

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Albion		STREET ADDRESS, CITY, STATE, ZIP CODE 1222 South 7th Street Albion, NE 68620	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42679</p> <p>Licensure Reference Number 175 NAC 12-006.02(8)</p> <p>Based on interview and record review, the facility failed to report a serious injury to the State Agency within the required time frame for 1 resident (Resident 12). The sample size was 1 and the facility census was 52.</p> <p>Findings are:</p> <p>A. Review of the facility policy Abuse and Neglect dated 7/6/23 revealed the following:</p> <ul style="list-style-type: none"> -Ensure employees are knowledgeable of reporting and investigating procedures related to abuse and neglect allegations. -Ensure the facility has an effective system in place. -Ensure that all identified incidents of alleged or suspected abuse/neglect, including injuries of unknown origin, are promptly reported and investigated. -Designated agencies will be notified in accordance with state law, including the State Agency and Adult Protective Services (APS). If there is an allegation of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and/or there is serious bodily injury then it will be reported immediately, but not later than two hours. <p>B. Review of Resident 12's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 2/9/24 revealed the resident was admitted on [DATE], had no cognitive impairment, and required substantial assistance with transfers and toileting. Further review revealed diagnoses of cancer, heart failure, diabetes and peripheral vascular disease (narrowing of blood vessels situated away from the heart or brain).</p> <p>C. During an interview with Resident 12 on 3/26/24 at 1:15 PM, the resident indicated [gender] was scheduled for surgery the next day related to a fracture of the right foot second toe. When the resident was asked how the fracture occurred, [gender] stated [gender] was not sure and I could have bumped it on something and didn't know because I have no feeling in my feet. The resident also indicated staff were made aware of the injury at the time it was discovered a couple of weeks ago.</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>Review of a physician progress note dated 3/8/24 revealed Resident 12 had an injury of the second toe of the right foot and x-ray showed dislocation with lateral deviation with a referral was then made to a podiatrist.</p> <p>Review of the Podiatrist's clinical note dated 3/19/24 revealed Resident 12 had a right foot 2nd digit fracture dislocation with exposed bone of an indeterminate time, up to 1 month. Further review revealed a recommendation for amputation of the toe.</p> <p>Review of the facility investigation reports between 3/21/23 and 3/26/24 revealed no evidence facility staff had reported Resident 12's injury to the state agency and/or APS as required.</p> <p>During an interview with the Director of Nurses (DON) on 3/28/24 at 12:55 PM, the DON confirmed Resident 12 had a dislocation of the right foot 2nd toe that was identified on 3/8/24, the resident required surgical intervention, and this was considered a serious injury. The DON also confirmed the incident had not been reported to the State Agency within the required time frame.</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>42679</p> <p>Licensure Reference Number 175 NAC 12-006.09D7</p> <p>Based on observation, interview and record review, the facility failed to prevent the potential for accidents related to Resident 20, who had an episode of coughing/choking during the meal service. The sample size was 1 and the facility census was 52.</p> <p>Findings are:</p> <p>Review of Resident 20's Minimum Data Set (MDS- a mandatory comprehensive assessment tool used for care planning) dated 1/23/24 revealed the following about the resident:</p> <ul style="list-style-type: none"> -cognition was intact; -diagnoses of lung disease, heart failure, pneumonia, and dysphagia (difficulty swallowing); -ate meals independently with set up help; -had a mechanically altered diet (consists of foods that can be safely and successfully swallowed); and -coughing or choking during meals was indicated. <p>Review of Resident 20's care plan with a print date of 4/1/24 revealed the resident was at risk for nutritional problems related to dysphagia, malnutrition, weakness, anxiety, depression, abnormal weight loss, poor meal intake, and modified diet. Interventions included:</p> <ul style="list-style-type: none"> -Resident prefers to dine in room during meals/resident at risk for choking. Resident educated on risk for choking and recommended supervision and is encouraged to come out for meals. Does frequently refuse. -Adaptive equipment of plastic silverware and divided plate. -Requires a regular/soft and bite size diet with transitional foods/thin liquids. -Allowed mixed consistencies at regular texture/bite size pieces. -Allowed breads and baked goods at regular texture. -Set up meals, independent with food and fluid intake. -Extra gravy and sauces. -Requested small portions. <p>(continued on next page)</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>-Offer yogurt daily and a banana as available.</p> <p>-When resident requests foods outside of her modified diet texture, explain the risk, let nursing know to document.</p> <p>An observation of Resident 20 on 3/26/24 at 12:55 PM revealed the resident was seated in [gender] room and was heard coughing excessively. There were no staff present in the room or in the hallway outside of the room. The resident continued to have a harsh cough and was asked if [gender] was okay. The resident nodded to indicate yes but continued to cough excessively for approximately 3 to 5 minutes. The resident was asked if the coughing was caused by the food and [gender] softly stated a piece of fish got stuck. The resident was observed with a plate of food with small bite size pieces of fish, sweet potatoes (mashed consistency) and green vegetables (mashed consistency). An unidentified nursing staff member was summoned to the resident's room and informed of the coughing/choking episode.</p> <p>Observation of Resident 20 in [gender] room on 3/27/24 at 12:00 PM. The resident stated [gender] planned to eat the noon meal inside [gender] room independently. The resident indicated [gender] preferred to eat in [gender] room for meals due to feeling weak from a recent respiratory illness.</p> <p>Observation of Resident 20 inside the room on 4/1/24 at 0730 AM. The resident stated [gender] planned to eat the breakfast meal inside [gender] room.</p> <p>An interview with Speech Therapist (ST)-R on 4/1/24 at 11:00 AM confirmed the resident had a diagnosis of dysphagia and was at risk for choking/aspiration with recommendations for a specialized diet of soft and bite size foods. ST-R also indicated the resident had requested to eat regular foods such as a hamburger, pizza and bread. The resident was educated about the risks of choking/aspiration and allowed to consume the requested regular food items as indicated.</p> <p>An interview with the administrator on 4/1/24 at 11:20 AM confirmed the resident was at risk for choking/aspiration related to difficulty swallowing. The administrator was not able to verify the resident had been closely monitored by staff members when [gender] ate in [gender] room independently in order to prevent potential choking accidents.</p>