

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Bloomfield		STREET ADDRESS, CITY, STATE, ZIP CODE  300 North Second St Bloomfield, NE 68718	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Licensure Reference Number 175 NAC 12-006.09(H) Based on record review, and interviews the facility failed to provide needed Activities of Daily Living (ADL, tasks related to personal care, such as dressing, eating, and mobility) assistance to Resident 5 in a timely manner. The sample size was 5 and the facility census was 35. Findings are: A. Record review of the facility policy Activities of Daily Living dated 12/23/24 revealed the facility provided residents with appropriate treatment and services to maintain or improve abilities in activities of daily living for the well-being of mind, body, and soul. Any resident unable to carry out activities of daily living received necessary services to maintain good nutrition, grooming, and personal hygiene. ADL's included the following: Hygiene, Bathing, Dressing, Mobility, Toileting, Eating, and Communication. Record review of the facility policy for Call Lights dated 7/8/25 revealed the facility ensured residents had a method of calling for assistance and promptly answered resident call lights. The facility responded to requests for assistance as soon as possible. Record review a facility letter dated 9/9/25 in response to a resident/family grievance revealed the facility had a personal standard of 10 minutes or less response time to call lights. B. Record review of Resident 5's Care Plan dated 4/15/25 revealed the resident had a history of dizziness, had self-care deficits, and limited physical mobility related to weakness and arthritis. The resident needed assistance with ADL's. This included the assistance of one staff member to ambulate and assistance of one staff member to bathe. The resident wanted to bathe 2 times weekly during the summer season. In addition, the resident needed the assistance of one staff member for toileting hygiene, transferring from one surface to another, and adjusting clothing up and down to accommodate toileting. Record review of Resident 5's Bathing Record from August 1, 2025 through September 29, 2025, revealed that the resident was bathed on the following dates. 8/1, 8/15 (14 days later), 8/19, 8/26, 9/6 (10 days later), 9/9, and 9/16: As of 9/29/25 the resident had not been bathed for 13 days. Record review of Resident 5's Call light Response times for September 1, 2025- September 29, 2025 revealed the following call light response times greater than 10 minutes: -9/2/25 at 9:59:55 PM, a response time of 20 minutes and 46 seconds. -9/6/24 at 7:34:32 PM, a response time of 12 minutes and 24 seconds. -9/9/25 at 4:14:12 PM, a response time of 13 minutes and 20 seconds. -9/9/25 at 7:07:21 PM, a response time was 12 minutes and 31 seconds. -9/10/25 at 10:08:44 PM, a response time was 20 minutes and 32 seconds. -9/12/25 at 2:32:23 PM, a response time of 13 minutes and 34 seconds-9/15/25 at 8:52:42 PM, a response time of 10 minutes and 55 seconds-9/17/25 at 4:26:18 PM, a response time of 12 minutes and 25 seconds-9/18/25 at 3:30:50 PM, a response time of 12 minutes and 42 seconds-9/19/25 at 8:04:56 PM, a response time of 53 minutes and 3 seconds. -9/20/25 at 7:16:02 PM, a response time of 11 minutes and 16 seconds D. During an interview with Resident 5's child on 9/29/25 at 11:20 AM revealed the child consistently felt the facility did not have enough staff to prevent residents from not getting bathed regularly and not having their call lights answered in a reasonable amount of time. This had been a concern with the facility off and on over the past 3 to 4 months and the child felt that despite being reassured their concerns were addressed, nothing had changed significantly. They had been told the resident would be bathed twice weekly and that lasted about 2 weeks and now the resident had not had a bath for 2 weeks. During an interview on 9/29/25 at 1:10 PM, Resident 5 confirmed having had complained to administrative staff multiple times about being short staffed especially when there are only 2 Nurse Aides (NA's) in the building. This often happened during the day and evening time, and more so on the weekends. Resident 5 reported sometimes having to wait 20 or 30 minutes for help after having activated the call light and was unhappy about the response time to calls for assistance. This forced decisions to get up unassisted in which the resident felt unsafe, however didn't want to be incontinent. In addition, the resident desired 2 baths weekly, however rarely got 2 baths and sometimes went 2 weeks between baths. The resident felt they were not receiving the services paid for. In addition, the resident reported the NA's work very hard and are always kind and caring but having to cover 4 halls with 2 persons is just not enough help and when the resident complained to administration, the administration insisted they did have enough help. Resident 5 felt that had been going on since being admitted to the facility last spring. During an interview on 9/29/25 at 2:30 PM with the Director of Nursing (DON) revealed on all days of the week with the current census of 35, Nurse Aide hours include 3 Nurse Aides (NA's) during day shift (plus an additional NA to provide bathing up to 5 days a week up to 8 hours a day), 2.5 Nurse Aides on the evening shift, and 2 Nurse Aides on the night shift. This would be a total of 60 (+8 hour Bath Aide) hours of NA coverage over 24 hours for the current census of 35. In comparison, a census of 27 residents would</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(I) Based on record review and interview; the facility failed to review, revise and/or implement care plan interventions to prevent falls for Resident 1. The sample size was 3 and the facility census was 35. Findings are:Record review of the facility policy Fall Prevention and Management last reviewed 4/8/25 revealed the following:-staff were to use a proactive approach before a fall occurred which included screening to identify risk factors, care planning appropriate interventions, and communicating fall risks and interventions. Fall Procedure:-after a fall a nurse was to observe the resident and perform a full-body exam to determine if there may be a suspected injury,-if no serious injury, staff were to use a total body lift to transfer the resident off the floor,-when the resident was stable, staff were to investigate the causal factors of the fall,-initial documentation would be in the SAFE Event Report form and if any additional documentation was needed it would be in the Progress Notes, -if any teaching was completed it would be documented in the Progress Notes, -staff would communicate that a fall occurred during the shift change and daily meetings, and -the residents care plan would be reviewed and revised with any changes and/or new interventions. Record review of Resident 1's Minimum Data Set (MDS-a federally mandated assessment tool used in care planning) dated 8/25/25 revealed the resident was admitted on [DATE], had severe cognitive impairment, had limited range of motion of 1 side for both upper and lower extremities, was dependent on staff for assistance with toileting, and required substantial assistance with dressing and hygiene; and had diagnoses of non-Alzheimer's dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior)), anxiety (an abnormal and overwhelming sense of apprehension and fear often marked by physical signs, by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it), and depression. Record review of Resident 1's Care Plan with a revision date of 9/15/25 revealed the resident required the assistance of 1 staff member for ambulation, bed mobility, transfers and toileting; had falls on 8/28/25, 8/29/25, 9/8/25, and 2 falls on 9/13/25; and fall interventions that staff were to encourage the resident to participate in activities that promote exercise, ensure the resident has appropriate footwear, and monitor for significant changes in gait, mobility, positioning device, standing/sitting balance, and lower extremity joint function. Record review of the facility forms SAFE Resident Event revealed the following regarding Resident 1 revealed the following:-a fall on 8/28/25 at 8:00 PM revealed no documentation that an intervention to prevent falls had been put into place, -a fall on 8/29/25 at 7:45 PM revealed no documentation that an intervention to prevent falls had been put into place,-a fall on 9/8/25 at 10:45 PM revealed no documentation that an intervention to prevent falls had been put into place, -a fall on 9/13/25 at 8:00 PM revealed no documentation that an intervention to prevent falls had been put into place, -a fall on 9/22/25 at 8:45 PM revealed no documentation that an intervention to prevent falls had been put into place, and-a fall on 9/27/25 at 7:30 PM revealed no documentation that an intervention to prevent falls had been put into place. An interview with the Director of Nursing on 9/29/25 at 3:30 PM confirmed interventions to prevent future falls were not implemented for falls on 8/28/25, 8/29/25, 9/8/25, 9/13/25, 9/22/25, and 9/27/25 and the care plan should have been updated.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.04 Based on record review and interviews; the facility failed to have staff adequate to meet the needs of Residents 1, 2, 4, and 5. This had the potential to affect all facility residents. The sample size was 5 and the facility census was 35. Findings are: A. Record review of the Facility Assessment (comprehensive data driven evaluation of a facilities physical condition and it's ability including the resources (including staff) needed to provide adequate care and services) with a review date of 8/15/25 revealed the facility provided assistance with Activities of Daily Living (ADLs, tasks related to personal care, such as dressing, eating, and mobility) and utilized evidence based, data driven methods to have appropriate staffing to meet the needs of the residents. This included nights and weekends. As the needs of the population changed staffing patterns were adjusted to meet those needs. The facility confirmed resident needs were met through frequent communication with residents, their families/representatives at regular care conferences, rounding, quality assurance audits, resident group meetings, availability of suggestions/concern forms and email surveys.</p> <p>Record review of the facility's Suggestion or Concerns dated 7/7/25 through 9/23/25 revealed the following concerns put in writing by residents and/or their representatives:</p> <p>-7/7/25: Concern about 1 bath in a 2 weeks time frame, and treatment being properly administered.</p> <p>-8/11/25: Concern about lack of staff on 8/9/25 and 8/10/25 (weekend).</p> <p>-9/3/25: Concern regarding staffing issues on 8/31/25 and 9/1/25, and call light attentiveness on 8/22/25.</p> <p>-9/8/25: Concern about call light response time and medications being administered timely.</p> <p>-9/23/25: Concern including untimely meals and long call light response times.</p> <p>Record review of a facility letter dated 9/9/25 in response to a grievance/concern revealed the facility had a personal standard of 10 minutes or less response time to call lights.</p> <p>B. Record review of Resident 5's Care Plan dated 4/15/25 revealed the resident had a history of dizziness, had self-care deficits, and limited physical mobility related to weakness and arthritis. The resident needed assistance with ADL's. This included the assistance of one staff member to ambulate and assistance of one staff member to bathe. The resident wanted to bathe 2 times weekly during the summer season. In addition, the resident needed the assistance of one staff member for toileting hygiene, transferring from one surface to another, and adjusting clothing up and down to accommodate toileting.</p> <p>Record review of Resident 5's Bathing Record from August 1, 2025, through September 29, 2025, revealed that the resident was bathed on the following dates: 8/1, 8/15 (14 days later), 8/19, 8/26, 9/6 (10 days later), 9/9, and 9/16 : As of 9/29/25 the resident had not been bathed for 13 days.</p> <p>Record review of Resident 5's Call light Response times for September 1, 2025 through September 29, 2025 revealed the following call light response times greater than 10 minutes:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-9/2/25 at 9:59:55 PM, a response time of 20 minutes and 46 seconds.</p> <p>-9/6/24 at 7:34:32 PM, a response time of 12 minutes and 24 seconds.</p> <p>-9/9/25 at 4:14:12 PM, a response time of 13 minutes and 20 seconds.</p> <p>-9/9/25 at 7:07:21 PM, a response time was 12 minutes and 31 seconds.</p> <p>-9/10/25 at 10:08:44 PM, a response time was 20 minutes and 32 seconds.</p> <p>-9/12/25 at 2:32:23 PM response time of 13 minutes and 34 seconds</p> <p>-9/15/25 at 8:52:42 PM, a response time of 10 minutes and 55 seconds</p> <p>-9/17/25 at 4:26:18 PM, a response time of 12 minutes and 25 seconds</p> <p>-9/18/25 at 3:30:50 PM, a response time of 12 minutes and 42 seconds</p> <p>-9/19/25 at 8:04:56 PM, a response time of 53 minutes and 3 seconds.</p> <p>-9/20/25 at 7:16:02 PM, a response time of 11 minutes and 16 seconds</p> <p>C. Record review of Resident 2's Care Plan with a revision date of 9/2/25 revealed the resident had impaired cognitive function and self-care deficits due to dementia. The resident was unable to bear weight or ambulate and required the assistance 1-2 staff for bathing, moving in bed, transfers, hygiene, toileting and eating. In addition, the resident was incontinent of bowel and bladder and used incontinence brief and was checked and changed by the staff.</p> <p>Record review of Resident 2's of call light response times from 9/1/25 through 9/29/25 revealed the following call light response times over 10 minutes:</p> <p>-9/1/25 at 1:01:33 PM the call light ran for 15 minutes and 10 seconds.</p> <p>-9/1/25 at 5:16:39 PM the call light ran for 13 minutes and 13 seconds.</p> <p>-9/2/25 at 8:48:00 PM the call light ran for 10 minutes and 6 seconds.</p> <p>-9/3/25 at 8:08:17 PM the call light ran for 27 minutes and 13 seconds.</p> <p>-9/4/25 at 3:13:29 PM the call light ran for 26 minutes and 35 seconds.</p> <p>-9/8/25 at 7:34:42 PM the call light ran for 40 minutes and 2 seconds.</p> <p>-9/9/25 at 5:08:44 PM the call light ran for 11 minutes and 58 seconds.</p> <p>-9/9/25 at 8:32:02 PM the call light ran for 26 minutes and 58 seconds.</p> <p>-9/10/25 at 5:33:42 PM the call light ran for 49 minutes and 42 seconds.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-9/10/25 at 8:33:22 PM the call light ran for 17 minutes and 38 seconds</p> <p>-9/11/25 at 8:18:15 PM the call light ran for 13 minutes and 31 seconds.</p> <p>-9/12/25 at 8:31:32 PM the call light ran for 16 minutes and 36 seconds.</p> <p>-9/19/25 at 8:44:06 PM the call light ran for 42 minutes and 18 seconds.</p> <p>-9/20/25 at 5:21: 22 PM the call light ran for 19 minutes and 16 seconds.</p> <p>-9/20/25 at 9:27:57 PM the call light ran for 20 minutes and 39 seconds.</p> <p>D. Record review of Resident 3's care plan revealed that the resident had an Activity of Daily Living deficit related to diagnosis of Alzheimer Dementia. The resident was unable to find own clothes and personal care items without staff assistance. Resident required 1 assist with putting on pants and set up assist and cues required for brushing teeth.</p> <p>Record review of the facility Call Light Response times from 9/1/25 to 9/29/25 for Resident 3 revealed the following:-On 9/4/25 the call light was on from 5:40 PM to 6:30 PM (50 Minutes).-On 9/12/25 the call light was on from 2:23 AM to 2:36 AM (12 min 42 seconds).-On 9/16/25 the call light was on from 8:36 AM to 9:03 AM (26 min 38 seconds).-On 9/20/25 the call light was on from 2:44 PM to 3:04 PM (19 minutes 54 seconds).</p> <p>E. Record review of Resident 1's Minimum Data Set (MDS-a federally mandated assessment tool used in care planning) dated 8/25/25 revealed the resident was admitted on [DATE], had severe cognitive impairment, had limited range of motion of 1 side for both upper and lower extremities, was dependent on staff for assistance with toileting, and required substantial assistance with dressing and hygiene; and had diagnoses of Non-Alzheimer's Dementia, Anxiety, and Depression.</p> <p>Record review of the facility Call Light Response Times dated 9/1/25 through 9/29/25 revealed the following call light times for Resident 1:</p> <p>-on 9/11/25 from 7:04 PM-7:19 PM (14 minutes, 33 seconds),</p> <p>-on 9/11/25 from 7:40 PM-7:52 PM (12 minutes, 25 seconds),</p> <p>-on 9/12/25 from 6:47 PM-7:00 PM (13 minutes, 14 seconds),</p> <p>-on 9/13/25 from 4:00 PM-4:21 PM (20 minutes, 57 seconds),</p> <p>-on 9/14/25 from 2:24 PM-2:36 PM (11 minutes, 28 seconds),</p> <p>-on 9/14/25 from 6:36 PM-7:25 PM (49 minutes, 23 seconds),</p> <p>-on 9/15/25 from 6:46 PM- 7:28 PM (42 minutes, 4 seconds),</p> <p>-on 9/20/25 from 8:59 AM-9:13 AM (14 minutes, 56 seconds), and</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-on 9/20/25 from 4:35 PM-5:10 PM (34 minutes, 19 seconds).</p> <p>F. Record review of the facility's Daily Staffing Posting from 8/15/25 through 9/29/25 revealed the following total Nurse Aide (NA) hours worked over each 24-hour period that did not meet predetermined Nurse Aides staffing needs:</p> <ul style="list-style-type: none"> <li>-8/15/25 with a census of 26, a total of 16 NA hours</li> <li>-8/16/25 with a census of 27, a total of 36 NA hours</li> <li>-8/17/25 with a census of 27, a total of 44 NA hours</li> <li>-8/18/25 with a census of 27, a total of 34.5 NA hours</li> <li>-8/19/25 with a census of 27, a total of 44.5 NA hours</li> <li>-8/20/25 with a census of 27 a total of 40 NA hours</li> <li>-8/21/25 with a census of 27 a total of 42 NA hours</li> <li>-8/22/25 with a census of 27, a total of 39 NA hours</li> <li>-8/23/25 with a census of 28, a total of 44.5 NA hours</li> <li>-8/24/25 with a census of 28, a total of 43 NA hours</li> <li>-8/25/25 with a census of 28, a total of 41.5 NA hours</li> <li>-8/26/25 with a census of 29, a total of 48.5 NA hours</li> <li>-8/27/25 with a census of 29, a total of 47.5 NA hours</li> <li>-8/28/25 with a census of 29, a total of 44.5 NA hours</li> <li>-8/29/25 with a census of 28, a total of 23.5 NA hours</li> <li>-8/30/25 with a census of 29, a total of 44.0 NA hours</li> <li>-8/31/25 with a census of 30, a total of 30 NA hours</li> <li>-9/1/25 with a census of 30, a total of 37 NA hours</li> <li>-9/2/25 with a census of 30, a total of 44.5 NA hours</li> <li>-9/3/25 with a census of 31, a total of 52.5 NA hours</li> <li>-9/4/25 with a census of 32, a total of 40.5 NA hours</li> </ul> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-9/5/25 with a census of 32, a total of 35.5 NA hours</p> <p>-9/6/25 with a census of 34, a total of 49.0 NA hours</p> <p>-9/7/25 with a census of 34, a total of 52.5 NA hours</p> <p>-9/8/25 with a census of 35, a total of 41.5 NA hours</p> <p>-9/9/25 with a census of 36, a total of 41 NA hours</p> <p>-9/10/25 with a census of 36, a total of 57 NA hours</p> <p>-9/11/25 with a census of 36, a total of 51.5 NA hours</p> <p>-9/12/25 with a census of 36, a total of 43.5 NA hours</p> <p>-9/13/25 with a census of 34, a total of 32 NA hours</p> <p>-9/14/25 with a census of 34, a total of 44 NA hours</p> <p>-9/15/25 with a census of 34, a total of 37.5 NA hours</p> <p>-9/16/25 with a census of 34, a total of 44 NA hours</p> <p>-9/17/25 with a census of 34, a total of 39.5 NA hours</p> <p>-9/18/25 with a census of 34, a total of 54.5 NA hours</p> <p>-9/19/25 with a census of 34, a total of 28 NA hours</p> <p>-9/20/25 with a census of 34, a total of 49 NA hours</p> <p>-9/21/25 with a census of 34, a total of 37 NA hours</p> <p>-9/22/25 with a census of 34, a total of 68 NA hours</p> <p>-9/23/25 with a census of 35, a total of 58.5 NA hours</p> <p>-9/24/25 with a census of 35, a total of 43 NA hours</p> <p>-9/25/25 with a census of 35, a total of 46.5 NA hours</p> <p>-9/26/25 with a census of 35, a total of 30.5 NA hours</p> <p>-9/27/25 with a census of 35, a total of 32.5 NA hours</p> <p>-9/28/25 with a census of 35, a total of 28 NA hours</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-9/29/25 with a census of 35, a total of 31 NA hours.</p> <p>G. During an interview on 9/29/25 at 1:55 PM Nurse Aide (NA)-F confirmed working as a nurse aide most days despite being the full-time housekeeping staff, however even when working as a NA the facility often had only 2 NA's working on the floor during the day with one bath aid some days. It's not uncommon to help get 16 or 17 residents ready for the day and often times it was difficult to get residents out for breakfast timely. NA-F confirmed with the current census the facility needed 3 nurse aides on the day shift and they had that today because NA-F was pulled from housekeeping duties.</p> <p>H. During an interview on 9/29/25 at 2:30 PM with the Director of Nursing (DON) revealed on all days of the week with the current census of 35, Nurse Aide hours include 3 Nurse Aides (NA's) during day shift (plus an additional NA to provide bathing up to 5 days a week up to 8 hours a day), 2.5 Nurse Aides on the evening shift, and 2 Nurse Aides on the night shift. This would be a total of 60 (+8 hour Bath Aide) hours of NA coverage over 24 hours for the current census of 35. In comparison, a census of 27 residents would include 2 nurse aides on the day shift (plus an additional NA to provide bathing up to 5 days a week up to 8 hours a day), 2 Nurse Aides on the evening shift and 2 Nurse Aides on the night shift. This would be a total of 46 nurse aid + 8 hours NA up to 5 days a week per 24 hours for a census of 27. In review of the facility staff posting from August 15th through [DATE]th, 2025, the DON confirmed the facility had not met needed NA staffing levels from August 15 through September 29th.</p> <p>I. Review of the undated facility Daily Cleaning of a Residents Room revealed all resident rooms would have the following cleaning provided:</p> <ul style="list-style-type: none"> <li>- The floor would be dust mopped, and the trash would be emptied.</li> <li>-Staff would wipe off the following areas of the room: <ul style="list-style-type: none"> <li>-light switches,</li> <li>-door knobs,</li> <li>-remote controls,</li> <li>-bed rails,</li> <li>-call lights,</li> <li>-dressers and stands and</li> <li>-telephones.</li> </ul> </li> <li>-In the resident's bathroom area, the following would be completed: <ul style="list-style-type: none"> <li>-The mirror would be cleaned, and the sink and handles would be wiped down.</li> <li>-The light switches, handrails, call lights and door frame would be wiped down and</li> </ul> </li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Bloomfield		STREET ADDRESS, CITY, STATE, ZIP CODE  300 North Second St Bloomfield, NE 68718	

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The inside and outside of the toilet would be cleaned.</p> <p>J. An interview on 9/29/25 at 1:45 PM with Environmental Services Supervisor (ESS-F), confirmed that the residents' rooms were to be cleaned daily. ESS-F confirmed that the resident rooms were not being cleaned daily, there was only one house keeping staff member and this member worked in the facility as a nursing assistant (NA). ESS-F confirmed that from 9/21/25 to 9/27/25, housekeeping staff only worked on 9/22/25.</p> <p>K. An interview on 9/29/25 at 2:00 PM with the Administrator confirmed that there was not a housekeeping schedule and that when ESS-F was working as an NA the maintenance and laundry staff cleaned some resident rooms and halls. The administrator was unsure what rooms were cleaned by maintenance and laundry staff.</p> <p>L. An interview on 9/29/25 at 2:15 PM with maintenance staff (G) confirmed that the facility was unsure of what rooms were cleaned from 9/21/25 to 9/27/25 by maintenance and housekeeping staff.</p> <p>M. Interview with the Administrator on 9/29/25 at 3:09 PM confirmed the facility census had increased from 27 to 35 and they had identified increasing call light response times since the increase in census. The facility was reviewing all admissions on an individual basis to determine if they could meet the needs of the residents. The Administrator was aware the facility was having concerns with call light response times and had started a Performance Improvement Plan to address those concerns. In addition, the facility is trying to hire additional staff but was using agency and pool nursing but had not filled all available shifts.</p>