

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175366	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Atwood		STREET ADDRESS, CITY, STATE, ZIP CODE  650 Lake Road #216 Atwood, KS 67730	

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)
<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>The facility had a census of 26 residents. The sample included 12 residents. Based on record review and interview, the facility failed to deliver mail to the facility residents on Saturdays. This deficient practice placed the residents at risk for not having reasonable access to send or receive written communications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 06/16/25 at 08:00 AM, on entrance to the facility, observation revealed a white basket sitting on a desk inside the front entry door, labeled United States Postal Service (USPS), and it contained numerous envelopes.</li> <li>On 06/17/25 at 09:00 AM, during the resident council meeting, a resident verbalized that there was no mail delivery on Saturdays. The resident stated the activity director would deliver the mail Monday through Friday, but there was not a designated person to deliver on the weekends.</li> <li>On 06/18/25 at 10:00 AM, Administrative Nurse D verified the facility does not always deliver the residents' mail on Saturdays, and there was not a designated person assigned to deliver the mail to the residents.</li> </ul> <p>The facility's Resident Mail policy, dated 12/19/2024, documented that the facility would ensure resident privacy in written communication and would deliver mail to the resident promptly in the manner specified in the policy. The policy documented that mail and other materials sent to the resident would be delivered within 24 hours of delivery by the post office, and outgoing mail would be delivered to the postal service within 24 hours, except when there is no regularly scheduled postal pick-up service. The policy documented mail would be delivered unopened to the resident. Assistance would be offered to residents who require help in opening or reading their mail, and the mail would be received in a private place of the resident's choice.</p>

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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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>The facility had a census of 26 residents. The sample included 12 residents. Based on record review and interview, the facility failed to provide Resident (R) 18 or their representative the completed Centers for Medicare and Medicaid (CMS) Skilled Nursing Facility Advanced Beneficiary Notices (ABN) form 10055, and failed to provide R27 or their representative the completed CMS Notice of Medicare Non-Coverage (NOMOC) form 10123. This placed the resident at risk of uninformed decisions about their skilled services.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the CMS form provided to R18 revealed the resident received the wrong form. R18 received the CMS-R-131 and the CMS 10055 form, but had not received the CMS Form 10123. The resident's skilled services ended on 06/04/25.</li> </ul> <p>Review of the CMS form provided to R27 revealed the resident received the wrong form. R27 received the CMS -R-131 instead of the CMS form 10055 and failed to receive the CMS 10123 form. The resident's skilled services ended on 06/08/25.</p> <p>The Medicare ABN form 10055 informed the beneficiary that Medicare may not pay for future skilled therapy services. The form included an option for the beneficiary to receive specific services listed and bill Medicare for an official decision on payment. The form stated 1) I understand if Medicare does not pay, I will be responsible for payment, but can make an appeal to Medicare, (2) receive therapy listed, but do not bill Medicare, I am responsible for payment for services, (3) I do not want the listed services.</p> <p>The Medicare NOMOC form 10123 informed the beneficiary that Medicare may not pay for future skilled therapy services. The form included options for the beneficiary to receive specific services listed, and bill Medicare for a decision on payment. I understand that if Medicare does not pay, I will be responsible for payment, but I can make an appeal to Medicare, (2) receive therapy listed, but do not bill Medicare, I am responsible for payment for services, (3) I do not want the listed services. A provider must issue advance written notice to enrollees before termination of services in a Skilled Nursing Facility (SNF), Home Health Agency (HHA), or Comprehensive Outpatient Rehabilitation Facility (CORF). If an enrollee files an appeal, then the plan must deliver a detailed explanation of why services should end.</p> <p>On 06/18/25 at 10:00 AM, Administrative Nurse D verified the facility provided the CMS-R-131 form to R18 and R27, and/or their representative, and failed to provide R18 the 10055 form and failed to provide R27 with the CMS 10055 and the CMS 10123 forms to determine if the residents wished to continue services.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Advance Beneficiary Notices policy, dated 01/14/2023, documented Medicare's limitation on liability requires a provider to notify a Medicare beneficiary in advance of furnishing an item or service that is believed to be likely denied by Medicare in order to shift financial liability to the beneficiary. The Advance Beneficiary Notice of Noncoverage (ABN) informs the beneficiary of potential non-coverage and shift of financial liability for those items or services if Medicare denies the claim. The Medicare Administrative Contractor (MAC) may hold any provider financially liable who either failed to give notice when required or gave invalid notice. A provider who cannot demonstrate adequate advance notice was given to the beneficiary cannot transfer financial liability to the beneficiary. The ABN is to be issued prior to providing any item or service that is usually paid for by Medicare, but may not be paid for in this particular case because it is not considered medically reasonable and necessary. The ABN is evidence of the beneficiary's knowledge about the likelihood of a Medicare denial for the purpose of determining financial liability for expenses incurred for services furnished to a beneficiary for which Medicare does not pay. If Medicare is expected to deny payment, an ABN must be given to the beneficiary in order to transfer financial liability for the services for the following circumstances:</p> <p>Skilled Nursing facility prior to providing therapy services, usually paid for under Medicare Part B, but are no longer considered medically reasonable and necessary. The provider will issue the ABN of non-coverage to appropriately inform the beneficiaries of potential financial liability and to allow the beneficiary the opportunity to request a Medicare demand bill review.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>The facility had a census of 26 residents and one kitchen. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to employ a full-time Certified Dietary Manager for 25 residents who reside in the facility and receive their meals from the kitchen. This placed the residents at risk of not receiving adequate nutrition.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 06/16/25 at 08:40 AM, observation revealed the kitchen staff finishing the morning meal and preparing the midday meal. Dietary Staff (DS) stated he was the Dietary Manager. DS reported he had enrolled in a Certified course and had just begun the process of becoming a Certified Dietary Manager.</li> </ul> <p>The facility's Director of Food and Nutrition Services Job Orientation and Training policy, dated 12/16/24, documented to ensure consistent and proper training is provided to new directors of food and nutrition (DFN) services. All new DFNs would complete the DFN job orientation and training (JOT) program within three months of their hiring date. All learners completing the DNF JOT program are given adequate time to do so. The JOT will be a priority upon hire for the first two weeks on the job.</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>The facility had a census of 26 residents. The sample included 12 residents. Based on observation and interview, the facility failed to serve the midday meal within 45 minutes of the designated time of 11:30 AM. This deficiency placed the residents at risk of an impaired dining experience.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 06/16/25 at 11:18 AM, Dietary Staff (DS) CC placed water, a variety of beverages, and silverware on the dining room tables. Residents entered the dining room independently or with staff assistance. Facility staff assisted the residents with shirt protectors as needed and requested. The staff shared the daily devotional reading and announced the meal was to be roast beef, fried potatoes, and cooked cabbage.</li> </ul> <p>On 06/16/25 at 12:16 PM, the first meal from the kitchen was served.</p> <p>On 06/16/25 at 12:35 PM, Resident (R) 7 and R17 had been present in the dining room since 11:30 AM, when DS CC reported the kitchen ran out of roast beef and inquired what the residents would like from the alternative menu.</p> <p>On 06/16/25 at 12:50 PM, R7 and R17 reported they were always served last, and often the meals on the menu ran out. R7 and R17 stated they would have selected the roast beef. A staff member took a plate of roast beef and cabbage to the breakroom. The staff reported that R7 and R17 usually requested hamburgers, and the roast beef had been the end pieces of the roast that were not going to be served to the residents.</p> <p>On 06/16/25 at 12:55 PM, R7 and R17 were served cheeseburgers and fried potatoes.</p> <p>On 06/17/25 at 12:50 PM, the last meal had been served. Residents were present in the dining room at 11:30 AM. The meal menu of broccoli was substituted for cauliflower, which had not been reported or announced to the residents. The other menu item of tomato salad was not available, so DS BB offered tomato soup as an alternative.</p> <p>On 06/17/25 at 03:00 PM, DS BB reported the meals were not plated and ready for meal delivery until other DS CC had placed silverware and drinks on the tables.</p> <p>The facility's Dignity in Dining-Food and Nutrition Services policy, dated 11/05/24, documented that the location would promote dining services for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality, cultural, ethnic, and religious beliefs.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility had a census of 26 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store and prepare food in a sanitary manner for the residents who resided in the facility and received meals from the facility's kitchen. This placed the residents at risk for foodborne illness.</p> <p>Findings included:</p> <p>- On 06/16/25 at 08:40 AM, during initial tour of the facility's kitchen, observation revealed in the dry storage room, a case of [NAME] Pears (six #10 size cans) sitting directly on the floor, and a box of oatmeal cream pies also sat directly on the floor. Further observation revealed in the walk-in freezer a bag of sliced zucchini sitting directly on the floor of the freezer, along with a box of frozen buns. Dietary Staff (DS) BB reported that the delivery truck had come during the past week, and the supplies on the stock room floor should have been put on the shelves. DS BB reported that the zucchini and box of buns had fallen from the shelf and should not be sitting on the floor of the walk-in freezer.</p> <p>The facility's Food-Supply Storage-Food and Nutrition Services policy, dated 03/07/25, documented that all food/supply items are stored six inches off the floor. Stored items did not touch the walls, ceiling, or sewer/waste disposal pipes.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>he facility had a census of 26 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to adhere to infection control for enhanced barrier precautions (EBP - an infection control intervention designated to reduce transmission of resistant organisms that employs targeted gown and glove used during high contact resident care activities) for Resident (R) 23 gastrostomy tube (G-tube: tube surgically placed through an artificial opening into the stomach). This placed the resident at risk for possible exposure to infection.</p> <p>Findings included:</p> <p>- On 6/17/25 at 9:20 AM, observation revealed License Nurse (LN) G had finished R23's nebulizer breathing treatment and was observed washing the resident's nebulizer and did not wear a gown while cleaning the nebulizer mouthpiece.</p> <p>On 06/18/25 at 08:00 AM, observation revealed Certified Nurse Aide (CNA) M assisted the resident to change his shirt while seated in his wheelchair. Continued observation revealed CNA M lacked gloves or a gown. Observation revealed PPE was available across the hall from the R23's room and a PPE magnetic sign, approximately six inches by two inches, that was posted on the resident's door frame with instructions for use of PPE when providing cares for the resident with a G-tube.</p> <p>On 06/18/25 at 08:20 AM, Administrative Nurse D stated the staff should wear PPE for EBP when providing care for R23. Administrative Nurse D verified that a plastic container with PPE equipment was located in the hallway, and it contained supplied PPE for three of the residents who required EBP. Administrative Nurse D stated she would have an in-service and inform staff of the usage and requirements for a resident who required PPE for infection control due to EBP.</p> <p>The facility's Enhanced Barrier Precautions policy, dated 04/06/25, documented EBP was used to prevent the spread of infection and communicable diseases to residents, employees, and visitors through infection prevention and control practices. Enhanced Barrier Precautions expand the use of personal protective equipment beyond situations in which exposure to blood and bodily fluids was anticipated and refer to the use of a gown and gloves during high-contact resident care activities that provide an opportunity for transfer of multidrug-resistant organisms (MDROs) to staff hands and clothing. EBP is used for residents with chronic wounds and residents with indwelling medical devices, including feeding tubes, even if the resident is not known to be infected or colonized with MDRO. High contact resident care activities include transfers, dressing, assisting during bathing, providing hygiene, changing briefs or assisting with toileting, working with the resident in the therapy gym, changing linens, device care or use, and wound care. EBP are intended to be used for the duration of the resident's stay. For residents on EBP for a wound or indwelling medical device only, precautions can be discontinued if the wound resolves or the device is removed. The policy documented the facility would: post clear signage indicating the type of precautions and required PPE. And clearly indicate the high-contact resident care activities that require the use of a gown and gloves. The facility would provide education to residents and visitors on the importance of hand hygiene, especially when entering and exiting the residents' rooms and the facility. Position a trash can and laundry receptacle inside the resident's room and near the exit to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room, or bag and remove trash and soiled laundry immediately. The facility would incorporate process surveillance to determine adherence and the need for additional training and education.</p>		