

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165205</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - LEMARS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1140 LINCOLN STREET NE LE MARS, IA 51031</b>
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F 000	INITIAL COMMENTS  Correction date: _____  The following deficiencies resulted from the facility's annual recertification survey conducted on April 8, 2024 to April 11, 2024.  See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review	F 657		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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F 657	<p>Continued From page 1 assessments. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview the facility failed to revise and update Care Plans to include and address high risk medications and side effects to watch for in 2 out of 15 sampled residents reviewed for Comprehensive Care Plans (Resident #17 &amp; #30). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 3/15/24 for Resident #17 documented diagnoses of diabetes mellitus and hypertension. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment.</p> <p>Review of the April 2024 Medication Administration Record (MAR) revealed the following orders: a. Insulin Glargine-Lixisenatide (diabetic medication) with a start date of 7/12/23.</p> <p>Review of the MDS dated 3/15/24 revealed diabetic medication and insulin injection taken 7 out of 7 days in the look back period.</p> <p>Review of the Medication Review Report signed 3/13/24 revealed the following orders: a. Insulin Glargine-Lixisenatide with a start date of 7/12/23.</p> <p>Review of the Care Plan undated lacked information regarding the usage and side effects of insulin injections.</p>	F 657		

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F 657	<p>Continued From page 2</p> <p>2. The MDS assessment dated 2/9/24 for Resident #30 documented diagnoses of diabetes mellitus, edema and hypertension. The MDS showed a Brief Interview for Mental Status (BIMS) score of 13 indicating no cognitive impairment.</p> <p>Review of the April 2024 MAR revealed the following orders:</p> <ul style="list-style-type: none"> <li>a. Lasix with a start date of 1/25/24.</li> <li>b. Lantus Insulin (diabetic medication) with a start date of 2/15/24 with a discontinuation date of 4/8/24.</li> <li>c. Tresiba (diabetic medication) with a start date of 4/9/24.</li> </ul> <p>Review of the MDS dated 2/9/24 revealed diabetic medication and insulin injection taken 7 out of 7 days in the look back period.</p> <p>Review of the Medication Review Report signed 3/13/24 revealed the following orders:</p> <ul style="list-style-type: none"> <li>a. Lasix with a start date of 1/25/24.</li> <li>b. Lantus Insulin with a start date of 2/15/24.</li> <li>c. Tresiba on hold.</li> </ul> <p>Review of facility provided policy titled Comprehensive Care Plan and Care Conference with a reviewed date of 12/4/23 revealed the purpose of the policy is to provide an ongoing method of assessing, implementing, evaluating and updating the resident's Care Plan to help maintain the resident's highest practicable level of function, including culturally competent and trauma informed care.</p> <p>Interview on 04/10/24 at 01:11 p.m., with the Director of Nursing (DON) revealed insulin and</p>	F 657			

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F 657	Continued From page 3	F 657			
F 725 SS=D	<p>diuretic medication should be on the Care Plan.</p> <p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, document review, resident interview, and staff interview the facility failed to provide nursing staff to assure residents safety by not adequately responding to call lights in a timely manner. The facility reported a census</p>	F 725			

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F 725	<p>Continued From page 4 of 61 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated 11/17/23 for Resident #8 documented a Brief Interview for Mental Status (BIMS) of 13 indicating no cognitive impairment.</p> <p>Review of document titled, Resident Listing Report revealed Resident #8 resided in 213.</p> <p>On 4/10/24 at 7:55 AM a continuous observation of Room 213's call light revealed at 7:55 AM call light was on and at 8:30 AM call light was shut off.</p> <p>On 4/10/24 at 8:11 AM Resident #8 stated his call light was turned on because he wanted his butt scooted over in bed. Resident #8 stated he wanted help transferring into bed. Resident #8 stated he had grown tired of waiting and transferred himself into bed. Resident #8 stated in the morning sometimes it would take longer than 15 minutes for staff to answer the call lights. Resident #8 stated he could read the clock in the room and knew how long it took the staff to answer his call light. Resident #8 stated it was 8:13 AM at that time.</p> <p>Review of document titled, Device Activity Report dated 4/10/24 reported on 4/10/24 the call light for room 213 was shut off after 21 minutes and 51 seconds at 12:16 AM, 4/10/24 at 5:10 AM the call light was shut after 24 minutes, 4/10/24 at 7:12 AM the call light was shut off after 16 minutes and 37 seconds, and 4/10/24 8:30 AM the call light was shut off after 36 minutes and 35 seconds.</p>	F 725			

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F 725	<p>Continued From page 5</p> <p>2. The MDS dated 2/29/24 for Resident #59 documented a BIMS of 15 indicating no cognitive impairment.</p> <p>Review of document titled, Resident Listing Report revealed Resident #59 resided in room 320.</p> <p>On 4/10/24 at 7:55 AM a continuous observation of Room 320's call light revealed at 8:02 AM call light was on and at 8:31 AM call light was shut off.</p> <p>On 4/10/24 at 8:24 AM Resident #59 stated he wanted to go to the bathroom. Resident #59 stated the call light had been on for a bit but they are usually good about answering the call light.</p> <p>Review of document titled, Device Activity Report dated 4/10/24 reported on 4/10/24 the call light for room 320 was shut off after 28 minutes and 35 seconds at 8:31 AM.</p> <p>On 4/10/24 at 1:39 PM Staff A, Certified Nursing Assistant (CNA) stated call lights would be answered in no more than 3-5 minutes. Staff A stated sometimes it could take longer than 3-5 minutes depending on if someone had fallen or what was going on at the time. Staff A stated no one had fallen the morning of 4/10/24 from her hall. Staff A stated the facility's expectation was that call lights would be answered in less than 15 minutes.</p> <p>On 4/10/24 at 1:52 PM the DON stated the residents did not really complain about how long the call lights are on prior to answering. The DON stated it was hard to answer them all at times under 15 minutes, but she was aware this was the regulation. The DON stated Resident #8</p>	F 725			

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F 725	Continued From page 6 never needed anything urgent. The DON stated the standard was 15 minutes and the staff is educated on that all the time. The DON stated mornings at the facility were busy.  Review of policy titled, Call light reviewed 8/1/23 documented when a resident's call light is observed/heard, go to the residents room promptly and respond to resident's request as soon as possible.	F 725		