

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following deficiency is the result of the investigation of incident #83124-M completed 6/27/19 - 7/3/19. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Correction Date _____	F 000			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record review, facility policy, resident and staff interviews, the facility failed to recognize their persistence in providing unwanted care caused a demented resident, (Resident #1) behaviors to escalate. Their persistence caused that resident to hit a staff member; which led to that staff member grabbing Resident #1's nose and squeezing it in retaliation. The facility	F 600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 1 reported a census of 72 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 12/13/18 noted Resident #1's diagnoses as Dementia and mental disorder. The Brief Interview for Mental Status (BIMS) score of 3 indicated Resident #1 had severely impaired cognition. Resident #1 sometimes understood others and they sometimes understood her. The resident resisted care at times.</p> <p>The Care Plan, revised on 12/19/16, noted Resident #1 walked independently without assistive devices. The Care Plan, revised on 10/12/18, instructed staff to provide Resident #1 with necessary cues and instructed staff to stop and return if the resident is agitated. The 12/7/18 revision directed staff to provide Resident #1 with opportunities for positive interaction.</p> <p>The Abuse and Neglect Policy and Procedure, revised January 2018, indicated the resident has the right to be free from abuse and must not be subjected to abuse by anyone, including employees. The facility will provide education and training to employees in regards to abuse. Alleged or suspected violations involving abuse will be reported immediately to the Administrator and other officials in accordance with state law, including the state survey and certification agency. The appropriate designee should:</p> <ol style="list-style-type: none"> 1. Intervene in any situation in order to protect residents. 2. Remove any individual from the facility if necessary for the protection of residents. <p>The facility will have evidence that all alleged or suspected violations are thoroughly investigated</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 2</p> <p>and will prevent further potential abuse while the investigation is in progress.</p> <p>A document titled Corrective Action Notice, dated 3/8/19, noted they suspended Staff A, CNA for an allegation of abuse against her.</p> <p>An untitled document, dated 3/8/19, noted the course of the Director of Nursing's (DON) investigation; which began immediately after Staff B, RN notified him about the Staff to Resident altercation she witnessed. According to the DON's documentation, Staff B told him Staff A grabbed Resident #1's nose and squeezed it. The RN also told the DON she intervened immediately to stop the situation. According to the DON's documentation, Staff A admitted to him she reacted to Resident #1 being combative by grabbing the resident's nose. The DON indicated Staff A did not provide a written statement but signed her suspension papers and voiced understanding before being escorted out of the building by the DON.</p> <p>2. The MDS assessment dated 1/29/19 noted Resident #4's diagnoses as Quadriplegia (paralysis of all 4 extremities) and Depression. The Brief Interview for Mental Status (BIMS) score of 15 indicated Resident #4 had intact cognitive skills for daily decision making. Resident #4 always understood others and they always understood her.</p> <p>An interview on 6/27/19 at 11:25 a.m. with Staff C, CNA revealed she has been told to walk away from resistive/combative residents and re-approach them later. Staff C said Resident #1 loved her; the resident never "beat me up like she beat other people up." The CNA said Resident #1</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 3</p> <p>refused to be changed at times; at which point she would leave to assist other residents and return later. The CNA said it worked pretty well sometimes. If Resident #1 still refused, Staff C said she just passed it on to the next shift.</p> <p>An interview on 6/27/19 at 11:45 a.m. with Staff D, CNA, revealed Staff A can get a little upset with demented and combative residents. The CNA said Staff A yelled at the residents but she never saw her hit any of them. Staff D said Staff A used a raised voice while being demanding and critical of the residents. The CNA described Staff A's behavior as very disrespectful and unprofessional; unfit to be an CNA. Staff D said although she did not really work with Staff A very much; she acted like that many of the times they worked together. Staff D recalled a night when another resident kicked at her and Staff A as they changed the resident's brief. Staff D said Staff A yelled at the resident, grabbed her hands and held them tight. Staff D said she told Staff A they should re-approach resident later. Staff D said she thought the resident's behavior would not have escalated if they left her alone and re-approached her. The CNA said Staff A gets in too big of a hurry; thinking everything has to get done now. Staff D said Staff A had worked at the facility forever and thinks her way is better. The CNA stated it has to be Staff A's way, she gets mad if anyone suggests otherwise. The CNA said she visited the facility after being off for awhile and heard Staff A got suspended from work due to pinching Resident #1's nose. The CNA said she had wondered if it might ever get to a point Staff A would do something like that.</p> <p>During interview on 6/27/19 at 12:45 p.m. Staff E, LPN, said she believed Staff A interacted with</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 4</p> <p>residents as well as anyone else. The LPN said she thought residents had a hard time understanding Staff A due to a language barrier. Staff E described Staff A as very routine but would help a resident any way that she could. The LPN said Staff A might have a hard time knowing when to back away from a combative resident because of being so task oriented. Staff E said she would leave a resistive resident to calm down and re-approach them later. The LPN said "it's wrong" for anyone to put their hands on a resident, even Staff A.</p> <p>An interview on 6/27/19 at 1:30 p.m. with Staff F, CNA revealed although she only worked with Staff A a couple times, she "rubbed me" the wrong way. Staff F said Staff A wanted her to put 2 briefs on a resident so she did not have to change them as often. The CNA said she disregarded what Staff A told her. The CNA said Staff A had worked at the facility for a long time. Staff F said Staff A gets grumpy with everyone, even the Residents. According to the CNA, Staff A "gave the residents attitude", is gruff with them. Staff F believed residents got pushy and angry with staff members that are pushy and angry at them, like Staff A. Staff F said she has been told to walk away from a combative resident and find another CNA or consult the nurse. Staff F said she heard rumors Staff A abused one of the residents. The CNA said she thought to herself "I wouldn't doubt it" based on her observations of how Staff A treated the residents, always hurrying them. Staff F said it seems disrespectful and unprofessional.</p> <p>An interview on 6/27/29 at 5:10 p.m. with Staff B, Registered Nurse (RN) revealed she worked with Staff A 4 or 5 days a week. According to Staff B,</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	Continued From page 5 Resident #1 was sitting on the edge of her bed when she walked into the resident's room on their overnight shift in question. The RN said Resident #1 was irritated because she did not want her brief changed but Staff A and Staff H, CNA persisted. The RN said they are supposed to re-approach residents that resist cares but Resident #1 never wanted her brief changed. According to Staff B, Resident #1 would have worn that dirty brief until her "butt fell off." Staff B stated they tried to leave her brief on as long as they dared to, but eventually they had to intervene for her own safety and welfare, knowing she would resist when they attempted. The RN said she and Staff H were assisting Resident #1 to stand while Staff A pulled the resident's brief and pants up. The RN said she did not see what Resident #1 did to Staff A but looked up and saw Staff A had Resident #1 "by the nose." Staff B said Staff A gritted her teeth as she squeezed the resident's nose with all her might. Staff B said it looked as if Staff A did it out of anger judging by the way she gritted her teeth as she "clamped down" on Resident #1's nose. The RN said it appeared as if it hurt Resident #1. Staff B described Resident #1's reaction as one of disbelief. The RN said the resident reached up and touched her face with a look like "oh my God, she grabbed my face." According to the RN, Staff A said "she grabbed my face", kind of like a kid justifying their behavior. The RN said she told Staff A to leave the room and she and Staff H would help the resident. Once Staff A was out of the room, Staff B said Resident #1 flinched when she reached to take her shoes off, like she was afraid of being assaulted again. According to the RN, Resident #1 wept once they got her settled into bed, like she began to process what just happened to her. Staff B said Resident #1 was	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 6</p> <p>traumatized and kind of sorrowful, like her heart was broken. The RN said she was heartbroken for the resident. Staff B said she rubbed Resident #1's leg and reassured her that everything would be OK. Staff B stated she has seen Staff A being short tempered with residents before. The RN recalled examples of another resident that liked to come out of her room during their shift. Staff B said that resident took pleasure in getting up to see what they were doing. She just safely wandered around "doing her own thing", not doing anything wrong. The RN said she witnessed Staff A loudly and gruffly raise her voice telling that resident "go back to your room and lay down, it's night time." The RN stated she could just see the spark leave that resident's eyes when Staff A redirected her, like Staff A deprived her of what she enjoyed doing. Staff B recalled how Resident #4 reported Staff A threw her around like a sack of potatoes during cares. The RN said Staff A was very task oriented. The RN said Staff A did not think she had time to deal with unwilling residents, she frequently ripped their covers off and did whatever she needed to do in order to check tasks off of her list. The RN stated Staff A's gruff ways are her normal behavior, always loud and inappropriate.</p> <p>An interview on 6/27/19 at 6:10 p.m. with Staff G, CNA revealed that he worked with Staff A a few times over the years when their shifts overlapped or if she came in to pick up a shift. Staff G recalled how a few residents that were very particular got on "Staff A's nerves." According to Staff G, Staff A was stricter and not as patient with those residents. He said Staff A got mad at them easier and raised her voice a little bit. Although Staff G said "I wouldn't say she yelled at them; but other people might say that she did."</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 7</p> <p>Staff G said Staff A could get argumentative with the residents as she explained to them staff could not accommodate every one of their expectations. Staff G described Staff A as very task oriented and regimented, she did not seem to make time for certain resident's unwillingness to accept her help when she offered it. The CNA said the facility tells them to try their best to finish cares so they are not left in a dirty brief but to leave a combative resident alone and re-approach them later in order to prevent their behaviors from escalating.</p> <p>An interview on 7/1/19 at 10:55 a.m. with Resident #4 revealed she depended on staff for about everything except eating. Resident #4 said Staff A was very abrupt and not very patient. According to the resident, Staff A never really crossed the line but she did treat her like a sack of potatoes not like a human being. Resident #4 stated Staff A got very rough when she changed her or rolled her. Resident #4 said Staff A never talked much because she always seemed to be in such a big hurry. Resident #4 said Staff A was very task oriented, she did not have time for things that interfered with her agenda.</p> <p>An interview on 7/1/19 at 3:35 p.m. with Staff H, CNA revealed she worked with Staff A on the overnight shift every day since she started on 12/3/99. Staff H said she assisted Resident #1 to walk to her room on the night in question. According to Staff H, Staff A stepped in and took Resident #1 by the arm to walk her faster because of being so impatient. Staff H believed that probably caused Resident #1 to become irritable. Once they arrived at Resident #1's room, Staff A yelled for Staff B's help because Resident #1 stopped cooperating. When asked the CNA</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	Continued From page 8 said they are supposed to let residents calm down and re-approach them when they resist cares. According to Staff H, Staff A is very stubborn when it comes to things like that. She just wants to do it now and get it over with, that's her method. Staff H said everything is always done Staff A's way because she has been employed at the facility for a long time and has such a domineering personality. Staff H said Staff B and Staff A held Resident #1's arms as she changed the resident's brief. Staff H said she got Resident #1's pants back up but she did not witness Staff A's alleged assault on Resident #1. Staff H said she was in the room the whole time. The CNA said she stood behind them as she cleaned Resident #1's bottom and changed her pants, she did not pay attention to what Staff B and Staff A were doing. The CNA said it is possible that Staff A grabbed Resident #1's nose and she just did not notice. The CNA said she has a hearing impairment and a bad memory. Staff H said Staff B did not say anything to Staff A about what she supposedly did to the resident as far as she knew. The CNA said Staff B might have asked Staff A to leave the room, she was not sure. Staff H recalled Staff B left the room first. Staff A left the room once Resident #1 went to bed and she left the room last once she covered the resident up. Staff H said Staff A did not have time for the residents, she did not have patience with them. According to the CNA, Staff A always wanted to persist with cares to get them done instead of letting a combative resident calm down. Staff H said Staff A always yelled at her if she took the time to talk to a resident for very long. Staff A told her to hurry up. According to the CNA, Staff A yelled at the residents frequently, sometime cursing at them. The CNA recalled when Staff A told another resident she was going	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	<p>Continued From page 9</p> <p>to do his cares whether he wanted her to or not. According to Staff H, although she has never seen Staff A getting physical she has seen her grab resident's hands, arms and legs to prevent them from hitting and kicking. The CNA said she heard Staff A got suspended for twisting Resident #1's nose. The CNA said Resident #1 did not cry at any time as far as she knew. Staff H said it could have happened without her knowing it. Staff H stated it did not surprise her to hear about it because she could see Staff A doing what she is accused of. Staff H said she has told Staff B about Staff A being rough with residents before. Staff H also said she told the Director of Nursing about it when he talked to her about this incident.</p> <p>During interview on 7/2/19 at 8:40 a.m. Staff A, CNA revealed she began working at the facility on 4/8/1985. The CNA explained what happened on the night in question. The CNA said Resident #1 had been in the TV room sometime after midnight but agreed to go to bed. The CNA said Resident #1 became combative as she and Staff H assisted her from the lounge area to her room. According to Staff A, Resident #1 held the door frame of her room to avoid going into her room. Staff A said she called for Staff B's assistance. Staff A said they removed Resident #1's hands from the door frame and held onto them to get her into her room. According to Staff A, Staff B and Staff H each held one of the resident's arms while she positioned herself in front of the resident as she sat on the side of her bed. Staff A said Resident #1 started kicking her groin area so she told her to stop it. Staff A said she tried to explain they were just trying to help her. Resident #1 kicked her again in the stomach, at which time Staff B also told the resident to stop. Staff A said Resident #1 punched her in the chest because</p>	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	Continued From page 10 Staff H lost her grip on the resident's arm. Staff A said she told the resident to stop again because it hurt her. According to the CNA, Staff H lost her grip again and Resident #1 punched her in the nose. Staff A said she grabbed her own face as tears came to her eyes. The CNA said she was tired of being punched so she grabbed Resident #1's nose between her first 2 fingers, hoping she might stop punching her. When asked how hard she grabbed Resident #1's nose or if she squeezed it, Staff A said she really did not know because she was really upset. Staff A said old people can get pretty strong and she put up with it for many years. The CNA said she should not have done it but was afraid the resident might have fallen if they left her alone. Staff A said she now wishes she would have left Resident #1 alone. The CNA said she knew the resident had dementia and could not control her behavior. The CNA said they never changed the resident's brief, they just encouraged her to lie down on her bed at that point, which she did. Staff A said Resident #1 was exhausted. The CNA said Staff B and Staff H left the room, at which time she tucked Resident #1 into bed before she exited her room too. Staff A said the facility has told them to leave combative residents alone and re-approach once they are calm. When asked, the CNA believed Resident #1's behaviors escalated because they did not leave her alone. Staff A said Resident #1 had a history of being combative. Staff A believed that Staff B said "you should not have done it." Staff A said some residents have probably told her over the years that she gets too rough. Staff A said sometimes residents get a little too whiny and their complaints are not always legitimate. When asked how she would evaluate herself, Staff A said "I probably have been too rough at times; it happens when you get in a hurry."	F 600			

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

PRINTED: 07/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/03/2019
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ALGONA			STREET ADDRESS, CITY, STATE, ZIP CODE 412 WEST KENNEDY STREET ALGONA, IA 50511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 600	Continued From page 11 An interview on 7/3/19 at 8:20 a.m. with the DON revealed what he would have expected staff to do. Although he said staff should follow the Care Plan, he would expect them to either re-approach a resident resisting care, as long as they are safe, or involve another staff member that has a better rapport with the resident. When asked what he would have expected if Staff A caused Resident #1 to become agitated, the DON said Staff H could have asked Staff A to step away to prevent Resident #1 from misbehaving.	F 600			