facility policy titled Care Plan- R/S, LTC, Therapy and Rehab last revised on 12/2/24 directed staff to have an individualized, person centered, comprehensive plan of care. The policy further directed staff to modify the plan of care to reflect the care currently required by/provided to the resident. 50874 5. The MDS with a reference date 2/27/25, documented Resident #29 had diagnoses of heart failure, hypertension, renal insufficiency, diabetes mellitus, and non-Alzheimer's dementia. Resident #29 had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating intact cognitive status. Resident #29 had been dependent on staff for assistance with toileting hygiene, lower body dressing, and putting on/taking off footwear. A review of the electronic health record (EHR), Orders tab revealed Resident #29 received the following diuretics: (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	* Metolazone oral tablet 2.5 MG every morning on Monday and Thursday * Torsemide oral tablet 5 mg every day in the afternoon * Torsemide oral tablet 10 mg every day in the afternoon * Torsemide oral tablet 20 mg every day in the morning A review of Resident #29's Care Plan had a focus area initiated on 5/18/22 that stated the resident is on diuretic therapy related to edema. Interventions directed staff to monitor resident condition based on clinical practice guidelines or clinical standards of practice related to the use of a loop diuretic (Torsemide). The Care Plan failed to list Metolazone. The Care Plan failed to list interventions to direct staff to monitor for the adverse effect for the use of diuretics. The adverse effects for Torsemide include: * Chest pain * Decreased urination * Increased thirst * Irregular heartbeat * Mood changes * Muscle pain or cramps * Nausea or vomiting * Numbness or tingling in the hands, feet or lips The adverse effects for Metolazone include: * Dizziness * Weakness * Restlessness * Headache * Muscle cramps * Joint pain or swelling * Constipation (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	* Diarrhea During an interview on 4/16/25 at 11:24 AM, Staff E, MDS Coordinator/Infection Preventionist acknowledged the Care Plan lacked the adverse effects of diuretic use and failed to include Metolazone.

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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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 41537 Based on record review, staff interview, and policy review the facility failed to maintain a quality assessment and assurance committee consisting at a minimum the Director of Nursing (DON), the Medical Director or his/her designee; at least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and the Infection Preventionist (IP) were all in attendance for the first quarter of 2025 Quality Assurance (QA) meeting. The facility reported a census of 51 residents. Findings include: Record review of the facilities Quality Assurance and Performance Improvement Plan (QAPI) committee meeting Sign-in Sheet's for the first quarter of 2025 revealed the following: 1/24/25 - Medical Director and IP not in attendance 2/21/25 - Medical Director and IP not in attendance 3/28/25 - DON and IP not in attendance During an interview on 4/16/25 at 11:08 AM the Administrator revealed she would like the Medical Director to attend monthly meetings but scheduling has been hard and would expect all required staff to be in attendance. Record review of the facilities 2025 Quality Assurance and Performance Improvement Plan dated 1/24/25 instructed the following: The administrator is the leader of the QAPI Committee, with assistance from the QAPI Coordinator, and is responsible for its effective operation. The location QAPI Committee ensures an effective QAPI program is in place and the program is adequately resourced with time, personnel, training (including contract staff), equipment, and financial resources.