STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285285	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Grand Island Village	4061 & 4055 Timberline Street & 2912 Good Samarita Grand Island, NE 68803

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Licensure Reference Number 175 NAC 12-006.05(D)Licensure Reference Number 175 NAC 12-006.05(E)Based on record review and interview the facility failed to ensure that consent was obtained prior to the administration of psychoactive medications (any medication that affects behavior, mood, thoughts, or perception) for 2 of 3 sampled residents (Residents 3 and 4). The facility census was 57.Findings are:A.Record review of the facility policy titled Psychotropic Medications dated 12/9/25 revealed that a psychotropic medication is any drug that affects brain activities associated with mental processes and behavior. The policy revealed that a psychotropic medication is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include antipsychotics, antidepressants, antianxiety, and hypnotics. A consent form must be signed for the use of psychotropic medications. The Permission for Use of Psychotropic Medications form will be used to obtain consent. The Permission for Use of Psychotropic Medications consent form must be completed with a dose change of psychotropic medication. B.Record review of the admission Record dated 6/1/26 for Resident 3 revealed that Resident 3 admitted into the facility on 8/30/24. Record review of the Minimum Data Set (MDS) (a mandatory comprehensive assessment tool used for care planning) dated 2/11/26 for Resident 3 revealed that Resident 3 did not take any psychotropic medications. Record review of the Medication Administration Record (MAR) (a legal record of the medications administered to a resident at a facility by a health care professional) for March 2026 for Resident 3 revealed that there was an order for Mirtazapine 7.5 milligrams (mg) (a psychotic medication used to treat depression) to be administered 1 time daily at bed time. The MAR revealed documentation that the Mirtazapine was administered to Resident 3 on 3/28/26, 3/29/26, 3/30/26, and 3/31/26. Record review of the medical record for Resident 3 revealed that it did not contain a consent for the psychotropic medication Mirtazapine.Record review of the progress note for Resident 3 dated 3/31/26 at 11:19 AM revealed that the Social Service Director (SSD) contacted the Power of Attorney (POA) for Resident 3 regarding a consent form needing to be signed for Resident 3's Mirtazapine. The POA stated that they would be at the facility today to sign the consent. (Resident 3 had already received 3 doses of the Mirtazapine prior to this communication to the POA).Interview on 6/1/26 at 2:15 PM with the Facility Administrator (FA) confirmed that the facility must obtain consent for psychoactive medications prior to the medication being administered.Interview on 6/1/26 at 2:39 PM with the FA confirmed that the facility failed to obtain consent for the psychoactive medication prior to administration as required for Resident 3.C. Record review of the admission Record dated 6/1/26 for Resident 4 revealed that Resident 4 admitted into the facility on 4/25/25.Record review of the Order Recap Report (a listing of all active and discontinued medications for a resident) dated 6/1/26 for Resident 4 revealed that Resident 4 had an order for Abilify 5 mg (an antipsychotic medication) one time a day for major depressive disorder. The order date for the medication was 6/13/25 and the order was discontinued on 4/13/26. Resident 4 had an active (current) order for Abilify 10 mg with an order date of 4/13/26 (this order increased the amount of the medication from 5 mg to 10 mg). Record review of the MAR for April 2026 for Resident 4 dated 6/1/26 revealed that Abilify 10 mg was administered to Resident 4 on 4/14/26 and 4/15/26.Record review of the untitled consent form dated 4/15/26 for Resident 4 revealed that it (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	included the antipsychotic medication Abilify 10 mg. The section titled The symptoms that you are experiencing that the medication is intended to help are: was left blank. The section titled The non-pharmacological alternatives attempted are listed below: was left blank. The consent form was signed by the facility Social Services Director (SSD) dated 4/15/26. The consent form was signed by Resident 4 and dated 4/15/26. (Resident 4 had already received 1 dose of the Abilify 10 mg prior to the consent form being signed).Interview on 6/1/26 at 2:15 PM with the Facility Administrator (FA) confirmed that the facility must obtain consent for psychoactive medications and antipsychotic medications prior to the medication being administered.Interview on 6/1/26 at 2:39 PM with the FA confirmed that the facility failed to obtain consent for the increased dose of the antipsychotic medication prior to administration as required for Resident 4.