

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Atkinson		STREET ADDRESS, CITY, STATE, ZIP CODE 409 Neely Street Atkinson, NE 68713	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>29638</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.02(H)</p> <p>Based on record review and interview; the facility failed to report an injury of unknown origin and to submit an investigation to the State Agency within 5 working days for 1 (Resident 3) of 5 sampled residents. The facility identified a census of 31.</p> <p>Findings are:</p> <p>A. Review of the facility Abuse and Neglect Policy with a reviewed/revised date of 4/7/25 revealed the policy of the facility was to ensure all alleged or suspected violations involving any mistreatment, neglect, exploitation or abuse, including injuries of unknown origin were to be reported immediately to the Administrator or a delegated individual.</p> <p>The purpose of the policy was to:</p> <ul style="list-style-type: none"> -ensure employees were knowledgeable regarding reporting and investigating the process of abuse and neglect allegations in the facility. -ensure the facility had an effective system in place that, regardless of the source, prevented mistreatment, neglect, exploitation, and abuse of residents and misappropriation of their property. -ensure residents were not subjected to abuse by anyone including but not limited to employees, other residents, consultants, volunteers, employees of other agencies serving the individual, family members or legal guardians. -ensure all identified events of alleged or suspected abuse/neglect including injuries of unknown origin were promptly reported and investigated. -ensure a complete review by the investigation team to identify events such as suspicious bruising of residents, occurrences that may constitute abuse and determine the direction of the investigation, patterns, and trends. <p>The following process was to be followed:</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-intervene in any situation to protect the residents.</p> <p>-remove any individual as necessary from the facility if necessary to protect the residents and/or employees.</p> <p>-call local law enforcement for assistance with interventions necessary for the protection of the residents/employees.</p> <p>-the facility was to have evidence that all alleged or suspected violations were thoroughly investigated and were to prevent further potential abuse while the investigation was in progress.</p> <p>-results of all investigations were to be reported to the Administrator or designated representative and to other officials in accordance with state law, including the State Survey and Certification Agency within 5 working days of the event. If the alleged or suspected violation was verified, appropriate corrective action was to be taken.</p> <p>B. Review of the facility Incident and Accident Log revealed an incident dated 2/27/25 at 3:50 PM for Resident 3 which was identified as an injury of unknown origin.</p> <p>Review of Resident 3's Nursing Progress Notes dated 2/27/25 at 3:50 PM revealed the resident had bruising to bilateral hands which was identified as injury of unknown origin. The left hand third finger had a bruise which measured 1.5 centimeters (cm), and the fourth finger had a bruise which measured 0.2 cm. The resident's right-hand knuckles had a bruise which measured 0.05 cm.</p> <p>Review of facility investigations submitted to the State Agency from 2/1/25 to 4/22/25 revealed no evidence the injury of unknown origin for Resident 3 was reported or that an investigation was conducted and then submitted to the State Agency as required.</p> <p>An interview with the facility Administrator on 4/22/25 at 2:00 PM confirmed the facility had not reported the injury of unknown origin documented in Resident 3's medical record or conducted an investigation related to the injury.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>29638</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.02(H)</p> <p>Based on record review and interview; the facility failed to thoroughly investigate allegations of potential abuse for Residents 1 and 2 and to report an allegation of potential abuse for Resident 2 within the required timeframe. The sample size was 5 and the facility census was 31.</p> <p>Findings are:</p> <p>A. Review of the facility Abuse and Neglect Policy with a reviewed/revised date of 4/7/25 revealed the policy of the facility was to ensure all alleged or suspected violations involving any mistreatment, neglect, exploitation or abuse, including injuries of unknown origin were to be reported immediately to the Administrator or a delegated individual.</p> <p>The purpose of the policy was to:</p> <ul style="list-style-type: none"> -ensure employees were knowledgeable regarding reporting and investigating the process of abuse and neglect allegations in the facility. -ensure the facility had an effective system in place that, regardless of the source, prevented mistreatment, neglect, exploitation, and abuse of residents and misappropriation of their property. -ensure residents were not subjected to abuse by anyone including but not limited to employees, other residents, consultants, volunteers, employees of other agencies serving the individual, family members or legal guardians. -ensure all identified events of alleged or suspected abuse/neglect including injuries of unknown origin were promptly reported and investigated. -ensure a complete review by the investigation team to identify events such as suspicious bruising of residents, occurrences that may constitute abuse and determine the direction of the investigation, patterns, and trends. <p>The following process was to be followed:</p> <ul style="list-style-type: none"> -intervene in any situation to protect the residents. -remove any individual as necessary from the facility if necessary to protect the residents and/or employees. -call local law enforcement for assistance with interventions necessary for the protection of the residents/employees. -the facility was to have evidence that all alleged or suspected violations were thoroughly investigated and were to prevent further potential abuse while the investigation was in progress. <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-results of all investigations were to be reported to the Administrator or designated representative and to other officials in accordance with state law, including the State Survey and Certification Agency within 5 working days of the event. If the alleged or suspected violation was verified, appropriate corrective action was to be taken.</p> <p>B. Review of Resident 1's Nursing Progress Notes dated 4/13/25 revealed the following:</p> <p>-5:32 PM the resident had reported to family members that the resident's leg hurt. The resident further reported the resident had been hurt by a staff member and the resident had let the staff know they had hurt the resident at the time of the injury. When the resident's leg was assessed, the resident flinched and verbalized discomfort.</p> <p>-9:36 PM Adult Protective Services (APS) were notified at 9:10 PM the resident had stated that the resident's leg hurt, and the resident let whoever did this know the resident had been hurt.</p> <p>Review of a Nursing Progress Note dated 4/14/25 at 12:45 AM revealed the resident was walking in the corridor and told the staff the resident needed assistance to the bathroom. The resident reported pain in the resident's right leg because someone (the resident used a hand to make a chopping motion) just whammed the resident's leg.</p> <p>Review of the facility investigation dated 4/14/25 revealed the resident had advanced dementia with confusion. The resident had a history of knee/leg pain, and the facility had no concerns a staff member had any involvement with the resident's complaint of pain.</p> <p>Review of the facility investigation and the resident's medical record revealed no evidence a thorough investigation had been completed regarding the resident's allegation someone had hurt the resident's leg to rule out the potential for abuse.</p> <p>C. Review of Resident 2's Nursing Progress Notes dated 2/22/25 at 2:39 PM revealed the resident had requested a physician appointment as the resident was having a lot of pain from when a staff member had penetrated the resident when assisting the resident with a bath. The resident's roommate was questioned regarding the allegation and the roommate could not confirm or deny the allegation. The facility Administrator was notified of the residents' concerns.</p> <p>Review of a Nursing Progress Note dated 2/24/25 (2 days after the resident's allegation of potential abuse) at 1:57 PM revealed APS was notified of the resident's allegation.</p> <p>Review of the facility investigation revealed the facility did not substantiate the allegation of sexual abuse based on the history of the resident's behaviors. The resident was seen by the provider and no trauma was identified and the resident was diagnosed with a urinary tract infection. Further review of the investigation, however, revealed no evidence of the roommate's interview, or interviews with other residents and/or staff to ensure a thorough investigation.</p> <p>D. An interview with the facility Administrator on 4/22/25 at 2:00 PM confirmed the facility had not completed a thorough investigations regarding Resident 1's allegation of a staff member hurting the resident's leg and Resident 2's allegation of a staff member hurting the resident when assisting the resident with a bath. In addition, the facility failed to report Resident 2's allegation of potential staff to resident abuse within the required timeframe.</p>		