STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285197	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Albion	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Licensure Reference Number 175 NAC 12.006.10(A)(i) Based on observation, record review and interview; the facility failed to assess Resident 8 for safe self-administration of medication. The sample size was 1 and the facility census was 42. Findings are: Findings are:A. Review of the facility policy Resident Self-Administration of Medication with a revision date of 10/31/25 revealed the following:-The purpose of the policy was to determine if the resident could safely self-administer medications.-Before a physician's order was obtained the facility was to complete the Resident Self-Administration of Medications Assessment to determine if the resident could safely self-administer medications.-The resident's ability to continue to safely self-administer medication must be reviewed during the care planning process quarterly and with significant change. B. Review of a Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) for Resident 8 dated 3/25/26 revealed the resident was cognitively intact with diagnoses of diabetes. The resident received insulin injections 7 days. Review of Resident 8's current Care Plan with a revision date of 5/13/26 revealed the resident chose to self-administer insulin medications, the resident demonstrated ability to safely administer insulin and change needles perinterdisciplinary team determination and physician's order. Interventions included the following:-The resident would self-administer insulin and change needles per physician's order.-Medication would be kept in the medication cart/medication refrigerator, and the resident would ask when needing to refill insulin pump.-The resident would document self-administration of medications and report to staff to document in the Medication Administration Record (MAR). Review of Resident 8's Medication Administration Record (MAR) for 5/2026 revealed Resident 8 had the following orders:-The guardian 4 blood sugar transmitter would be changed weekly every Friday. The supplies and directions were on the cabinet on the unit.-The insulin pump would be changed every 3 days and as needed every 6 hours.-Humalog insulin via insulin pump, (maximum of 60 units per day). The resident would notify the staff of the number of units administered per sliding scale and the carbohydrate count after each meal.Review of Resident 8's medical record revealed that no Resident Self-Administration of Medications Assessment was found. An observation on 5/18/26 at 8:30 AM revealed Resident 8 counted the amount of carbohydrates eaten at breakfast meal. The resident then entered the number of carbohydrates into the insulin pump, and the insulin pump injected the amount of insulin needed for the number of carbohydrates entered. The resident notified the staff of the number of carbohydrates eaten and the amount of insulin injected, the staff then documented this in the residents MAR.D. An interview with the Director of Nursing on 5/18/26 at 3:10 PM confirmed that Resident 8 had not been assessed to determine if resident was safe to self-administer insulin.

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