STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175322	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan - Hays	2700 Canal Blvd Hays, KS 67601

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. The facility failed to ensure Resident (R) 1 remained free from a significant medication error. On 05/05/2026, the Infectious Disease doctor, who was consulting on R1's Stage 4 (a deep pressure wound that reaches the muscles, ligaments, or even bone) pressure ulcers on his gluteus (buttocks) and coccyx (area at the base of the spine), ordered fluconazole 400 milligrams (mg) twice a day for a bone biopsy culture, which revealed C. Albicans (a microscopic yeast and fungus which can cause fungal infections). The facility failed to initiate the medication until 05/23/2026. - Findings included:- R1's Electronic Medical Record (EMR) documented R1 had diagnoses of paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), osteomyelitis (local or generalized infection of the bone and bone marrow) of the sacral (large triangular bone/area between the two hip bones) and coccygeal (relating to the coccyx) areas, Methicillin-resistant Staphylococcus aureus (MRSA-a type of bacteria resistant to many antibiotics) to the pressure ulcers, Vancomycin-resistant enterococci (VRE- bacteria that are normally present in the human intestines that developed resistance to many antibiotics) to the pressure ulcers, anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), and major depressive disorder (major mood disorder that causes persistent feelings of sadness). The admission Minimum Data Set (MDS), dated 05/02/2025, documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R1 was dependent on staff for toileting, bathing, dressing, and transfer. The MDS documented R1 had two pressure ulcers that were present on admission. The Functional Abilities Care Area Assessment (CAA), dated 04/20/2026, documented R1 required staff assistance with activities of daily living (ADLs) due to weakness and paraplegia. The Pressure Ulcer CAA, dated 04/29/2026, documented R1 admitted to the facility with pressure ulcers. The CAA documented R1 received outpatient wound care. The Care Plan, initiated 04/25/2026, documented R1 had osteomyelitis and would be free from complications related to infection. The care plan directed staff to monitor, document, and report to R1's health care provider any changes in condition. The care plan directed staff to educate R1 regarding preventative measures to contain the infection. The care plan directed staff to observe and monitor R1 for symptoms of weakness, dehydration, fever, nausea, or vomiting. The Medication Administration Record (MAR), dated May 2026, documented fluconazole 400 mg by mouth daily was started on 05/23/2026. The Infectious Disease Progress Note, dated 05/05/2026, documented this was R1's first visit post-hospital stay. The visit was held over telemedicine. The note directed facility staff to start a new medication, fluconazole (an antifungal medication used to treat and prevent infections caused by fungi and yeast) 400 mg by mouth daily through 05/12/2026, related to the bone biopsy, which indicated C. Albicans. The Infectious Disease Progress Note, dated 05/12/2026, documented the visit was held over telemedicine. The note stated R1 was not started on fluconazole 400 mg daily last week even though the order was confirmed by the facility. The note stated the Licensed Nurse (LN) at R1's bedside during the telemedicine appointment was given a verbal order to start fluconazole 400 mg by mouth daily. The note documented R1 had an acute, complicated illness that posed a threat to life or bodily function, and the risk for morbidity or morality without treatment was significant. The Facility Fax, dated 05/18/2026, documented the facility had faxed a clarification of the order for (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
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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	fluconazole 400 mg by mouth daily and questioned the route and the end date. The Infectious Disease Fax, dated 05/19/2026, documented the facility was faxed to confirm the order for fluconazole 400 mg from the previous visit on 05/12/2026, as the facility had still not started the medication. The fax documented they had also verbally contacted an LN at the facility who took the verbal order. The Infectious Disease Progress Note, dated 05/20/2026, documented fluconazole had yet to be started by the facility despite orders being faxed two weeks in a row and a verbal order being given with the dose and duration listed. R1was understandably frustrated. The administrative nurse at the bedside was given verbal orders to start fluconazole 400 mg by mouth daily again and explained the duration was in all the orders that had been sent. The Care Conference Note, dated 05/2120/26, documented R1 wanted to know why one of his antibiotics had been delayed. Plan to clarify the order. On 06/08/2026 at 10:30 AM, observation revealed R1 lay in bed watching TV. A wound vac (a vacuum-assisted wound treatment that applies gentle suction to a wound to help it heal) was in the corner by the bed, applying suction to R1's wound. On 06/08/2026 at 10:30 AM, R1 stated he was upset with the facility for not following the infectious disease doctor's orders and felt that not getting the medication had delayed his healing. On 06/08/2026 at 11:00 AM, Administrative Nurse D stated the nurse who had received the faxed progress note did not understand that it was a new order and thought it was just a written MAR in the progress note. Administrative Nurse D stated he felt like the medication error occurred because the orders were not clear. On 06/08/2026 at 12:30 PM, Administrative Staff A stated he thought there was a delay in getting the new order processed and wondered why staff had not called the ordering provider to clarify the order rather than fax back and forth. The Physician/Practitioner's Order Policy, dated 04/06/2025, documented upon immediate receipt of an order, the order would be processed into the EMR/MAR. All orders must be noted by the licensed nurse who processed the order. Orders may include, but are not limited to, admission orders, orders received throughout the resident's stay, consultant orders, discontinued orders, discharge orders, and therapy orders.