

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Auburn		STREET ADDRESS, CITY, STATE, ZIP CODE 1322 U Street Auburn, NE 68305	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>Licensure Reference: 175 NAC 12-006.11 (A) Based on observation, interview, and record review, the facility failed to ensure portion sizes identified on the menu were being followed when serving foods to residents. This has the potential to affect all 58 residents of the facility. Findings are: A. Observations of steam table on 2/10/25 at 12:14 PM revealed the following serving sizes were being used to serve food to residents:-Rice #10 scoop [3/8 cup]-Pureed pork cutlet #10 [3/8 cup]-Minced and moist pork 3 ounces B. In an interview on 2/10/25 at 12:14 PM, [NAME] F confirmed the following serving sizes were being used to serve food to residents:-Rice #10 scoop [3/8 cup]-Pureed pork cutlet #10 [3/8 cup]-Minced and moist pork 3 ounces C. A review of facility menu for lunch meal on 2/10/26 revealed the following serving sizes were identified:-Rice #8 scoop [1/2 cup]-Pureed pork cutlet #8 scoop [1/2 cup]-Minced and moist pork #8 [1/2 cup] D. In an interview on 2/10/26 at 1:16 PM, Dietary Department Director and Consultant Registered Dietitian confirmed the correct serving sizes had not been used. E. In further interview on 2/10/26 at 2:50 PM, Consultant Registered Dietitian reported that facility did not have a policy related to serving sizes but that the menu serving sizes are to be followed.</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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Licensure Reference: 175 NAC 12-006.11(E) Based on observation and interview, the facility failed to ensure test strips were available to check the sanitizer concentration level in the 3-compartment sink and failed to ensure pasteurized eggs were used for preparation of soft, cooked eggs. This could affect all 58 residents of the facility. Findings are:A. Observations on 2/10/26 between 9:36-10:10 AM revealed the label on the box of whole eggs located in the walk-in refrigerator revealed no documentation that stated the eggs were pasteurized. In an interview on 2/10/26 at 1:16 PM, Dietary Department Director and Consultant Registered Dietitian confirmed the whole eggs were not pasteurized and that the wrong eggs had been ordered. The Dietary Department Director and Consultant Registered Dietitian confirmed that that it is facility policy to use pasteurized eggs. Dietary Department Director and Consultant Registered Dietitian confirmed that residents' eggs are cooked to order and can be ordered over easy. A review of facility policy revised 6/27/25 titled Food Handling revealed the following:- If residents are served soft eggs, ensure that pasteurized shell eggs have been used and cooked to 145 degrees Fahrenheit for 15 seconds. B. Observations on 2/10/26 between 9:36-10:10 AM revealed 3 compartment sink used quaternary sanitizer for sanitizing pots and pans washed in the 3-compartment sink. During the observation, the Dietary Department Director was unable to locate test strip to evaluate the concentration of the sanitizer. Further observation revealed a log for sanitizer concentration documentation on the wall by the 3-compartment sink was not for the current month and was not complete. In an interview on 2/10/26 between 9:36-10:10 AM, the Dietary Department Director confirmed that test strips for evaluating concentration of the quat sanitizer could not be found and that a sanitizer log for the 3-compartment sink was not being completed. A review of facility policy revised 3/27/25 titled Warewashing-Mechanical and Manual revealed the following under temperature and chemical concentration:- Proper test strips and thermometers are available. Temperatures and/or chemical concentration will be recorded on either Chemical Sanitizing Log (GSS#454) or Pot/Pan Hot Water Sanitizing Log (GSS#465). A review of the 2022 Food and Drug Administration Food Code revealed the following:- Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.</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>Licensure Reference Number 175 NAC 12-006.18(B & D) Based on observation, record review and interview the facility failed to complete hand hygiene while simultaneously providing dining assistance between 3 residents (Residents 4, 7, and 16) and the facility failed to store oxygen tubing in a manner to prevent the potential for cross contamination for 2 (Residents 5 and 7) of 2 sampled residents. The facility census was 58. Findings are:A.</p> <p>Record review of the facility's Hand Hygiene- Enterprise policy with a revision date of 11/13/2025 revealed the following:</p> <ul style="list-style-type: none"> -All employees are responsible for maintaining adequate hand hygiene by adhering to specific infection control practices. -All employees in patient care areas (unless otherwise noted in their policy) will adhere to the 4 moments of hand hygiene and <p>2 zones of hand hygiene.</p> <ol style="list-style-type: none"> 1. Entering Room 2. Before clean task 3. After bodily fluid/glove removal 4. Exiting room 5. Zones: Patient zone and health-care zones <p>A record review of the facility's Hand Hygiene Clinical Skill Checklist dated 10/2023 revealed the following:</p> <ul style="list-style-type: none"> -Hand hygiene is performed before touching anything in healthcare zone and when leaving a patient zone. <p>An observation on 02/09/2026 at 12:11 PM revealed Nursing Assistant (NA)-C feeding Resident 16. NA-C rolled to the opposite end of the table, grabbed the handles on Resident 4's wheelchair, did not complete hand hygiene and began feeding Resident 4. NA-C attempted to place silverware in Resident 4's hand and then wiped Resident 4's mouth with a napkin. NA-C did not complete hand hygiene, grabbed Resident 7's silverware and gave Resident 7 a bite of food. NA-C did not complete hand hygiene and went back to assist feeding Resident 4. NA-C did not complete hand hygiene, went back to Resident 7 and assisted Resident 7 to take a bite of food. NA-C rolled back to the end of the table with Resident 16, did not complete hand hygiene and began to assist feeding Resident 16.</p> <p>In an interview on 02/09/2026 at 12:11 PM NA-C confirmed that hand hygiene was not completed while switching between residents and should have been.</p> <p>B. (continued on next page)</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>Record review of facility policy titled Oxygen Administration, Safety, Mask Types dated revised 07/30/2025 revealed the following:</p> <p>-Purpose: -To keep oxygen equipment clean and maintained in good condition. -Guidelines: -9. All oxygen equipment will be clean, safe and functional. -Oxygen Cylinder -14. When oxygen is not in use, store cannula, face mask or face tent and tubing in zip-lock bag/plastic bag secured to oxygen cylinder or concentrator. -Oxygen Concentrator -12. Attach a bag to the concentrator to allow storage of oxygen cannula or mask when not in use.</p> <p>Record review of Resident 5's Transfer/Discharge Report (TDR) printed 02/09/2026 showed the facility admitted Resident 5 on 04/18/2025. Further review of the TDR identified Resident 5 had diagnoses which included COVID-19, morbid obesity, and wheezing.</p> <p>Record review of Resident 5's Order Summary Report revealed an order dated 01/31/2026 for oxygen (O2) 1-4 liters (L) via nasal cannula as needed (PRN) for maintaining O2 above 90%.</p> <p>An observation on 02/10/2026 at 7:28 AM revealed Resident 5's O2 concentrator up against the wall with the oxygen tube wrapped around the concentrator. The O2 tube was not protected or secured.</p> <p>An observation on 02/10/2026 at 3:03 PM with Registered Nurse (RN)-I revealed Resident 5's O2 concentrator up against the wall with the oxygen tubing wrapped around the concentrator. The O2 tube was not protected.</p> <p>During an interview on 02/10/2026 at 3:05 PM, RN-I reported that the facility staff would keep O2 supplies available in the room, even if the residents' O2 orders were only PRN. RN-I confirmed Resident 5's O2 tubing was not stored in a bag and should have been. RN-I further confirmed improper storage of the O2 tubing created the potential for cross-contamination.</p> <p>C.</p> <p>Record review of Resident 7's TDR printed 02/09/2026 revealed the facility admitted the resident on 03/24/2025. Further reviews of the TDR identified Resident 7 have diagnoses which included personal history of COVID-19, Pneumonia, and personal history of pulmonary embolism.</p> <p>Record review of Resident 7's Order Summary Report revealed an order dated 04/18/2025 for Oxygen via nasal cannula 1-4 L per minute as needed for dyspnea (trouble breathing), hypoxia (O2 saturation less than 88%) or acute angina (chest pain).</p> <p>An observation on 02/09/2026 at 10:25 AM revealed Resident 7 had an O2 cylinder on the back of the wheelchair. The O2 tube and nasal cannula were draped over the wheelchair and not stored in a bag.</p> <p>An observation on 02/09/2026 at 12:00 PM revealed Resident 7 was in the dining room. The O2 cylinder was in use, and the nasal cannula was worn.</p> <p>An observation on 02/10/2026 at 3:00 PM with RN-I revealed the tubing connected to the cylinder on the back of Resident 7's wheelchair was draped over the handles and wheels of the wheelchair and was not secured in a bag.</p> <p>An interview on 02/10/2026 at 3:01 PM with RN-I confirmed the O2 tubing was to be stored in a bag and was not. RN-I further confirmed the potential for cross-contamination.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(iv)(5)Based on record review and interview, the facility failed to implement physician's orders for bowel management for 2 (Residents 7 & 2) of 5 sampled residents. The facility staff identified a census of 58. Findings are:</p> <p>A.</p> <p>A record review of Resident 2's Minimum Data Set (MDS &ndash; a federally mandated assessment tool used to assess a resident's functional, medical and psychological status in Medicare or Medicaid certified nursing homes), dated 01/06/2026 revealed Resident 2 was admitted to the facility on [DATE]. Resident 2's Brief Interview for Mental Status (BIMS - a federally mandated tool used to screen and identify the cognitive condition of residents upon admission into a long-term care facility) revealed a BIMS of 3, indicating the resident was severely cognitively impaired. Resident 2 was found to have no known allergies and had the following diagnoses: Type 2 Diabetes, Seizure disorder, Legal Blindness (a definition used by government agencies to determine eligibility for services), Atrial Fibrillation (rapid and irregular heartbeat), Coronary Artery Disease (a serious heart condition caused by plaque build up in the arteries), Hypotension (low blood pressure), Peripheral Vascular Disease (a progressive circulation disorder, characterized by narrowed, blocked or spasm-prone blood vessels outside the heart), Depression, Chronic Kidney Disease (long term, progressive loss of kidney function), high cholesterol, and osteoarthritis.</p> <p>A record review of Resident 2's order summary revealed the following orders for bowel management;</p> <p>Dulcolax Suppository (Bisacodyl) 10 MG (milligram) Insert 10 mg rectally as needed for constipation Give daily as needed. Contact provider/practitioner if there are three days without a significant BM (bowel movement).</p> <p>Prescriber Written Active 10/13/2021</p> <p>Milk of Magnesia Suspension 400 MG/5ML (Magnesium Hydroxide) Give 30 ml (milliliter) by mouth as needed for constipation Give daily as needed. Contact provider/practitioner if there are three days without a significant BM. Contraindicated for resident with renal impairment.</p> <p>Prescriber Written Active 10/13/2021</p> <p>A record review of the facility's undated Bowel Management Protocol revealed the following:</p> <p>A standard bowel evacuation protocol is crucial to prevent complications such as constipation, fecal impaction, or incontinence. Evidence-based protocols help ensure consistent, safe, and effective care. Below is Good Samaritan- [NAME] comprehensive bowel management protocol based on current best practices, including recommendations from sources such as: National Institute for Health and Care Excellence (NICE) The American Medical Directors Association (AMDA)</p> <p>Initial Resident Assessment (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Signs of impaction or bowel obstruction</p> <p>Change in bowel habits</p> <p>Regular care plan updates as needed</p> <p>A record review of Resident 2's bowel movements for January 2026 revealed Resident 2 did not have a bowel movement on January 19, 20, 21, 22 and 23.</p> <p>A record review of Resident 2's bowel movements for February between 2/1/26 and 2/10/26 revealed resident did not have a bowel movement on the 4, 5, 6 and 7.</p> <p>A record review of Resident 2's Dulcolax Suppository order revealed the provider should have been contacted if the resident had 3 days without a significant bowel movement.</p> <p>A record review of Resident 2's Milk of Magnesia order revealed the provider should have been contacted if the resident had 3 days without a significant bowel movement.</p> <p>An interview on 02/10/2026 at 1:15 PM with Licensed Practical Nurse (LPN) D confirmed Resident 2 did not have a bowel movement on January 19, 20, 21, 22, 23 and February 4, 5, 6, and 7. LPN D confirmed Resident 2's order stated the provider should have been notified after 3 days without a bowel movement. LPN D said (gender) did not know why the provider had not been notified. LPN D confirmed the following process: the night shift nurse prepared a report for the day shift of which residents are at day 3 without a bowel movement. LPN D confirmed that the day shift nurse's responsibility is to notify the Medication Aide (MA) of which residents require bowel movement medication. The MA is responsible for informing the nurse if a resident refuses the bowel movement medication. LPN D confirmed that the Director of Nursing (DON) is responsible for notifying the family or family representative of changes in condition of a resident.</p> <p>An interview on 2/10/26 at 2:40 PM with LPN E confirmed if a resident is 3 days without a bowel movement an alert is supposed to appear on their chart and the Medication Aide is to give the medication. LPN E confirmed if it is more than 3 days without a bowel movement the nurse is supposed to notify the primary care provider. LPN E confirmed the DON is supposed to notify the family of changes in condition of the resident.</p> <p>B.</p> <p>Record review of Resident 7's Transfer/Discharge Report (TDR) printed 02/09/2026 revealed the facility admitted the resident on 03/24/2025. Further review of the TDR identified Resident 7 had diagnoses that included constipation, muscle weakness, need for assistance with personal care, and other reduced mobility.</p> <p>Record review of Resident 7's comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) revealed the facility staff identified the following about the resident: -Resident 7 was dependent upon staff for toileting hygiene, lower body dressing, and transfers. -Resident 7 was always incontinent of bowel, was not on a toileting program, and had constipation present.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 7's Order Summary Report printed 02/09/2026 revealed the following orders: -Dulcolax (laxative medication) suppository 10 milligram (mg) insert 1 suppository rectally, daily as needed (PRN). Contact provider/practitioner if there are three days without a significant bowel movement dated 05/14/2025. -Milk of Magnesia (laxative medication) suspension 400 mg per (l) 5 milliliters (mL) give 30 mL by mouth PRN constipation. Give daily as needed. Contact provider/practitioner if there are three days without a significant BM dated 10/19/2025.</p> <p>Record review of Resident 7's Bowel Records from 01/12/2026 through 2/10/2026 revealed Resident 7 did not have a bowel movement on 02/04/2026, 02/05/2026, 02/06/2026, 02/07/2026, and 02/08/2026.</p> <p>Record review of Resident 7's Medication Administration Record (MAR) for February 2026 revealed there was no use of PRN bowel medications.</p> <p>Record review of Resident 7's Progress Notes dated 02/04/2026 through 02/09/2026 revealed no evidence the facility notified Resident 7's provider/practitioner of no significant bowel movement in three days.</p> <p>An interview on 02/10/2026 at 10:55 AM with Licensed Practical Nurse (LPN)-G revealed the facility's night nurse is responsible for running a no-bowel movement list. The night nurse would be responsible for notifying the oncoming day nurse of those residents who had not had a bowel movement in three days. LPN-G further revealed that LPN-G would notify the Medication Aide (MA) if a resident was on the no bowel movement list and required the administration of PRN medications. LPN-G reported [gender] would assess the abdomen on day four of no bowel movement.</p> <p>During a follow-up interview on 02/10/2026 at 11:55 AM, LPN-G confirmed Resident 7 had no bowel movement on 02/04/2026, 02/05/2026, 02/06/2026, 02/07/2026, and 02/08/2026. LPN-G further confirmed there was no evidence PRN bowel medications were administered, nor that Resident 7's provider/practitioner had been notified of no bowel movement in three days. LPN-G reported the bowel medications should have been utilized and the provider notified per orders.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference: 175 NA 12-006.09(H)(v) Based on interview and record review, the facility failed to ensure restorative services were provided for 1 [Resident 31] of 2 sampled residents. The facility had a total census of 58 residents. Findings are: A review of Resident 31's Transfer/Discharge Report revealed Resident 31 was admitted on [DATE] with diagnoses of hemiplegia [paralysis] and hemiparesis [partial motor weakness or inability] following cerebral infarction [stroke] affecting right dominant side. A review of Resident 31's quarterly MDS [Minimum Data Set; a comprehensive assessment used for care planning] with assessment reference date of 12/30/25 revealed the following: -Resident 31's Brief Interview for Mental Status score of 5. A review of the MDS manual revealed a score of 0-7 means severe cognitive impairment. -No information on mobility-Impairment of range of motion on one side for upper and lower extremities A review of Resident 31's Care plan revealed a focus area dated 10/22/24 that stated Resident 31 needed restorative interventions due to limited physical mobility related to cerebrovascular accident with the following interventions listed:-Nursing rehabilitation 1: Transfers: Sit to stand for 5 reps with Hemi-walker, CGA [Care Giver Assistance] of one and a gait belt 2 times a week. Stand/pivot for 5 reps with Hemi-walker and CGA and gait belt 2 times per week.-Nursing Rehab #1: Walking Ambulate with Hemi-walker up to 90 feet with CGA of one and a gait belt, wheelchair to follow 2 times per week. A review of Resident 31's restorative documentation from 1/11/26 to 2/9/26 for restorative program of transfers sit to stand for 5 reps with Hemi-walker and stand/pivot reps with Hemi-walker 2 times per week revealed Resident 31 received restorative services one time on 1/18/26. A review of Resident 31's restorative documentation from 1/11/26 to 2/9/26 for restorative program of ambulate with Hemi-walker up to 90 feet 2 times per week revealed Resident 31 did not receive restorative services for ambulation on any days. In an interview on 2/10/26 at 3:06-3:12 PM, LPN A reported restorative orders come from therapy and are entered into resident's plan of care. LPN A confirmed that the restorative program is not being done. In an interview on 2/10/26 at 9:31 AM, Restorative Aide B confirmed Restorative Aide B had only provided Resident 31 with restorative services one time between 1/11/26-2/9/26. Restorative Aide B reported that Restorative Aide B had been working the floor as an aide or medication aide in place of working as the restorative aide. In an interview on 2/11/26 at 11:05 AM, the Administrator confirmed that the facility did not have adequate staffing to provide restorative services for the number of days indicated. A review of facility policy dated 12/8/25 titled Restorative-Nursing Care Implementation and Screening revealed the following policy: - Each resident will receive restorative nursing care to the extent possible, based on individual strengths, needs and problems as defined in nursing assessments. This restorative care will be outlined in the resident's nursing care plan.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and record review, the facility failed to ensure that a staff member did not leave medications at the bedside for Resident 53. The facility had a census of 58. A record review of the facility's Medication Administration Including Scheduling and Medication Aides Policy, reviewed on 04/08/2025 revealed the following: Procedure: 9. Do not leave medications at the bedside or at the table unless there is a specific physician order to do so, and the resident has been evaluated for self-administration. An observation on 2/8/2026 at 10:25 AM revealed a medication cup with pills in it on the bedside table of Resident 53. An interview on 2/8/2026 at 10:25 AM with Resident 53 revealed they could not remember when the pills were put on the table. An interview on 2/8/2025 at 10:25 AM with Medication Aide H (MA) confirmed they had not given Resident 53 the medications that were in the medication cup. MA H confirmed they did not know what medications were in the medication cup. MA H confirmed the medications should not have been left at Resident 53's bedside. An interview at 10:30 AM with Licensed Practical Nurse D (LPN) confirmed LPN D had administered medications to Resident 53 and had not witnessed the resident take all of their medication. LPN D confirmed they should have remained in the room until Resident 53 had taken all of their medications.</p>		