STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056 The facility reported a census of 33 residents with 13 residents sampled, including one resident reviewed for activities of daily living (ADLS). Based on observation, interview, and record review, the facility failed to provide personal hygiene cares for the one sampled resident, Resident (R)11, when staff failed to provide facial shaving. This placed the resident at risk impaired dignity and poor hygiene. Findings included: - R11's Electronic Medical Record (EMR) revealed a diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) status of 13, indicating intact cognition. She used a walker and a wheelchair for mobility and was independent with personal hygiene. The Functional Abilities Care Area Assessment (CAA), dated 07/02/24, documented the resident required staff assistance with activities of daily living (ADL) at times. The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 15, indicating intact cognition. She used a walker for mobility and was independent with personal hygiene. R11's Care Plan' revised 04/10/25 instructed staff the resident was independent with ADL except for showers and shaving. On 04/07/25 at 12:03 PM, R11 sat in her recliner in her room watching TV. She had long facial hair visible. On 04/08/25 at 07:27 AM, R11 sat in her recliner in her room watching TV. R11 continued to have long facial hair present. On 04/07/25 at 12:03 PM, R11 stated she would like to have her facial hair shaved, but the staff do not shave her. On 04/08/25 at 12:03 PM, Certified Nurse Aide (CNA) M stated R11 required assistance with showering and shaving. CNA M stated the resident did not refuse cares. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/08/25 at 12:09 PM, Licensed Nurse (LN) G stated the resident received two showers per week and that staff would shave residents on their shower days. On 04/09/25 at 10:07 AM, Administrative Nurse D stated the facility expected staff to shave residents on their shower days. The facility policy for Shaving, revised 10/15/24, included that the purpose of the policy was to promote positive self-image and well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056 The facility reported a census of 33 residents with 13 residents sampled, including one resident reviewed for activities. Based on observation, interviews, and record review the facility failed to implement an ongoing, resident-centered activity program that met his interests and preferences for Resident (R) 33. This placed the resident at risk for decreased quality of life. Findings included: - A review of R33's Electronic Medical Record (EMR) revealed a diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS recorded R33 found if very important to keep up with the news, participate in his favorite activities and to go outside during nice weather; he was dependent on staff for chair to bed to chair transfers and utilized a wheelchair for mobility. The Activity Care Area Assessment (CAA), dated 09/12/24, did not trigger. The Quarterly MDS, dated [DATE], documented R33 had a BIMS score of 15, indicating intact cognition. He was dependent on staff for chair to bed to chair transfers and utilized a wheelchair for mobility. R33's Care Plan revised 03/20/25 instructed staff the resident had a diagnosis of depression. The plan directed activity staff would have one-on-one interactions with the resident to discuss his feelings relative to his unhappiness, losses, and anger. The plan instructed staff the resident had some independent interests and enjoyed conversations with family, friends, and staff. R33's EMR revealed an Activity Interest data Collection Tool, dated 09/11/24, which documented the resident's activity participation preferences included both individual and group activities. He enjoyed attending church and belonged to a local political party and had been a state representative in past years. R33's EMR, from 03/10/25 through 04/06/25, revealed the resident received the activity of Spiritual on multiple occasions. On 04/07/25 at 11:50 AM, R33 sat in his wheelchair in his room watching videos on his personal computer. On 04/08/25 at 08:17 AM, R33 sat in his wheelchair in the dining room eating breakfast. Activity Staff Z read from the facility's Daily Chronicle to the residents present. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/07/25 at 10:47 AM R33's representative stated the activities offered by the facility did not meet the resident's interests. The representative stated it was very important for the resident to attend his own church on Sundays and he would like to participate in outside activities offered in the community. The resident's family member stated she had been told by staff that the facility was unable to transport him to activities away from the facility. On 04/07/25 at 11:50 AM, R33 stated he enjoyed getting out and would like to attend community political events as well as attend church with his wife on Sundays. On 04/08/25 at 06:05 AM, Certified Nurse Aide (CNA) P stated the resident really enjoyed talking about politics. On 04/08/25 at 08:25 AM, Activity Staff Z stated each one-on-one activity should last about 15-20 minutes. Activity Staff Z stated the activity of Spiritual documented in the resident's EMR was one sentence that she read from the Daily Chronicle each morning in the dining room. Activity Staff Z confirmed there were no one-on-ones documented in the resident's EMR and she was unaware the resident wanted to attend community activities outside of the facility. On 04/08/25 at 12:03 PM, CNA M stated that R33 did not normally participate in the facility activities because he was not interested in the offered activities. CNA M stated the resident enjoyed talking about politics. On 04/08/25 at 12:09 PM, Licensed Nurse (LN) G stated R33 was very social and enjoyed visiting with others about politics. On 04/09/25 at 09:01 AM, Administrative Nurse D stated the facility could transport residents to any activity they wanted to attend outside of the facility. On 04/09/25 at 09:05 AM, Administrative Staff A stated the facility could transport residents to activities outside of the facility. The facility did not provide a policy for activities.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51334 The facility identified a census of 33 residents, with 13 residents sampled, including two residents reviewed for quality of care. Based on record review, interview, and observation, the facility failed to ensure adequate disease management and monitoring for Resident (R) 21 when staff failed to monitor weight and notify the provider of weight fluctuations related to R21's heart failure. The facility additionally failed to do daily weights and administer Lasix (a diuretic medication used to promote the excretion of urine to decrease swelling and fluid accumulation) as needed (PRN) for R9. These deficient practices placed the affected residents at risk for decreased quality of care and related health complications. Findings included: - R21's Electronic Medical Record (EMR) documented R21 had a pertinent diagnosis of congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid). R21's Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. He took diuretics and required oxygen. R21's Care Plan dated 03/04/25 documented that R21 had edema (swelling resulting from an excessive accumulation of fluid in the body tissues) to the lower legs related to heart failure and instructed staff to elevate his legs when resting and apply support hose. R21's EMR recorded a Physician Order, dated 03/04/25, for daily weights starting on 03/04/25. R21's EMR, reviewed for the timeframe from 03/04/25 through 04/08/25, revealed on 03/06/25 R21 gained 4. 1 pounds from the previous day. R21's EMR lacked documentation of physician notification. A Progress Note on 03/06/25 documented R21's oxygen level was down to 86 % on five liters of supplemental oxygen. The note recorded R21 reported feeling short of air but did not want to go to the hospital. The recorded staff elevated the head of R21's bed to 90 degrees per his request and his oxygen level eventually rose to 92%. R21's EMR lacked evidence staff weighed R21 on 03/07/25. On 03/24/25, R21's EMR recorded a weight gain of 7.4 pounds from the previous day. R21's EMR lacked evidence of physician notification. A Progress Note dated 03/28/25 at 01:59 AM documented R21 had increased edema to both legs with the right being worse than the left. The note documented the nurse explained to R21 that the edema was related to the resident's CHF and encouraged R21 to wear his compression hose, and to sit in the recliner so that he could elevate his legs. A Progress Note dated 03/28/25 at 09:19 AM documented staff sent a fax notifying the provider of R21's significant edema without significant weight gain and sent weights as well. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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	A Progress Note dated 03/28/25 at 01:52 PM documented the provider increased R21's Lasix from one time a day to two times a day. On 04/04/25 R21's EMR recorded a weight gain of 5.4 pounds from the previous day. R21's EMR lacked documentation of physician notification. On 04/06/25, R21's EMR recorded a weight gain of 5.6 pounds from the previous day. R21's EMR lacked documentation of physician notification. A Progress Note dated 04/06/25 at 09:01 PM documented R21 reported chest pain and pressure. His oxygen level was 88% on room air; staff called 911 for emergency transport to the hospital. On 04/07/25, R21's EMR recorded R21 gained pounds from the previous day. A Progress Note dated 04/07/25 at 09:20 AM documented staff sent a fax to the physician notifying him that R21 had increased, weeping edema in the legs, weight gain, and an emergency room visit. The note recorded R21 had a 3.4-pound weight increase in 24 hours. The note documented R21 received Lasix twice daily and spironolactone (a diuretic) once daily; staff requested wraps since R21's swelling prevented the compression hose application, During an observation on 04/07/25 at 12:33 PM, R21 sat in his wheelchair. His feet were on the floor, and he had edema on his legs and feet. During an interview on 04/09/25 at 09:27 AM, Licensed Nurse (LN) H stated that the physician should be notified if the resident has a weight increase of 3 pounds or more in 24 hours. LN H said she tried to obtain the weights herself since she did not trust the accuracy of other staff members. She stated when she returns from her days off, she looks at the weights and strikes out the weights that don't appear to be correct. LN H verified she struck out the weight taken on 03/06/25 on 03/10/25; the weights taken on 03/16/25, 03/20/25, 03/21/25, 03/22/25,03/23/25 were crossed out on 03/25/25 and the weights taken on 03/26/25 and 03/27/25 were crossed out on 03/27/25. LN H said she faxed the provider on Monday but has not heard back yet. During an interview on 04/09/25 at 10:18 AM, Administrative Nurse D stated that a person with daily weights for CHF should have an order with parameters to notify the provider of weight gain and said staff would notify according to the doctor's order. She said she would investigate why R21 did not have parameters on when to notify the provider. She said that a nurse should never strike out a weight that was put in by another nurse and said education would be provided to the nursing staff. During an interview on 04/09/25 at 02:40 PM, Administrative Nurse D stated that without an order they would follow the expectation to notify the physician if there was a weight gain of three pounds in a day or five pounds within a week. The facility's Standing Orders for weights for a resident with CHF documented they were to weight the resident daily for 14 days then two times a week after that. Notify the provider if there was a weight gain of 2. 5 pounds within 48 hours or five pounds above the admission weight. 34056 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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	- R9's Electronic Medical Record (EMR) revealed diagnoses, which included: congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), atrial fibrillation (A-fib-rapid-irregular heartbeat), and chronic obstructive pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. He had no rejection of care and experienced shortness of breath (SOB) with exertion. He did not receive a diuretic medication (drugs that increase urine production, helping the body get rid of excess fluid and salt, which can be used to treat conditions like high blood pressure and edema). The resident utilized oxygen during the assessment period. The Functional Abilities Care Area Assessment (CAA), dated 10/15/24, documented the resident required varying staff assistance with activities of daily living (ADL). The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 15, indicating intact cognition. He did not receive diuretic medication, and the resident utilized oxygen during the assessment period. R9's Care Plan revised 01/22/25, lacked staff instruction regarding the use of as needed (PRN) Lasix (a diuretic medication) use. Review of R9's EMR, revealed the following physician's order: Lasix, 40 milligrams (mg), by mouth every 24 hours, PRN, for fluid gain. Administer every day (QD) for a weight gain more than two pounds (lbs.) in one day or a five lb. gain in one week, ordered 10/04/24. R9's Medication Administration Record (MAR) for October, November and December 2024 and January, February, March, and April 1st through the 6th, 2025, revealed the resident did not receive the PRN Lasix medication. R9's EMR revealed the resident's weights were taken daily in October 2024, then changed to monthly in November 2024. R9's weights remained stable from 172.5 lbs. to 174.6 lbs. through February 2025. Staff documented his weight on 03/04/25 to be 190.8 lbs. and on 04/02/25 his weight was documented at 195.6 pounds. Staff did not administer the PRN Lasix medication. R9's EMR, on 03/05/25, staff notified the physician of the resident's weight gain of 18 lbs. and informed the physician the resident had no edema (swelling resulting from an excessive accumulation of fluid in the body tissues) or SOB. Staff were instructed to continue monitoring the resident. On 04/08/25 at 07:07 AM, R9 rested in bed with his feet and legs uncovered. R9 lacked edema in his lower extremities and had no SOB. On 04/08/25 at 12:09 PM, Licensed Nurse (LN) G stated staff weighed the resident monthly. LN G was unaware the resident had a PRN order for Lasix related to weight gain and confirmed staff should weigh the resident daily. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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	On 04/09/25 at 10:07 AM, Administrative Nurse D stated the resident's weight gain was due to him eating better. Administrative Nurse D confirmed staff should have weighed the resident daily due to the physician's order and had not. The facility policy for Physician Orders, revised 04/06/25, included: Physician's orders are obtained to provide quality, individualized care for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175210	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Parsons	709 Leawood Avenue Parsons, KS 67357

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34056 The facility reported a census of 33 residents. Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions, to the residents of the facility. This placed the residents at risk for food-borne bacteria. Findings included: - During an initial tour of the resident kitchenette on 04/09/24 at 08:30 AM, the following areas of concern were noted in the kitchen: 1. The kick plate on one of the ovens had broken off and was resting on the floor. 2. Two preparation tables had food debris on the bottom shelf. 3. Three storage racks in the dry storage room had multiple areas of missing protective coating and multiple areas of rust. 4. The stationary can opener had food debris dried onto the sharp area that would enter the can. 5. The trash can by the hand-washing sink lacked an accessible trashcan. 6. The trash can by the ice machine lacked a lid. 7. A three-tiered, wheeled cart used to transport clean dishes from the dishwashing area to their storage areas contained a build-up of food debris on all three tiers. On 04/09/25 at 08:30 AM, Dietary Staff BB confirmed the areas of concern were in need of cleaning, repair, or replacement. The facility policy for Cleaning Schedule--Food and Nutrition Services revised 11/21/24, included the facility shall provide guidelines to employees for proper cleaning of the kitchen and immobile equipment. Staff shall check each equipment item in the kitchen for cleanliness and ensure that it is in good condition. The kitchen ceiling will be checked daily for cobwebs, dust, or dirt that could fall into food. The staff shall clean and sanitize carts at the beginning of the morning and at least every four hours throughout the day.