STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165247	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - George	324 First Avenue North George, IA 51237

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and facility policy, the facility failed to ensure bed hold notice was signed by residents and or the resident's responsible person when residents transferred out of the facility for 1 of 1 residents reviewed (Residents #7). The facility reported a census of 31 residents.Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #7 documented diagnoses of hypertension, anemia and arthritis. The MDS showed the Brief Interview for Mental Status (BIMS) score of 06, indicating severe cognitive impairment. Review of Resident #7's Census tab revealed the following information:11/7/24- no pay hospital leave11/8/24- active12/10/24- no pay hospital leave12/12/24- active Review of Progress Notes revealed the following:On 11/7/24 at 8:47 p.m., resident will be admitted to hospital for observation. On 11/8/24 at 5:07 p.m., resident arrived back at the facility. On 12/10/24 at 9:02 a.m., resident left facility to hospital for hip surgery.On 12/12/24 at 1:13 p.m., returns to facility from hospitalization. Review of Bed Hold dated 11/7/24 revealed verbal authorization from Resident #7's representative but lacked a resident representative signature. Review of Bed Hold dated 12/10/24 revealed verbal authorization from Resident #7's representative but lacked a resident representative signature. Review of facility provided policy titled Bed Hold with revision date of 12/19/24 revealed The Notice of Bed-Hold Policy should be mailed if family or the resident representative does not come to the facility to receive a copy. Interview on 8/21/2025 at 9:50 a.m., with the Social Services revealed the 2 bed holds had been missed and they should have had the signatures obtained from families.

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 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** Based on observations, record review, interviews and policy reviews, the facility failed to provide staff with current continuous positive airway pressure (CPAP) machine settings, failed to enter the faxed order into the electronic chart, and failed to enter CPAP information into the care plan for 1 of 12 residents reviewed (Resident #6). The facility reported a census of 31 residents. Findings include:1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #6 documented diagnoses of renal insufficiency, diabetes and anemia. The MDS failed to indicate Resident #6 used a non-invasive mechanical ventilator. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. In an interview on 8/19/2025 at 11:03 AM, Resident #6 reported using a CPAP nightly.Observation on 8/19/25 at 1:48 PM revealed a CPAP on Resident #6's bedside table. The faxed Physician's Order dated 6/19/25 for Resident #6 showed an order for a CPAP.The Order Summary Report with an active order date of 8/21/25 for Resident #6 showed the facility failed to enter the CPAP order and settings into the electronic chart.The Care Plan for Resident #6 failed to show the resident used a CPAP.The Non-Invasive Respiratory Support policy last revised 10/30/24 identified:Provider orders must be obtained stipulating when the device can be removed and how it is to be used while resident is performing activities ofdaily living (bathing, eating, ambulating, etc.).Provider orders stipulating oxygen levels to be maintained when device is not in place or during periods of resident activity shall be recorded in the TAR.Nurse aide observation:1. Immediately report to the licensed nurse any change in resident's condition.2. Directions should be given to the aides based on provider orders for delivering oral care or skin care needs and if the mask/nasal cannula can beremoved for any amount of time if applicable.Start Therapy:1. Connect the breathing circuit to the machine.a. If using a mask, place the mask over the nose and mouth starting at the top and rolling down to the chin to assure that the mask is secure andsealed.b. If using a nasal cannula, ensure that the device is centered, secure and comfortable for the user.c. If using a nasal pillow, insert the nasal pillow into the shell making sure they fit correctly and that there is no air leaking around them.2. Provider orders must be obtained stipulating when the device can be removed and how it is to be used while resident is performing activities ofdaily living (bathing, eating, ambulating, etc.).In an interview on 8/21/25 at 8:50 AM, the MDS Coordinator reported she is responsible for updating and revising care plans. The MDS Coordinator reported the facility failed to enter the orders into the electronic chart and care plan. When asked why, the MDS Coordinator reported the error may have occurred when the responsibility changed from the Director of Nursing (DON) to the MDS Coordinator. In an interview on 8/21/25 at 9:05 AM, the DON confirmed Resident #6 failed to have an electronic order and care plan regarding the CPAP. The DON stated, the CPAP should be in the orders and on the care plan.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, staff interviews and facility policy review the facility staff failed to serve proper serving amounts for residents. The facility identified a census of 31 residents. Findings include:During an ongoing observation on 8/20/2025 at 11:21 a.m., of Staff A, [NAME] completed the puree process for 2 residents in the facility. Staff A added 3 servings of meat, potatoes, roll and gravy into the blender and added a couple spoons full of thickener and pureed the mixture. When the process was completed, Staff A placed the mixture into the measuring cup and had a total of 3 cups of pureed food. According to the chart the residents were to get 2 #8 scoops of the mixture. Staff A then added 3 servings of spinach to the blender, a couple scoops of thickener and added butter and pureed the mixture until smooth. Once the mixture was smooth Staff A poured the mixture into a measuring cup and the amount was over the 1 cup measurement on the cup. Staff A stated the measurement was 1 and 1/4 cup. When asked how Staff A knew for sure there was 1 and 1/4 cup of food in the measuring cup Staff A replied she just knew as she went by the lines. When asked again how Staff A knew there was 1 and 1/4 cup of food in the cup Staff A replied she just knew. When Staff A was asked if Staff A could say for sure there was 1 and 1/4 cup of food in the measuring cup she said no she was going to use a bigger measuring cup. Staff A moved the mixture over to the larger measuring cup Staff A had 1 and 1/2 cups of food. During meal service 2 residents were served a plate of puree meal. Each plate was served one scoop of meat, potato, roll and gravy mixture and one scoop of spinach mixture. These plates were served to the residents. Staff A was asked as to why there was so much of the meat, potato, roll and gravy mixture left in the pan. Staff A replied it was extra due to making 3 portions. When asked how much was left there was approximately 3 and 1/2 scoops of the mixture left. Staff A was asked again how much she started with and how much the residents were to be served. The Dietary Manager (DM) stepped in and asked how much she had made and how much she served. The DM stated Staff A needed to give each of the residents that received pureed meals another scoop of the meat, potato, roll and gravy as they only received half of their meal portion. Staff A continued to service residents in the dining room. Approximately 10 plates were served a smaller portions. Staff A revealed the residents did not want a full portion so the kitchen serves a half portion to them. Staff A used the full serving size scoop and filled the scoops approximately half full. Staff A did not measure out half portions for those 10 plates. During an interview on 8/21/2025 at 12:53 p.m., with the DM and Staff A revealed Staff A was just filling the scoops approximately half full for residents that did not have the full portions and she did not have an exact measurement. Staff A explained residents ask for a half serving as they will not eat the meal if the plate has the full serving. The DM revealed Staff A should have served the correct portions to the puree during meal service and she expected the staff to be serving full portions as only 1 resident is ordered and care planned to have half portions served for meals. Review of the facility policy titled Texture Modified Diets Food and Nutrition dated 5/12/2025 revealed pureed food is not combined or stirred together during dining unless it is requested by the resident and documented in the care plan. Review of the facility policy titled Meal Service dated 11/5/2024 revealed it is the policy to serve well-balanced, attractive meals to all residents and to provide adequate nutrition for the well-being of all residents. Interview on 8/21/2025 at 8:24 a.m., with the Administrator revealed the staff should be serving proper amounts to the residents as ordered.

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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 observations, staff interviews, and facility policy reviews the facility failed to ensure food was stored and prepared under sanitary conditions. The facility identified a census of 31 residents.Findings include: On 8/18/2025 at 10:49 a.m., during the initial walkthrough in the kitchen was conducted and following concerns were noted. The following items were in the kitchen open and ready for use:a. open container of Cheerios with no label and no open dateb. open container of rice cereal with no label and no open datec. open bottle or raspberry syrup with no label and no open dated. open container of oatmeal with no label and no open date e. open box of cornstarch with no label and no open date. The following items were in the refrigerator read for use:a. 32 servings of cake uncovered on a tray b. open carton of liquid egg with no open datec. open carton of heavy whipping cream with no open dated. open gallon of white milk with no open datee. pitcher of orange juice with no open datef. pitcher of apple juice with no open dateg. open carton of thickened water with no open dateh. 2 containers of greek yogurt open with no open date with an expiration date of 8/10/25i. box of oranges sitting on the floorj. open jug of raspberry vinaigrette with no open datek. bottle of honey mustard lacked an open datel. bottle of Italian dressing lacked an open date m. bottle of ranch dressing lacked a label and open daten. bottle of red sauce lacked a label and open date.Review of the facility policy titled Food Supply Storage with a reviewed date of 3/7/2025 revealed foods that have been opened or prepared are placed in an enclosed container, dated, labeled and stored properly. Items being prepared for the next meal do not have to be dated and labeled but must be covered. Interview on 8/21/2025 at 12:53 p.m., with the Dietary Manager revealed she expected the dietary staff to make sure items were dated when they are opened and first in first out. Interview on 8/21/2025 at 8:24 a.m., with the Administrator revealed he expected the kitchen to have things covered and labeled when they are opened.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report from Fiscal Quarter 2, 2025 (January 1 through March 31) review, facility staffing review, and staff interviews, the facility failed to meet staffing requirements in all metrics. The facility reported a census of 31 residents.Findings include:The PBJ Staffing Data Report with a run date of 8/13/25 triggered submitted weekend staffing data excessively low within the quarter.Review of staffing for nurses and Certified Nursing Assistants (CNAs) scheduled similarly for weekdays and weekends. In an interview on 8/21/25 AM at 9:05 AM, the Administrator reported he had no knowledge of how the corporate office submitted staffing data. The Administrator reported the data should reflect that weekend staffing remained the same as during the week. The Administrator reported the facility failed to have a policy regarding PBJ.In an interview on 8/21/25 AM at 9:05 AM, the Director of Nursing (DON) reported the low weekend staffing data error may have occurred when the corporate office supplied staff from a staffing pool during the second quarter. The DON reported the facility staffed the same on the weekdays and weekends. The DON reported insufficient staffing did not occur at any time during the second quarter.