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	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan - 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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, dishwasher instructional manual, document review, policy review, and staff interview, the facility failed to ensure staff were competent in procedures to test and document the hot water sanitation of the dishwasher. The facility identified a census of 57 residents.Findings include:A Vendor Service Ticket dated 10/1/25 documented the installation of a new high temperature dishwasher.Observation on 4/27/26 at 1:26 PM revealed a hot water sanitation dishwasher. The dishwasher placard located on the right upper side of the dishwasher documented a required wash temperature of 150 degrees Fahrenheit (F) and a final rinse temperature of 180 degrees (F). Staff D, Lead [NAME] obtained the quat bucket test strips and dipped the test strip in the water, then reported she didn't think that was right. Staff E, [NAME] voiced they use the digital thermometer to check the dishwasher to ensure it is sanitizing to temperature. After four cycles, the dishwasher displayed a wash temperature of 156 degrees Fahrenheit (F) and a final rinse temperature of 187 degrees F. Staff E placed the digital thermometer on a dishrack inside the dishwasher and ran the dishwasher through two additional cycles of which the digital thermometer registered a maximum final temperature of 170.6 degrees both times indicating the dishwasher was not at the required hot water sanitation temperature of 180 degrees (F). Staff E reported the vendor had just been at the facility and ran the digital thermometer through the machine with no problems. Staff E went to the Nutrition and Food Services Supervisor (NFSS) and returned with a different orange test strip and proceeded to run the test strip through the dishwasher. The test strip turned orange to indicate the final hot water temperature of 180 degrees (F). Staff E stated when they got the new dishwasher, they quit using the orange test strips in the machine. Interview on 4/27/26 at 1:38 PM Staff D reported she had never used the digital thermometer or the orange test strips to test the dishwasher temperature. She only recorded the temperatures off of the display monitor on the dishwasher. A review of the April 2026 Dish Machine Temperature Log, Thermal Sanitizer paper directed the staff to document the temperature of the wash and final rinse temperatures morning, noon and evening. The Log lacked further direction or documentation to guide or indicate a digital thermometer check or a sanitation test strip check had been completed.During an interview on 4/27/26 at 1:43 PM the NFSS reported she used the digital thermometer to check the dishwasher daily. She hadn't realized they needed to document the testing. She couldn't answer for what the other dietary staff were testing the dishwasher with. She didn't know what the facility policy required.Interview on 4/28/26 at 1:49 PM Staff D explained the orange test strips or the digital thermometer should be used to check the dishwasher sanitation. The last time she knew, the policy stated to check the dishwasher (sanitation) one time a day and record on the paper (Dish Machine Temperature Log Thermal Sanitizer). They used to write the check down on a separate piece of paper. But that went obsolete two years ago as there were too many back and forth issues with it. She had never done a test strip on the current dishwasher. On 4/27/26, they thought they were supposed to use the strips they used on the sanitizer buckets. The only training she received on the new dishwasher was if there were issues, they were to scan the QR code and if that didn't fix the problem, then they were to call the vendor for technical assistance. Interview on 4/28/26 at 1:53 PM Staff E voiced she had never been shown how (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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to calibrate the digital dishwasher thermometer. Interview completed on 4/28/26 at 1:57 PM Staff D explained the dishwasher is a heat sanitation machine. She had never run the digital thermometer through the dishwasher. She reported they are to check the dishwasher at the start and end of the shift, then changed and stated it should be done three times a day. She had only been told to use the testing strips that turn orange. She never knew they had to document on the sheet if it was the strip test or the dishwasher thermometer that was used for the check. During an interview on 4/28/26 at 3:14 PM the NFSS reported the dishwasher vendor comes and uses the digital thermometer to check the dishwasher sanitation. They had younger staff in the evenings that kept getting the sanitizer strips wet so it wasn't cost effective. She had asked the consultant about using a digital thermometer to test the dishwasher temperature and was told it was okay. The staff were to be using the digital dishwasher thermometer daily to check on the dishwasher sanitation. She explained the staff would have received a general orientation on the dishwasher when it was replaced but she did not have any training records to show they had been trained on it or how to use the digital thermometer. She had talked with maintenance and he stated the machine just needed to be run more. She wasn't aware they needed to document the sanitizer checks on the dishwasher. Interview completed on 4/28/26 at 4:04 PM the NFSS reported the vendor had a form they could use for documenting the dishwasher sanitation checks. She planned to go back to using the orange testing strips and documenting on that form.During an interview on 4/30/26 at 8:14 AM the NFSS reported maintenance set the hot water booster for the dishwasher up higher. Observation of the dishwasher at this time revealed a wash temperature of 153 degrees and a final rinse temperature of 187 degrees with a strip test turning orange to indicate the dishwasher had sanitized at a minimum of 180 degrees. The NFSS further explained she removed the digital thermometer from the washroom so that staff did not get confused. She had not had time to check the calibration of the digital thermometer and there had been no specific frequency for ensuring the digital thermometer was correctly calibrated on a regular basis. She thought the new dishwasher had been installed around October 2025. The staff had not had updated training on the new dishwasher since it was installed. She did not have any records of updated training on checking the sanitation of the dishwasher. She reported she trains new staff upon hire on the dishwasher as part of the kitchen general orientation. Observation at this time revealed a plastic container of the orange test strips on the second shelf of a cart by the dishwasher and a clipboard by the sink with a plastic bag of orange test strips available. A 4/28/26 review of the 3/19/26 and 4/23/26 Vendor Service Call Reports documented the dishwasher with a wash temperature of 153 degrees, rinse temperature of 187 degrees with the detergent and rinse additives in range. The Call Reports lacked documentation if a digital thermometer had been utilized to check the dishwasher was adequate sanitizing at 180 degrees that matched the panel display. Interview on 4/30/26 at 8:53 AM the Vendor Service Representative reported he completes monthly visits. He only reads the rinse temperature off the dishwasher display. He does not use the thermometer when he checks the dishwasher. It is not a requirement for them as they are there to check if the chemicals are working correctly, not the machine. If the machine has been run continually and is not getting up to the 180 degree rinse temperature, then it could be an issue with incoming water coming into the machine too low and the heat booster can't keep up. The testing strips are not as accurate as the thermometer checks. If the thermometer did not show the machine reached the required rinse temperature, then that should have been identified, reported and looked into further. The new dishwasher machine was installed at the facility in October 2025. On 4/30/26 at 10:10 AM the Administrator voiced the Food Code documented the hot water sanitation had to be at 160 degrees. The specific dishwasher Instruction Manual, page 25, directed sanitation mode required a hot water rinse temperature of 180 degrees (F).The Warewashing-Mechanical and Manual Policy, revised 2/13/26 documented a Purpose to promote good practices during ware washing regarding the prevention of foodborne illness. The Warewashing definition specified cleaning and sanitizing of utensils and food-contact surfaces of equipment. The Policy directed food and nutrition employees (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	would ensure that food preparation equipment, dishes and utensils were effectively cleaned, sanitized to destroy potential disease carrying organisms. The Procedure specified the Director of Food and Nutritional Services Supervisor would monitor completion of tasks and accuracy of records. Under Washing Operation the Policy directed staff to check compliance for wash and rinse cycles with each meal service: High temperature wash cycle 150-165 degree/rinse cycle 180 degrees (F) Per the food code, when hot water mechanical ware washing is in use, an irreversible registering temperature indicator shall be readily accessible for measuring the surface temperature to ensure that 160 degrees (F) is reached in the rinse cycle. Record the results of all completed tests in the Action Taken on the appropriate form.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, policy review, and staff interview the facility failed to prevent bare hands from contacting food during food preparation and keep cold foods below 41 degrees Fahrenheit (F) during meal service. The facility reported a census of 57 residents.Findings include:Observation on 4/28/26 at 10:26 AM Staff D, Lead [NAME] opened a plastic package of buns with her bare hands and proceeded to remove three buns from the bag and place the buns into a blender as she prepared a pureed taco burger for Resident #10. At 10:50 AM Staff D moved a dirty blender, measuring cup and spatula to the left side of the countertop, wiped her hands on along her uniform at both sides of her hips, then used a spatula to scrape three cookies off a baking sheet touching the cookies with her left hand as she scraped them from the baking sheet onto the spatula to place into a blender to puree. The pureed taco burger and cookie were served out to resident #10 during the lunch meal service. Observation on 4/28/26 at 11:25 AM the Nutrition and Food Service Supervisor (NFSS) washed her hands, applied gloves and placed cookies from a baking sheet into small plastic bags with her left gloved hand. She then removed the empty baking sheet with her left gloved hand and placed another baking sheet of cookies on top of the empty baking sheet. The NFSS proceeded to bag 13 additional plastic bags of cookies touching the cookies with her left gloved hand. The cookies were served out during the lunch meal service. At 11:31 AM Staff D filled three large metal pans with ice and placed the large pans of ice in the first three wells of the steam table. Staff D placed a large tray consisting of small plastic containers of salsa across the metal pan approximately 3-4 inches above the ice. Staff D then placed a large tray of small plastic containers of sour cream on top of the tray of salsa. At 11:42 AM Staff D completed pre meal temperatures with the salsa temperature at 40.4 degrees Fahrenheit (F) and the sour cream at 42.4 degrees (F). The meal service started at 12:00 PM and concluded at 1:15 PM. Post meal temperatures completed revealed the salsa at a temperature of 61.7 degrees and the sour cream at 63.1 degrees. During the provision of meal service which started at 12:00 PM as Staff D plated two taco salads. Her left thumb contacted the lettuce and the taco salads were served out to resident #30 and #35. Interview on 4/28/26 at 1:49 PM Staff E, [NAME] reported food cannot be touched with bare hands. They are to use gloves or tongs to handle food. Cold food has to be held below 41 degrees for serving. Interview completed on 4/28/26 at 1:57 PM Staff D explained they are not to touch food with bare hands. They should use a glove if they have to touch food. Cold food should be held below 41 degrees, then stated it could be 45 degrees. She voiced, it is okay for cold food to be held at 42 degrees so it must be okay if the cold food temperatures are below 45 degrees. During an interview on 4/28/26 at 3:14 PM the FNSS reported staff are not to touch food with bare hands. She expects the staff to use a glove or tongs to handle food. She expects the staff to hold cold foods below 42 degrees. At this time Staff D standing nearby responded she had touched the buns (during puree preparation earlier) and hadn't realized it. The Hand Washing and Glove Use Policy, revised 6/06/25, directed employees not to touch any food with bare hands. Proper utensils such as tissue, spatula, tongs and single-use gloves were to be used for food handling to reduce the risk of cross-contamination.The Food Temperature Monitoring Policy, revised 3/23/26, directed cold Time/Temperature for Safety (TCS) foods (food that requires time/temperature control to limit pathogenic microorganism growth or toxin formation), would be held at or lower than 41 degrees (F) and served promptly after being removed from the refrigerator. Temperatures would be taken periodically during or at the end of the meal service to ensure that holding temperatures were adequate.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on an electronic health record (EHR) review, policy review, and staff interview, the facility failed to submit a new Preadmission Screening and Resident Review (PASRR) assessment for 1 of 4 residents reviewed (Resident #7). The facility reported a census of 57 residents.Findings include: Resident #7's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 00 indicating severe cognitive impairment. The MDS included diagnoses of anxiety disorder, depression and Post Traumatic Stress Disorder (PTSD- mental health condition triggered by experiencing or witnessing terrifying events). Resident #7 current PASRR Level 1 Screening Outcome dated 10/11/23 reflected a PASRR Level 1 outcome for no Level II required- no serious mental illness (MI)/intellectual disability (ID)/related condition (RC). The Level I included diagnosis of anxiety disorder and depression.Review of the EHR medical diagnoses listed active diagnoses of PTSD and major depressive disorder effective 9/11/24. The Care Plan Report identified a Focus area with a revision date of 8/7/25, for psychosocial well-being deficit related to childhood trauma with a diagnosis of PTSD. The Behavioral Health Progress Note dated 1/16/25 documented patient reports a history of physical and emotional abuse as well as neglect. The Behavioral Health Progress Note listed current psychotropic medications as follows:Sertraline 150 mg (milligram) daily for anxietyDuloxetine 60 mg in in the morning and bedtime for anxiety, mood and chronic painXanax 0.5 mg in the morning and bedtime for anxiety disorderThe Behavioral Health Progress Note listed active diagnoses of major depression and chronic PTSD. Follow up included: Will re-evaluate patient's status at the next appointment anticipated to be a 30-minute appointment that is anticipated to occur every 3 months for PASRR requirements. Resident #7's Order Summary Report included a listing of all active diagnoses, including the diagnoses of PTSD and major depressive disorder. The Primary Physician reviewed and signed the Order Summary Report in March 2026. Resident #7's Order Summary Report included a listing of all active diagnoses, including the diagnoses of PTSD and major depressive disorder. The mental health ARNP reviewed and signed the most recent Order Summary Report on 4/16/26. A Mood/Behavior Progress Noted dated 7/16/25 documented resident refused all medications and treatments. A Mood/Behavior Progress Noted dated 7/17/25 documented resident refused to take medication multiple times. A Mood/Behavior Progress Note dated 12/1/25 documented resident heard yelling out and demanded to know where everyone is. On 4/29/26 at 1:39 PM Staff A, Registered Nurse acknowledged Resident #7 had an active diagnosis of PTSD.On 4/29/26 at 3:00 PM, Social Services reported Resident #7 did have a diagnosis of PTSD. She reported she was the person responsible for submitting updates for PASRR when needed. The Social Services Director commented a diagnosis of PTSD doesn't always require an updated PASRR to be submitted. The Social Service Director acknowledged the most recent PASRR had been completed on 10/11/23. On 4/29/26 at 3:16 PM, the Administrator verbalized Social Services was responsible for submitting updates for PASRR.On 4/30/2026 9:13 AM, the Administrator verbalized unless there had been a significant change in behavior the PASRR may not need to be submitted for an update. It was a very gray area and still looking into it. A review of the Pre-admission Screening and Resident Review (PASRR) - Rehab/Skilled facility policy revised on 12/29/25 revealed the following: 1. If the resident is diagnosed with mental disorder while in the location, social services, or the designated individual, will contact the designated state agency for a Level II screening. 2. PASARR recommendations will be incorporated into the care plan (i.e., a PASARR recommendation for counseling to address a resident ?s social withdrawal could be care planned under mood state).3. The location will notify the state-designated mental health or intellectual disability authority promptly when a resident with MD or ID experiences a significant change in mental or physical status. Examples of such changes include, but are not limited to:a. A resident who demonstrates increased behavioral, psychiatric, or mood (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	related symptoms.b. A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment.c. A resident who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications. d. A resident whose significant change is physical, but has behavioral, psychiatric, or mood-related symptoms, or cognitive abilities that may influence adjustment to an altered pattern of daily living.e. A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASARR Level II evaluation and determination.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review, the facility failed to implement a Baseline Care Plan for 1 of 3 newly admitted residents (Resident #21). The facility reported a census of 57 residents.Findings include:Resident #21's Minimum Data Set (MDS) assessment dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 0 out of 15, indicating severely impaired cognition. Resident #21's diagnoses included dementia, anxiety, and depression. Resident #21 required staff assistance for all Activities of Daily Living (ADLs) and used a walker and wheelchair for mobility.In an interview on 4/30/26 at 10:17 AM, the MDS Coordinator confirmed that Resident #21 was admitted on [DATE] and the Baseline Care Plan should have been completed within 48 hours.In an interview on 4/29/26 at 11:35 AM, the Director of Nursing (DON) stated that the MDS Coordinator covered two facilities. The DON acknowledged that the facility experienced a breakdown in communication regarding who was responsible for completing the Baseline Care Plan.A review of Resident #21's records showed that as of 4/1/26, the facility only completed Care Plans for bed rails, skin impairment related to incontinence (without interventions), pain, and ADLs. This remained the only information present on the Baseline Care Plan for Resident #21 from 4/1/26 to 4/5/26.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review, the facility failed to implement a Comprehensive Care Plan to include psychotropic medications for 1 of 3 newly admitted residents (Resident #21). The facility reported a census of 57 residents.Findings include: Resident #21's MDS assessment dated [DATE], triggered Care Area Assessments (CAAs) for cognitive loss/dementia, urinary incontinence, psychosocial well-being, activities, falls, nutritional status, pressure ulcers, and psychotropic drugs. Resident #21 took antipsychotic, antianxiety, and antidepressant medications and was working with physical therapy.A review of Resident #21's Comprehensive Care Plan on 4/28/26 revealed that it did not include psychotropic medication monitoring or side effects.In an interview on 4/30/26 at 10:17 AM, the MDS Coordinator stated that a Comprehensive Care Plan should include medications, ADLs, diagnoses, skin integrity, treatments, falls, infections, and triggered items from the MDS. Regarding Resident #21, the MDS Coordinator stated she completed the antianxiety and antidepressant medication Care Plans on 4/29/26. She attributed the delay to human error and noted she usually double-checked these entries.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review the facility failed to revise 1 of 1 residents Care Plan after the resident had Urinary Tract Infection (UTI) symptoms and was put on an antibiotic for a UTI (Resident #16). The facility reported a census of 57 residents:Findings include: Resident #16's Minimum Data Set (MDS) assessment dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderately impaired cognition. Resident #16's diagnoses included dementia, personal history of urinary tract infections, and benign prostatic hyperplasia (enlarged prostate).Review of Resident #16's Communication/Visit with Physician progress note indicated that on 4/23/26 at 3:16 AM, the Physician responded to a fax regarding malodorous urine and increased weakness, and the Physician ordered a urinalysis with Culture and Sensitivity (C&S) for Resident #16.Resident #16's Health Status progress note showed that on 4/27/26, the Physician Assistant-Certified (PA-C) ordered Ciprofloxacin (Cipro) 500 milligrams (mg) twice a day (BID) for 7 days to treat the UTI for Resident #16.In an interview with the MDS Coordinator on 4/30/26 at 10:17 AM, revealed that a new antibiotic and a UTI required a revision to the Care Plan for Resident #16.Resident #16's Care Plan review on 4/29/26 showed the facility failed to include the UTI diagnosis or the antibiotic treatment for Resident #16.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review the facility failed to provide assessment and intervention for a resident who presented with Urinary Tract Infection (UTI) symptoms and obtain a Urinalysis (UA) timely after it was ordered by his Provider for 1 of 2 residents reviewed for UTI (Resident #16). The facility reported a census of 57 residents. Findings include: Resident #16's Minimum Data Set (MDS) assessment dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderately impaired cognition. The MDS noted Resident #16 required substantial to maximal assistance with toileting and transfers and was always incontinent of urine (loss of bladder control). Resident #16's diagnoses included dementia, personal history of urinary tract infections, benign prostatic hyperplasia (enlarged prostate) with lower urinary tract symptoms, and weakness. On 4/20/26 at 4:12 PM, the Health Status progress note indicated a Certified Nursing Assistant (CNA) provided toileting care for Resident #16 and noted the urine had a foul smell. The CNA notified the Licensed Practical Nurse (LPN) who assessed the urine as dark in color and malodorous. Resident #16 demonstrated increased weakness during transfers and experienced bowel and urinary incontinence. On 4/23/26 at 3:16 AM, the Communication/Visit with Physician progress note stated the Physician responded to a fax regarding the malodorous urine and increased weakness. The Physician ordered a urinalysis with Culture and Sensitivity (C&S) due to the increased weakness and permitted a straight catheterization if necessary.On 4/25/26 at 6:50 AM, the Communication/Visit with Physician progress note recorded that a Nurse collected a urine sample via straight catheter. The Nurse transported the sample to the local hospital's laboratory for testing. On 4/25/26 at 10:57 AM, the Health Status progress note showed the Nurse documented that the laboratory results indicated multiple abnormal values. The Nurse faxed the results to the Physician and awaited a response.On 4/27/26 at 5:41 PM, the Health Status progress note reported that the nurse received lab test results showing greater than 100,000 colony-forming units of two different types of bacteria in the urine. The Physician Assistant-Certified (PA-C) prescribed the antibiotic Ciprofloxacin (Cipro) to be taken at a dose of 500 milligrams (mg) twice a day for 7 days to treat a Urinary Tract Infection (UTI). Review of Resident #16 Electronic Health Record (Progress Notes, Vital Signs and Assessments) lacked documentation of vital signs, other than for 4/22/26, and assessments completed from 4/20/26 to 4/26/26 to monitor his suspected UTI. In an interview on 4/30/2026 at 11:52 AM, Staff F, CNA, stated that Resident #16 had odorous urine and increased weakness a while back. Staff F noted, however, that Resident #16 had no complaints regarding urinary issues. In an interview on 4/30/2026 at 12:12 PM, Staff G, Registered Nurse (RN), stated that she noticed weakness in Resident #16 recently. Staff G explained that this change in condition should indicate the need to check vital signs and symptoms, and to begin charting every shift for 24 to 48 hours. She noted that Resident #16 required a straight catheterization to obtain the UA and confirmed has not seen any other symptoms typically related to a UTI for Resident #16 in the past two months.In an interview on 4/30/2026 at 12:15 PM, the Director of Nursing (DON) stated that if a resident exhibits weakness, odorous urine, or a suspected change in condition, staff should complete the Electronic Health Record (EHR) Assessment for Clinical Monitoring. The DON clarified that this assessment triggers a requirement for nurses to perform a clinical assessment every 12 hours. Additionally, the DON informed that the nurse who identifies the issue should also complete a Change of Condition Assessment. The DON acknowledged that this process was not followed for Resident #16 when he exhibited symptoms of a UTI.In an interview on 4/30/2026 at 12:40 PM, the Administrator stated for Resident #16, staff should have at least performed an assessment and obtained a urinalysis (UA) in a timely manner.The Nursing Documentation Guideline, Timelines policy dated December 2025 directed that the purpose of the policy was to systematically and continuously collect information about the health status of the resident and to ensure appropriate documentation (continued on next page)

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	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan - 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was completed in a timely manner. The policy further revealed when a change in condition was identified in a resident, the nurse would use the Change in Condition evaluation to collect the data prior to communicating with the medical provider.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews the facility staff failed to provide 2 of 2 residents restorative programs as frequently as the program ordered (Resident #28 and Resident #4). The facility reported a census of 57 residents. Findings include: 1. Resident #28's Minimum Data Set (MDS) assessment dated [DATE] indicated he entered the facility in October 2011 and had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, indicating severe cognitive impairment. He relied on staff for toileting, shower/bathing, and moving from a sitting to standing position. He did not complete a Restorative Program for at least 15 minutes during the past 7 days. He had diagnoses of a need for assistance with personal care, other abnormalities of gait (walking pattern) and mobility, and a traumatic brain injury. Resident #28's Care Plan, last revised on 12/8/25, included 3 Restorative Programs related to his traumatic brain injury: ambulation in the hallway, riding a pedaled bike for 15 minutes, and lifting a 4 pound weight with seated functional reaching.Resident #28's Documentation Survey Report V2 for February 2026 showed documentation did not apply for 6 days, 20 entries went missing with no charting completed, and he received one of his programs on 3 different days of the month.Resident #28's Documentation Survey Report V2 for April 2026 showed documentation did not apply for 19 days, 13 entries went missing with no charting completed, and he received one of his programs on 3 different days of the month.Resident #28's MDS dated [DATE] documented he completed an Active Range of Motion (moving joints through movement) for 15 minutes or greater 1 time in the past 7 days.2. Resident #4's MDS dated [DATE] indicated she entered the facility in November 2021 and had a BIMS score of 0 out of 15, indicating severe cognitive impairment. She needed substantial/maximal assistance from staff for transfers and moving from a sitting to standing position, and she did not walk. She had diagnoses of pain, atrial fibrillation (irregular heartbeat), depression, and hypertension (high blood pressure).Resident #4's Care Plan, last revised on 2/7/25, included 2 Restorative Programs to be completed 3 times a week.Resident #4's Documentation Survey Report V2 for April 2026 showed documentation did not apply for 7 days, she refused to complete programs on 7 days, 9 entries went missing with no charting completed, and she received a restorative program on 3 different days of the month.Resident #4's Documentation Survey Report V2 for February 2026 showed documentation did not apply for 7 days, she refused her programs on 2 days, 8 entries went missing with no charting completed, and she received one of her programs on 7 different days of the month.On 4/30/26 at 11:10 AM, Staff C (Certified Nursing Assistant/Restorative Aide) stated she worked 5 days a week at the facility and performed duties as a Certified Nursing Assistant (CNA) 1-3 times per week when pulled from restorative duties. Staff C noted that Resident #4 frequently refused services and Resident #28, who required daily restorative care, sometimes refused, though she approached him again later. Staff C observed that both Resident #4 and Resident #28 declined a bit since she returned from leave in February; the residents reported to her they did not receive restorative services for months during her absence. As a result, they didn't always want to participate with their programs and refused more often. In an interview on 4/30/2026 at 12:15 PM, the Director of Nursing (DON) confirmed that Resident #4 and Resident #28 should receive their Restorative Programs as ordered.