Iowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Number: 6835 Facility Name: Good Samaritan Society - Holstein Facility Address/City/State/Zip 505 West Second Street Holstein, IA 51025		Pursuant to the Independ Decision dated October 1 violation and associated rescinded.	4, 2018, the 6 \$3000 fine ha	, 2018, the Class I August 23, 2018			
Rule or Code Section	Nature of Violation		Class	Fine Amount		Correction date	
j. Pro interve advers	58.19(2) Medication and treatment. j. Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition.			\$3000	.00	UPON RECEIPT	
Facility Admir	nictrotor		Date		_	Page 1 of	

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2017).

Iowa Department of Inspections and Appeals Health Facilities Division Citation

Citation Number: 6835		Pursuant to the Independent Reviewer's Decision dated October 14, 2018, the Class I violation and associated \$3000 fine has been rescinded.		ass I	Date: August 23, 2018	
Facility Name: Good Samaritan Society - Holstein			Survey Dates: July 10-31, 201		8	
Facility Address/City/State/Zip 505 West Second Street Holstein, IA 51025		MW/HL				
Rule or Code Natur Section		re of Violation Class		Fine Ar	nount	Correction date

Facility Administrator	Date

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