Citation Numb #5433	er:			Date: Novem	ber 4, 2021	
Facility Name: Good Samaritan Society			Survey I		19 2021	
Facility Address/City/State/Zip 700 Waverly Road		TAG, VW		September 29 – October 19, 2021		
Davenport, IA						
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

56.12(135C)	481—56.12(135C) Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.	Class I	\$ 5,750 COLLECT	Upon Receipt
58.43(3)	 481—58.43(135C) Resident abuse prohibited. Each resident shall receive kind and considerate care at all times and shall be free from mental, physical, sexual, and verbal abuse, exploitation, neglect, and physical injury. Each resident shall be free from chemical and physical restraints 58.43(3) Drugs such as tranquilizers may not be used as chemical restraints to limit or control resident behavior for the convenience of staff. (II) 			
58.19(2)a	481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment.			

Page 1 of 30

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Citation Number: #5433					Date: Novem	ber 4, 2021
Facility Name: Good Samaritan Society Facility Address/City/State/Zip 700 Waverly Road Davenport, IA 52804 Rule or Code Section		TAG, VW	Survey Septem		– October	19, 2021
		re of Violation	Class	Fine	Amount	Correction date
	 physician including ora (to be injected by a reg nurse only); (I, II) DESCRIPTION: Based on observation, Pharmacist and family failed to provide a mee unnecessary psychotro psychotropic medication documentation of the resulted in the residen 	I medications as ordered by the al, instillations, topical, injectable gistered nurse or licensed practica record review, staff, physician, member interviews, the facility dication regimen free from opic medications, administered ons without assessment and need for the medication, which t's confusion, physical decline, bility to participate in physician	1			

	resulted in the resident's confusion, physical decline, repeated falls, and inability to participate in physician ordered skilled Physical and Occupational Therapy services for strengthening and return to independence for 1 of 9 resident records reviewed (Resident #3). The facility reported a census of 102 residents.		
1	Findings include:		
1	The 9/7/21 Minimum Data Set (MDS) Assessment Tool revealed Resident #3 with diagnoses that included cerebrovascular accident (a stroke), diabetes, non- traumatic subdural hemorrhage (bleeding on the brain), depression and generalized muscle weakness, scored 10 out of 15 possible points on the Brief Interview for		

Page 2 of 30

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Citation Numb #5433	er:]			Date: Novem	ber 4, 2021
Facility Name: Good Samaritan Society		_		-	Dates:	10 2021
Facility Address/City/State/Zip		TAG, VW	3e	September 29 – October 19, 2021		
700 Waverly R	oad					
Davenport, IA						
Rule or Code Section	Nature of Violation		CI	ass	Fine Amount	Correction date

P			
	Mental Status (BIMS) cognitive assessment that indicated		
	moderate cognitive impairment, without symptoms of		
	delirium or any behavioral symptoms. Resident #3		
	identified received physical therapy treatment 194		
	minutes, occupational therapy treatment 190 minutes		
	and 80 minutes of co-therapy treatment by Physical and		
	Occupational Therapists on 4 of 7 days that preceded the		
	assessment. The MDS indicated the resident required		
	extensive assistance of at least 1 staff to reposition in		
	bed, transfer to and from bed or chair, ambulation,		
	dressing, eating, bathing, personal hygiene and toileting.		
	Resident #3 documented able to make self-understood		
	and understood others, had occasional pain rated at 10		
	on a 0 to 10 pain scale, with 10 rated as the worst pain		
	on the 5 days that preceded the assessment, the pain		
	didn't effect sleep but limited his day-to-day activities.		
	The resident had 2 or more falls without injury since		
	admission to the facility 9/1/21. The assessment		
	revealed both the resident and direct care staff believed		
	the resident was capable of increased independence in at		
	least some activities of daily living (ADL's), an active		
	discharge plan under development, and the resident and		
	family expected discharge to the community at the		
	conclusion of care.		
	9/1/21 Physician Orders directed the resident's		
	admission to a skilled care facility, to wear a Miami J		
	cervical neck brace collar all times when out of bed,		
<u>u</u>	• *	8	u

Page 3 of 30

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Facility Name: Good Samaritan Society			Survey I	Dates: Der 29 – October	19 2021
Facility Addres	ss/City/State/Zip	TAG, VW			19, 2021
700 Waverly R	oad				
Davenport, IA	52804				
Rule or					Correction
Code	Natur	e of Violation	Class	Fine Amount	date
Section					

		1
receive Physical and Occupational Therapy services to		
evaluate and treat the resident, advance activity level as		
tolerated, follow-up appointment with the physician on		
9/27/21 and medication orders that included:		
a. Dilaudid 2 milligram (mg) tablet, administer 1 or 2		
tablets (2 mg or 4 mg doses) oral (po) every 4 hours as		
needed (prn) for pain. Dilaudid is a very strong opioid		
narcotic analgesic.		
b. Hydroxyzine hydrochloride 25 mg administered po		
every 4 hours prn for anxiety. Hydroxyzine is an		
antihistamine medication that caused drowsiness.		
c. Olanzapine 5 mg tablet administered po daily at hour		
of sleep (HS). Olanzapine is a strong antipsychotic		
medication, normally prescribed for treatment of		
Schizophrenia and psychotic disorders.		
d. Trazodone 25 mg administered po HS prn to treat a		
subdural hemorrhage. Trazodone is an antidepressant		
with common side effects that included drowsiness and		
tiredness, per website		
"https://www.drugs.com/trazodone.html".		
e. Buproprion 150 mg extended release tablet		
administered po daily (antidepressant medication) .		
f. Fluoxetine 20 mg administered oral daily. Fluoxetine,		
trademark name Prozac, is an SSRI antidepressant		
medication (Selective Serotonin Reuptake Inhibitor).		
g. Melatonin, a natural human hormone that caused		
sleep, 5 mg administered po daily at HS.		
I		1

Page 4 of 30

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Citation Numb #5433	per:			Date: Novem	ber 4, 2021	
Facility Name Good Samarit			Survey		10 2021	
Facility Addre	ss/City/State/Zip	TAG, VW	September 29 – October 19, 2021			
700 Waverly F	load					
Davenport, IA 52804						
Rule or Code Section	Natur	Nature of Violation		Fine Amount	Correction date	

	The Dilaudid, Olanzapine, Trazodone, Buproprion and		
	Iuoxetine medication orders were flagged with Black		
B	Box warnings in the electronic record; A Black Box		
	warning alerts the provider and staff of potentially		
S	serious adverse reactions that could lead to		
h	nospitalization and death. A black box warning also		
e	explained how reactions could be worse in certain		
g	groups of people, such as women who are pregnant or		
t	he elderly.		
	The Opioid Black Box warning stated the concurrent use		
	of opioids and benzodiazepines increased the risk of fatal		
	overdose, per website		
"	'https://medlineplus.gov/druginfo/meds/a682013.html".		
	The Olanzapine Black Box warning described increased		
-	death and heart-related side effects in seniors with		
	dementia-related psychosis, and Olanzapine not		
	approved for treatment of dementia related psychosis,		
p	per website "https://pi.lilly.com/us/zyprexa-pi.pdf".		
	The Elupyotine Plack Poy warning described increased		
	The Fluoxetine Black Box warning described increased		
	suicidal thoughts and behaviors in children, adolescents and young adults, per website		
	https://www.drugwatch.com/ssri/prozac/".		
	https://www.urugwatch.com/ssn/prozac/ .		
	An automated alert in the resident's electronic record at		
	5:27 p.m. on $9/1/21$ notified the physician		
			11

Page 5 of 30

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Citation Numb #5433	per:			Date: Novem	ber 4, 2021	
Facility Name Good Samarit			Survey		10 2021	
Facility Addre	ss/City/State/Zip	TAG, VW	September 29 – October 19, 2021			
700 Waverly F	load					
Davenport, IA 52804						
Rule or Code Section	Natur	Nature of Violation		Fine Amount	Correction date	

• • • • • • • • • • •		
of severe drug to drug interactions that included:		
a. Severe increased risk for Serotonin Syndrome from		
Fluoxetine and Trazodone administration.		
b. Moderate risk for Serotonin Syndrome from Dilaudid		
and Trazodone administration.		
c. Moderate risk for Neuroleptic Malignant Syndrome		
from Olanzapine and Trazodone administration.		
The website		
"https://www.webmd.com/depression/guide/serotonin-		
syndrome" described		
Serotonin Syndrome as too much Serotonin, a chemical		
in the body, usually because of medication or		
combinations of medications, often began hours after a		
new medication that affected Serotonin levels were		
administered or after current drug dosage increased, and		
symptoms of Serotonin Syndrome included, but not		
limited to:		
a. Confusion.		
b. Agitation or restlessness.		
c. Headache.		
d. Changes in blood pressure and/or temperature.		
e. Tremor.		
f. Loss of muscle control or twitching muscles.		
The website		
"https://www.webmd.com/schizophrenia/guide/what-is-		
neuroleptic-malignant-syndrome" described Neuroleptic		

Page 6 of 30

Facility Administrator

Citation Numb #5433	per:				Date: Novem	ber 4, 2021
Facility Name Good Samarit		-	Surv	-		10 2021
Facility Address/City/State/Zip		TAG, VW	Sept	September 29 – October 19, 2021		
700 Waverly R	load					
Davenport, IA						
Rule or Code Section	Natur	Nature of Violation			Fine Amount	Correction date

Malignant Syndrome (NMS) as a rare reaction to		
antipsychotic drugs that affect the nervous system and		
can cause symptoms within 2 weeks after medication		
initiated, or dosage changed, that include, but not		
limited to:		
a. High fever (102 to 104 degrees Fahrenheit).		
b. Muscle stiffness.		
c. Profuse sweating.		
d. Anxiety or other changes in mental state.		
e. Fast or abnormal heartbeat.		
NMS can damage muscles and cause very high or low		
blood pressure, if untreated, more serious conditions		
could result that required immediate medical treatment		
and included:		
a. Kidney failure.		
b. Heart and lung failure.		
c. Lack of oxygen in the body.		
d. Infection in the lungs caused by breathing in fluid		
(aspiration pneumonia).		
Other Physician Orders changed the medication regimen		
as follows:		
a. On 9/9/21 discontinue prn Trazodone. Start Trazodone		
25 mg administered po daily at HS.		
b. On 9/14/21 Robaxin 1500 mg administered po 3 times		
daily through 9/30/21, then decreased to 1000 mg		
administered po 3 times a day from 10/1/21 through		

Page 7 of 30

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Citation Numbe #5433	er:			Date: Novem	ber 4, 2021		
Facility Name: Good Samarita	n Society	-	Survey		10 2021		
Facility Address/City/State/Zip		TAG, VW	Septem	September 29 – October 19, 2021			
700 Waverly Ro	ad						
Davenport, IA							
Rule or Code Section	Nati	ure of Violation	Class	Fine Amount	Correction date		

1				
	10/21/21. Robaxin is a strong skeletal muscle relaxer			
	with common side effects that included drowsiness,			
	confusion, memory problems, loss of balance or			
	coordination, light-headedness and dizziness, per			
	website "https://www.rxlist.com/robaxin-side-effects-			
	drug-center.htm".			
	c. On 9/19/21 discontinue Olanzapine ordered daily at			
	HS. Start Olanzapine 5 mg po twice daily.			
	d. On 9/27/21 Hydroxyzine discontinued.			
	e. On 9/27/21 Xanax 0.25 mg administered po every 8			
	hours prn for anxiety. Xanax is a strong Benzodiazepine			
	anti-anxiety medication, a Schedule IV controlled			
	narcotic with a Black Box warning that stated taking			
	benzodiazepines at the same time as opioids can lead to			
	extreme sedation, slow and ineffective breathing, comas,			
	and even death, per website			
	"https://www.center4research.org/fda-updates-black-			
	box-warning-for-benzodiazepines/".			
	e. On 10/4/21 discontinue Robaxin.			
	f. On 10/6/21 discontinue Dilaudid.			
	g. On 10/9/21 discontinue Xanax, Trazodone and			
	Wellbutrin.			
	h. On 10/9/21 Olanzapine decreased from po twice daily			
	to once daily at HS.			
	Medication Administration Records (MAR's) and narcotic			
	inventory control sheets revealed the following			
	medications administered to the resident:			
	·	-	-	

Page 8 of 30

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Citation Numb #5433	er:			Date: Novem	ber 4, 2021	
Facility Name: Good Samarita		•		Survey Dates: September 29 – October 19, 2021		
Facility Address/City/State/Zip 700 Waverly Road		TAG, VW				
Davenport, IA						
Rule or Code Section	Nature of Violation			Fine Amount	Correction date	

Dilaudid 2 mg Discontinued 10/6/21, stock on hand		
destroyed:		
a. On 9/4/21 at 6:10 a.m. by Staff A, Licensed Practical		
Nurse (LPN).		
b. On 9/7/21 at 8:45 p.m. by Staff B, Registered Nurse		
(RN).		
c. On 9/12/21 at 3:45 p.m. by Staff C, RN.		
d. On 9/13/21 at 11:55 p.m. by Staff A, LPN.		
e. On 9/23/21 at 5:45 a.m. by Staff A, LPN.		
f. On 9/24/21 at 8:10 p.m. by Staff D, RN.		
g. On 9/29/21 at 8:00 p.m. by Staff E, Certified		
Medication Aide (CMA), not recorded on MAR.		
h. On 10/2/21 at 8:48 p.m. by Staff D, RN.		
Dilaudid 4 mg Discontinued 10/6/21, stock on hand		
destroyed:		
a. On 9/1/21 at 9:10 p.m. by Staff D, RN.		
b. On 9/3/21 at 9:30 a.m. by Staff F, CMA.		
c. On 9/4/21 at 12:00 p.m. by Staff F, CMA.		
d. On 9/4/21 at 8:00 p.m. by Staff E, CMA.		
e. On 9/5/21 at 6:21 p.m. by Staff G, LPN.		
f. On 9/8/21 at 9:30 a.m. by Staff E, CMA.		
g. On 9/8/21 at 8:00 p.m. by Staff E, CMA.		
h. On 9/9/21 time and signature not recorded, assigned		
to Staff A, LPN, not recorded on MAR.		
i. On 9/9/21 at 9:00 p.m. by Staff F, CMA.		

Page 9 of 30

Facility Administrator

Citation Number: #5433					Date: Novem	ber 4, 2021
Facility Name Good Samar				y Dates		40, 2024
Facility Addr	ess/City/State/Zip	TAG, VW	Septer	nder 2	9 – October	19, 2021
700 Waverly Davenport, I						
Rule or Code Section	Natur	e of Violation	Class	Fir	ne Amount	Correction date
	j. On 9/12/21 at 8:00 p. on MAR.	.m. by Staff H, LPN, not recorded				
	k. On 9/14/21 at 8:00 p l. On 9/15/21 at 8:00 p	•				
	on MAR.	p.m. by Staff H LPN, not recorded				
	n. On 9/30/21 at 8:00 p o. On 10/5/21 at 2:45 p on MAR.	o.m. by Staff H, LPN, not recorded				
	p. On 10/5/21 at 8:00 p on MAR.	o.m. by Staff H, LPN, not recorded				
	discontinued 9/27/21:	ry 4 hours as needed (prn)				
	a. On 9/1/21 at 7:48 p. b. On 9/8/21 at 10:38 a c. On 9/12/21 at 3:42 p	.m. by Staff E, CMA.				
	d. On 9/25/21 at 5:29 p	-				
	discounted 10/9/21, sto	hours prn started 9/27/21, ock on hand destroyed:				
	a. On 9/27/21 at 7:10 p b. On 9/29/21 at 6:00 p c. On 9/30/21 at 8:00 p	o.m. by Staff E, CMA.				
	d. On 10/2/21 at 8:48 p e. On 10/4/21 at 8:00 p	o.m. by Staff D, RN.				
		.m. by Staff H, LPN, not recorded				

Page 10 of 30

Facility Administrator

Date

Citation Numb #5433	er:			Date: Novem	ber 4, 2021
Facility Name: Good Samarita			Survey Dates: September 29 – October 19, 2021		
Facility Address/City/State/Zip 700 Waverly Road		TAG, VW	September 23 - October 13, 2021		
Davenport, IA					
Rule or Code Section	Nature of Violation			Fine Amount	Correction date

Trazodone 25 mg as needed at HS, discontinued 9/9/21,		
changed to HS daily:		
a. On 9/1/21 at 8:10 p.m. by Staff D, RN.		
b. On 9/4/21 at 7:28 p.m. by Staff E, CMA.		
c. On 9/5/21 at 8:01 p.m. by Staff G, LPN.		
d. 9/7/21 at 8:51 p.m. by Staff B, RN.		
e. On 9/8/21 at 10:38 a.m. by Staff E, CMA (a medication		
error the facility was not aware of until the		
investigation).		
Pharmacy invoices revealed the following account of		
Trazodone:		
a. 14 doses Trazodone 25 mg tablets dispensed 9/1/21.		
b. 14 doses Trazodone 25 mg tablets dispensed 9/9/21.		
c. 14 doses Trazodone 25 mg tablets dispensed 9/23/21.		
d. 7 doses Trazodone 25 mg tablets dispensed 9/30/21.		
e. 9 doses Trazodone 25 mg tablets dispensed 10/6/21.		
f. A total of 58 doses received.		
g. A total of 34 documented doses recorded on the MAR.		
h. A total of 7 doses returned to the pharmacy after		
10/9/21 discontinuation order.		1
g. A total of 17 doses were not recorded and		
unaccounted for as of 10/19/21.		
Pharmacy invoices revealed the following account of		
Hydroxyzine:		
a. 15 Hydroxyzine 25 mg tablets dispensed 9/1/21.		

Page 11 of 30

Facility Administrator

		٦				
Citation Numb #5433	ber:				Date: Nover	nber 4, 2021
Facility Name: Good Samarit			Survey			
Facility Addre	ss/City/State/Zip	TAG, VW	Septer	nber 2	29 – Octobe	r 19, 2021
700 Waverly R Davenport, IA						
Rule or Code Section	Natur	e of Violation	Class	Fi	ine Amount	Correction date
	c. A total of 30 doses red d. A total of 4 document e. A total of 21 doses red 9/27/21 discontinuation 5 Hydroxyzine doses we accounted for as of 10/ Nursing Progress Notes describe behaviors or in when Hydroxyzine or Xi computer software use documentation placed Nursing Progress Notes medication that stated mg administered oral e anxiety", appeared in th description of the resid required the medication A Hospital ER Progress revealed the resident so confusion, falls, worsen function. Upon present to ambulate, speech mu sentences. A CT (compu- negative for changes, ch	ted doses recorded on the MAR. eturned to the pharmacy after n order. ere not recorded and not 19/21. in the resident's record did not ndications of anxiety at times anax were administered. The d for medication administration an automated notation in the when staff administered a prn the order, i.e. "Hydroxyzine 25 very 4 hours as needed for ne Progress Note, but without an ent's anxiety or why the resident				

Page 12 of 30

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Facility Name: Good Samarita			Survey		19 2021
Facility Address/City/State/Zip 700 Waverly Road		TAG, VW	September 29 – October 19, 2021		
Davenport, IA					
Rule or Code Section	le Nature of Violation		Class	Fine Amount	Correction date

secondary to polypharmacy from new medications prescribed at facility, and resident discharged to the facility with recommendation for close follow-up with primary care provider. The resident returned to facility 9/29/21 at 1:45 a.m.		
 9/29/21 at 1:45 a.m. A Psychotropic Medication Use related to depression and behavioral outburst problem, initiated on the Nursing Care Plan 9/1/21, with an 11/1/21 goal the resident would be free from discomfort or adverse reactions related to antidepressant therapy (implementation date in parenthesis at end of goal), directed staff on the following: a. Educate resident/family about risks, benefits, side effects and toxic symptoms of medication (9/1/21). b. Report confusion, mood charge, change in normal behavior, hallucinations/delusions, social isolation, suicidal ideation, withdrawal, decline in ability to help with/do activities of daily living (ADL's), cognitive function, shuffled gait, difficulty ambulating, balance problems, falls, fatigue, insomnia, appetite loss, weight loss to the nurse (9/1/21). c. Discuss with health care provider, family ongoing need for use of medication (9/1/21). d. Consult with pharmacy, health care providers to consider dosage reduction when clinically appropriate (9/1/21). 		

Page 13 of 30

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Facility Address/City/State/Zip		TAG, VW		September 29 – October 19, 2021		
700 Waverly R	load					
Davenport, IA	52804					
Rule or Code Section	ode Nature of Violation		Class	Fine Amount	Correction date	

A Risk for Fall problem, initiated on the Nursing Care Plan		
8/13/21, with an 11/1/21 goal the resident would not		
sustain serious injury from a fall, directed staff on the		
following:		
a. Educate resident/family/staff as to causes of fall		
(8/13/21).		
b. Encourage resident to participate in activities that		
promote exercise, physical activity for strengthening and improved mobility (8/13/21)		
c. Place fall mat next to bed when in bed. Keep bed in		
low position. Keep bed remote out of reach of resident		
due to cognitive deficit impairing safety judgement.		
Bolsters/Body pillows to edge of bed for boundary		
identification (9/5/21).		
d. Review resident's medical record for medications or		
combinations of medications that could predispose to		
falls/increase fall risk (10/2/21)		
e. Check and change resident for incontinence at shift		
change (9/13/21).		
f. Contact therapy for consult for strength and mobility		
(8/13/21).		
Review of Incident Reports described the following falls:		
a. On 9/4/21 at 8:25 p.m., bed in lowest position, 2 falls		
from self-transfers from bed, sustained an abrasion to		
left knee, resident placed in wheel chair and kept by the		
nurse.		

Page 14 of 30

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Facility Name: Good Samaritan Society			Survey I		19 2021
Facility Address/City/State/Zip		TAG, VW	September 29 – October 19, 2021		
700 Waverly R	oad				
Davenport, IA	52804				
Rule or					Correction
Code	Natur	e of Violation	Class	Fine Amount	date
Section					

IT			r
	b. On 9/5/21 at 9:45 a.m. found on floor on buttocks, no		
	identified injury, sent to the hospital Emergency Room		
	(ER), computed tomography (CT) scan of head completed		
	without identified injury, returned at 5:37 p.m., 15		
	minute checks initiated and fall mats placed in room.		
	c. On 9/18/21 at 5:25 a.m. found on fall mat next to bed		
	on stomach, bed in low position, last seen 15 minutes		
	prior, no identified injury, resident stated his bed was		
	uncomfortable. Assisted off floor via mechanical lift and		
	2 staff, 15 minute checks initiated for 72 hours.		
	d. On 9/21/21 at 5:40 a.m. found face down on fall mat		
	next to bed, bed in low position, last seen 20 minutes		
	prior in bed, awake and alert, call light within reach but		
	not activated. Staff continued 15 minute checks and		
	requested therapy staff to assess if they could provide		
	other interventions to improve resident safety.		
	e. On 10/2/21 at 5:15 a.m. found on floor on stomach,		
	bed in low position, body pillow in place prior to fall,		
	floor mat present, no injury identified, assisted back to		
	bed with mechanical lift and 2 staff. Medication review		
	completed, Robaxin dose recently decreased.		
	f. On 10/4/21 at 10:46 p.m. found on back on floor fall		
	mat, bed in low position, no injury identified. Resident		
	lifted from floor with mechanical lift and 2 staff, placed in		
	wheel chair and brought to the Nurse's Station. Facility		
	made referrals to 2 facilities with behavioral units for		
	resident transfer, awaited screening assessment results.		
μ			U

Page 15 of 30

Facility Administrator

Date

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Citation Numb #5433	per:			Date: Novem	ber 4, 2021	
Facility Name: Good Samaritan Society		-	Survey I		10 2021	
Facility Address/City/State/Zip		TAG, VW	Septemi	September 29 – October 19, 2021		
700 Waverly R	load					
Davenport, IA						
Rule or					Correction	
	Natu	re of Violation	Class	Fine Amount	date	
Code Section	Nature of Violation		Class	Fine Amount	date	

A Physical Therapist assessment dated 9/2/21 revealed	
the following on the resident:	
a. Required substantial/maximal assistance to roll left	
and right.	
b. Substantial/maximal assistance required to transition	
from sitting to lying.	
c. Substantial/maximal assistance required to transition	
from lying to sitting.	
d. Dependent on helper, or 2 or more helpers, for all	
effort to transition from sit to stand position, resident did	
not participate in the effort.	
e. Dependent on helper, or 2 or more helpers, for all	
effort to transfer from chair to bed or bed to chair,	
resident did not participate in the effort.	
f. Ambulation not attempted due to medical condition or	
safety concerns.	
A Physical Therapy Plan of Care dated 9/2/21 listed	
<u>9/16/21 goals</u> :	
a. Resident will be able to transfer from bed or chair with	
front wheeled walker (fww) with moderate assistance of	
2 staff, and verbal, tactile and visual instruction cues.	
b. Resident will ambulate 5 feet on level surfaces with	
parallel bars with maximum assistance, and verbal	
instructions/cues to improve posture and sequencing to	
reduce burden of care.	
And 9/29/21 goals:	

Page 16 of 30

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Facility Name: Good Samaritan Society				ey Dates		10 2021
Facility Address/City/State/Zip		TAG, VW	Sept	September 29 – October 19, 2021		
700 Waverly F	Road					
Davenport, IA						
Rule or Code Section	Code Nature of Violation		Clas	s Fin	e Amount	Correction date

n		r	n – – –
	a. Resident will ambulate 200 feet on level surfaces with		
	fww and contact guard assist, and verbal		
	instruction/cues to prepare for discharge home.		
	b. Resident will ascend/descend 6 steps/stairs with		
	contact guard assist, 2 hand rails and verbal		
	instruction/cues to prepare for discharge to next site of		
	care.		
	c. Resident will perform sit to stand for transfers to and		
	from bed or chair with fww with contact guard assist and		
	verbal instructions/cues to prepare for a discharge home.		
	A 9/15/21 Physical Therapist Assessment, completed		
	after 10 therapy sessions detailed progress that included:		
	a. Ambulated length of parallel bars (approximately 12		
	feet) with moderate assistance for weight shifting, with		
	verbal instructions/cues for sequencing, step length, foot		
	clearance and hand placement.		
	b. Performed supine (laid on back) to and from sitting		
	position with minimal assistance, and visual and verbal		
	instructions/cues.		
	c. Transferred to and from bed and chair with 100		
	percent assist, and verbal instructions/cues with sit to		
	stand mechanical lift used.		
	Review of Physical Therapist Notes revealed:		
	a. On 9/20/21 ambulated 4 steps twice in parallel bars		
	with maximum assist of 1 and minimum to moderate		
	assist of a second person, demonstrated poor ability to		

Page 17 of 30

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Citation Numb #5433	er:			Date: Novem	ber 4, 2021
Facility Name: Good Samaritan Society			Survey I		19 2021
Facility Address/City/State/Zip		TAG, VW	September 29 – October 19, 2021		
700 Waverly R	oad				
Davenport, IA	52804				
Rule or					Correction
Code	Natur	e of Violation	Class	Fine Amount	date
Section					

R			
	follow cues to correct flexed posture and right lateral		
	lean with maximum assist for weight shifting to offload		
	and allow for advancing lower extremities with swing		
	phase (to move leg forward with ambulation). At times		
	lifted right foot, but did not follow cues to step forward.		
	b. On 9/27/21 co-treat with occupational therapy		
	secondary to need for 2 to 1 assistance required for		
	ambulation in parallel bars, required maximum 2 to 1		
	assistance with significant posterior lean and no initiation		
	to correct with verbal and tactile cues as well as visual		
	demonstration. Completed 5 steps and 3 steps with		
	verbal and tactile cues for advancing each lower		
	extremity, maximum 2 to 1 assistance for weight shifting		
	secondary to poor understanding of task.		
	c. On 9/30/21 co-treat with occupational therapy		
	secondary to 2 to 1 assist required for transfers. Resident		
	did not lean forward when seated to prepare for sit to		
	stand transfer despite verbal and tactile cues.		
	Attempted ambulation in parallel bars, but resident		
	unable to offload either foot enough to take a step.		
	d. On 10/4/21 attempted to complete seated exercises,		
	resident too lethargic to participate. When resident in		
	bed, attempted active assisted range of motion (AAROM)		
	and active range of motion (AROM) exercises, resident		
	resistive and unable to follow directions.		
	The 10/4/21 Physical Therapy Discharge Summary stated		
	the resident had not made progress in the last several		
L	the resident had not made progress in the last several		

Page 18 of 30

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700 Waverly Ro	ad					
Davenport, IA						
Rule or Code Section	Nati	ure of Violation	Class	Fine Amount	Correction date	

n			Π
	days due to inconsistent alertness levels and fatigue,		
	limited ability to follow commands, and discharged from		
	Part A skilled Medicare services. The resident was to		
	continue therapy under Part B Medicare, not skilled level		
	of care (less aggressive therapy treatment, shortened		
	therapy sessions, provided fewer times per week) to		
	maximize independence and minimize burden of care.		
	Resident observations revealed:		
	a. On 9/30/21 at 7:48 a.m., resident positioned		
	recumbent in recliner chair with foot rest elevated in		
	room, asleep, snored with mouth open, fall mat placed in		
	front of the chair/under the foot rest, room dark, over-		
	bed table positioned next to the chair, call light looped		
	over the top of the table.		
	b. On 9/30/21 at 8:01 a.m., Staff K, LPN, entered the		
	resident's room, came out of the room at 8:02 a.m. with		
	glucometer in hand, stated he was sound asleep and did		
	not wake up when she lanced his finger for a blood		
	sample.		
	c. On 9/30/21 at 11:20 a.m. in therapy room, 2 therapists		
	held a gait belt applied to the resident's chest area with		
	both hands, held the resident upright between the		
	parallel bars, both stated their maximal effort was		
	required to hold the resident up. The resident's waist		
	was bent slightly, hand were positioned on the rails, his		
	chest/upper torso leaned to the right, near the bar on		

Page 19 of 30

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Facility Addres	ss/City/State/Zip oad	TAG, VW			13, 2021
Davenport, IA					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

	that side of his body, unable to move his feet or stand in		
	a more erect posture despite multiple cues and physical		
	guides provided by the staff, unable to ambulate and		
	returned to the wheel chair. The resident did not speak		
	or answer the therapist's questions, but pointed at the		
	therapist when she asked him who spilled his soda.		
	d. On 9/30/21 at 8:12 p.m. seated in a wheel chair in the		
	hall, awake and appeared more alert than earlier in the		
	day. Staff L, certified nursing assistant (CNA) and Staff E,		
	CMA, instructed and assisted the resident to hold the		
	handles of the Tolleo mechanical stand lift, applied the		
	required belt, raised the resident to an upright position		
	and transferred him to the bed. Staff E supported the		
	resident's back to maintain a seated position as Staff L		
	removed the belt, moved the lift away and then lifted his		
	legs to the bed as they laid the resident down. The		
	resident could not maintain a seated position without		
	the staff's support.		
	e. On 10/5/21 at 5:54 a.m. seated in wheel chair		
	somewhat reclined in the hall by the nurses station,		
	asleep, with food crumbs on chest area of shirt. At that		
	time, Staff G, LPN, stated he'd fallen earlier in the night		
	and awake for much of the night shift, the resident had		
	fed himself snacks provided that included cookies,		
	pudding and juice, and calmer when in the hall near staff.		
	f. On 10/6/21 at 3:52 p.m. seated in wheel chair in lobby		
	area, held his Miami J collar that he'd removed himself,		
	awake and said hi when greeted.		
<u>и</u>			

Page 20 of 30

Facility Administrator

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Davenport, IA					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

	g. On 10/7/21 at 4:41 p.m. seated in recliner chair in his		
	room, yelled "hey" as surveyor passed, held the		
	television remote control in right hand, the cover for the		
	battery compartment in his left hand and said "I need a		
	battery for this". Upon inspection 1 of the 2 batteries		
	was in the device, staff found the other battery in the		
	resident's chair. The resident then changed the television		
	channel with the remote held in his left hand.		
	h. On 10/13/21 at 10:20 a.m. stood between parallel bars		
	in the therapy room, 1 staff stood in front of the		
	resident, held the gait belt applied to chest area with		
	light grip, provided verbal cues to move his hands		
	forward on the bars, sometimes let go of the gait belt		
	and physically assisted the resident to move his hand		
	forward on the rails, resident maintained an upright		
	position and ambulated forward several steps as she		
	continued verbal cues. Another therapy staff member		
	followed closely behind the resident with a wheel chair,		
	but did not physically assist or support the resident's		
	ambulation.		
	i. On 10/18/21 at 4:22 p.m. seated in wheel chair in lobby		
	area, asked for help to go to his room, stated his room		
	number and said he had to call his wife. Staff M, CNA,		
	assisted resident to his room.		
	Physician interviews revealed:		
	a. On 10/13/21 at 8:42 a.m., Staff N, Neurosurgeon,		
	stated at the time of $9/1/21$ hospital discharge, the		
<u>u</u>			U

Page 21 of 30

Facility Administrator

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Facility Name: Good Samarita		_		-	Dates:	10 2021	
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700 Waverly R	oad						
Davenport, IA							
Rule or Code Section	Natu	re of Violation	CI	ass	Fine Amount	Correction date	

resident's prognosis for return to independence was			
good with continued Physical Therapy services for			
strengthening. The prescriptions for Olanzapine,			
Hydroxyzine and Trazodone were implemented by the			
Hospital Nurse Practitioner (NP) and likely to treat			
sleeplessness, restlessness or anxiety during the			
hospitalization. The Neurosurgeon reported had not			
been consulted about the medications, did not believe			
the symptoms were serious or indicative of further			
treatment required because they would have been			
consulted and had to have consulted with Psychiatry if			
so, and not aware of any concern for possible dementia			
or schizophrenia. The physician stated the resident			
remained under their care with a scheduled follow-up			
appointment, and the facility should have consulted with			
them in reference to his falls, anxiety or behaviors of			
concern and implementation of additional sedative			
medication, so they could have assisted or opined to			
address the issues as they were likely related to the			
resident's subdural hemorrhage.			
b. On 10/18/21 at 2:40 p.m., the facility's Medical			
Director and resident's physician stated she didn't think			
facility staff had notified her of the 9/28/21 ER findings,			
the staff probably would have notified the NP, and noted			
the NP was off duty on 9/29/21 and 9/30/21, so may not			
have received a notification until 10/4/21 when back on			
duty.			
	 good with continued Physical Therapy services for strengthening. The prescriptions for Olanzapine, Hydroxyzine and Trazodone were implemented by the Hospital Nurse Practitioner (NP) and likely to treat sleeplessness, restlessness or anxiety during the hospitalization. The Neurosurgeon reported had not been consulted about the medications, did not believe the symptoms were serious or indicative of further treatment required because they would have been consulted and had to have consulted with Psychiatry if so, and not aware of any concern for possible dementia or schizophrenia. The physician stated the resident remained under their care with a scheduled follow-up appointment, and the facility should have consulted with them in reference to his falls, anxiety or behaviors of concern and implementation of additional sedative medication, so they could have assisted or opined to address the issues as they were likely related to the resident's subdural hemorrhage. b. On 10/18/21 at 2:40 p.m., the facility's Medical Director and resident's physician stated she didn't think facility staff had notified her of the 9/28/21 ER findings, the staff probably would have notified the NP, and noted the NP was off duty on 9/29/21 and 9/30/21, so may not have received a notification until 10/4/21 when back on 	good with continued Physical Therapy services for strengthening. The prescriptions for Olanzapine, Hydroxyzine and Trazodone were implemented by the Hospital Nurse Practitioner (NP) and likely to treat sleeplessness, restlessness or anxiety during the hospitalization. The Neurosurgeon reported had not been consulted about the medications, did not believe the symptoms were serious or indicative of further treatment required because they would have been consulted and had to have consulted with Psychiatry if so, and not aware of any concern for possible dementia or schizophrenia. The physician stated the resident remained under their care with a scheduled follow-up appointment, and the facility should have consulted with them in reference to his falls, anxiety or behaviors of concern and implementation of additional sedative medication, so they could have assisted or opined to address the issues as they were likely related to the resident's subdural hemorrhage. b. On 10/18/21 at 2:40 p.m., the facility's Medical Director and resident's physician stated she didn't think facility staff had notified her of the 9/28/21 ER findings, the staff probably would have notified the NP, and noted the NP was off duty on 9/29/21 and 9/30/21, so may not have received a notification until 10/4/21 when back on	good with continued Physical Therapy services for strengthening. The prescriptions for Olanzapine, Hydroxyzine and Trazodone were implemented by the Hospital Nurse Practitioner (NP) and likely to treat sleeplessness, restlessness or anxiety during the hospitalization. The Neurosurgeon reported had not been consulted about the medications, did not believe the symptoms were serious or indicative of further treatment required because they would have been consulted and had to have consulted with Psychiatry if so, and not aware of any concern for possible dementia or schizophrenia. The physician stated the resident remained under their care with a scheduled follow-up appointment, and the facility should have consulted with them in reference to his falls, anxiety or behaviors of concern and implementation of additional sedative medication, so they could have assisted or opined to address the issues as they were likely related to the resident's subdural hemorrhage. b. On 10/18/21 at 2:40 p.m., the facility's Medical Director and resident's physician stated she didn't think facility staff had notified her of the 9/28/21 ER findings, the staff probably would have notified the NP, and noted the NP was off duty on 9/29/21 and 9/30/21, so may not have received a notification until 10/4/21 when back on

Page 22 of 30

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700 Waverly R	oad				
Davenport, IA					
Rule or	Nata		0	- '	Correction
Code Section	Natur	e of Violation	Class	Fine Amount	date

Staff interviews revealed the following:	
a. On 10/6/21 at 1:11 p.m. Staff E, CMA, stated she was	
directed by the nurse to administer Dilaudid,	
Hydroxyzine and Trazodone at the same time to the	
resident, she didn't make those decisions on her own,	
Staff D, RN, didn't like the resident's behaviors and	
directed her "to give him everything he could have, give	
him a cocktail" (a combination of medications), Staff D	
had directed her to administer the medications together	
on several evenings when she worked on that unit, if the	
nurse directed the Medication Aides to administer prn	
medications for behaviors or anxiety, the nurse was	
supposed to document that, it wasn't the responsibility	
of the Medication Aide. Staff E heard the resident would	
try to get up and had fallen, but she had never observed	
that or any behaviors, the resident was always agreeable	
with her when she administered his medication. Staff E	
stated she administered Trazodone on the morning of	
9/8/21 because she was directed to by the nurse. On	
10/18/21 at 4:12 p.m., when asked about Dilaudid	
administrations that she recorded on the Narcotic	
Inventory Control Sheet but not on the MAR, Staff E	
stated she administered the medication and must not	
have documented it in the computer, and did not know	
how there could be 17 doses of Trazodone	
undocumented or unaccounted for.	
b. On 10/12/21 at 10:43 a.m. Staff F, CMA, stated she	
administered as needed medications when directed by	
	Daga 22 of

Page 23 of 30

Facility Administrator

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700 Waverly R	oad				
Davenport, IA	52804				
Rule or					Correction
Code	Natur	e of Violation	Class	Fine Amount	date
Section					

the nurse, but nurses were to document why the			
medication was given, she never administered prn			
medication unless the nurse instructed her to. When she			
worked on the resident's unit the nurse often asked if he			
could have anything yet, related to medication for			
anxiety or behaviors, and sometimes the resident's			
family asked if he could have something for pain, he had			
headaches. Staff F stated she heard the resident climbed			
out of bed and had behaviors, but had not witnessed			
that herself and the resident cooperative when she			
administered his medication.			
c. On 10/6/21 at 3:34 p.m. Staff D, RN, stated the			
resident had behaviors every day, tried to get up,			
couldn't say what he wanted or needed, or where he			
wanted to go as he made the attempts. The resident had			
medications to treat the behaviors, and Dilaudid for pain,			
sometimes he said he had pain, other times he didn't or			
couldn't say. The medication helped for 3 to 4 hours and			
sometimes the symptoms returned, you couldn't reason			
with him, he wouldn't leave the cervical collar on and he			
usually did better if the family was there. On 10/18/21 at			
10:18 a.m. Staff D stated she directed the CMA to			
administer Dilaudid, Hydroxyzine and Trazodone			
together at the same time 2 or 3 times due to his			
behaviors that included trying to get up and if he had a			
hold of anything he threw it. When asked if there were			
any attempted interventions prior to administration of			
the prn Hydroxyzine or Xanax, Staff D stated they			
	medication was given, she never administered prn medication unless the nurse instructed her to. When she worked on the resident's unit the nurse often asked if he could have anything yet, related to medication for anxiety or behaviors, and sometimes the resident's family asked if he could have something for pain, he had headaches. Staff F stated she heard the resident climbed out of bed and had behaviors, but had not witnessed that herself and the resident cooperative when she administered his medication. c. On 10/6/21 at 3:34 p.m. Staff D, RN, stated the resident had behaviors every day, tried to get up, couldn't say what he wanted or needed, or where he wanted to go as he made the attempts. The resident had medications to treat the behaviors, and Dilaudid for pain, sometimes he said he had pain, other times he didn't or couldn't say. The medication helped for 3 to 4 hours and sometimes the symptoms returned, you couldn't reason with him, he wouldn't leave the cervical collar on and he usually did better if the family was there. On 10/18/21 at 10:18 a.m. Staff D stated she directed the CMA to administer Dilaudid, Hydroxyzine and Trazodone together at the same time 2 or 3 times due to his behaviors that included trying to get up and if he had a hold of anything he threw it. When asked if there were any attempted interventions prior to administration of	medication was given, she never administered prn medication unless the nurse instructed her to. When she worked on the resident's unit the nurse often asked if he could have anything yet, related to medication for anxiety or behaviors, and sometimes the resident's family asked if he could have something for pain, he had headaches. Staff F stated she heard the resident climbed out of bed and had behaviors, but had not witnessed that herself and the resident cooperative when she administered his medication. c. On 10/6/21 at 3:34 p.m. Staff D, RN, stated the resident had behaviors every day, tried to get up, couldn't say what he wanted or needed, or where he wanted to go as he made the attempts. The resident had medications to treat the behaviors, and Dilaudid for pain, sometimes he said he had pain, other times he didn't or couldn't say. The medication helped for 3 to 4 hours and sometimes the symptoms returned, you couldn't reason with him, he wouldn't leave the cervical collar on and he usually did better if the family was there. On 10/18/21 at 10:18 a.m. Staff D stated she directed the CMA to administer Dilaudid, Hydroxyzine and Trazodone together at the same time 2 or 3 times due to his behaviors that included trying to get up and if he had a hold of anything he threw it. When asked if there were any attempted interventions prior to administration of	medication was given, she never administered prn medication unless the nurse instructed her to. When she worked on the resident's unit the nurse often asked if he could have anything yet, related to medication for anxiety or behaviors, and sometimes the resident's family asked if he could have something for pain, he had headaches. Staff F stated she heard the resident climbed out of bed and had behaviors, but had not witnessed that herself and the resident cooperative when she administered his medication. c. On 10/6/21 at 3:34 p.m. Staff D, RN, stated the resident had behaviors every day, tried to get up, couldn't say what he wanted or needed, or where he wanted to go as he made the attempts. The resident had medications to treat the behaviors, and Dilaudid for pain, sometimes he said he had pain, other times he didn't or couldn't say. The medication helped for 3 to 4 hours and sometimes the symptoms returned, you couldn't reason with him, he wouldn't leave the cervical collar on and he usually did better if the family was there. On 10/18/21 at 10:18 a.m. Staff D stated she directed the CMA to administer Dilaudid, Hydroxyzine and Trazodone together at the same time 2 or 3 times due to his behaviors that included trying to get up and if he had a hold of anything he threw it. When asked if there were any attempted interventions prior to administration of

Page 24 of 30

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	-	
probably tried 10 things and nothing worked. Staff D		
stated if CMA's administered his prn Hydroxyzine,		
Trazodone or Xanax, the CMA's documented the		
behaviors on the MAR, there wasn't any other place to		
document that but staff could record the medication was		
effective on the MAR. When asked where 17 missing		
Trazodone doses could be, Staff D stated the CMA's		
could have administered it and not told her.		
d. On 10/6/21 at 12:55 p.m. Staff A, LPN, stated she		
worked the night shift (10 p.m. to 6 a.m.), the resident		
had good and bad nights, sometimes was restless and		
tried to get up, he'd fallen a few times. When he was		
restless or anxious he did better if they got him up and		
kept him where he could see the staff, which seemed to		
calm him.		
e. On 10/6/21 at 12:26 p.m. Staff P, LPN, stated she had		
assessed the resident and directed the CMA's to		
administer anti-anxiety medications and analgesics when		
needed, and then reassessed the resident for medication		
effectiveness. Staff P was certain she did not and would		
not direct a CMA to administer Hydroxyzine, Dilaudid and		
Trazodone at the same time, and quite certain she didn't		
instruct the CMA to administer Trazodone to the resident		
at 10:30 a.m. on 9/8/21.		
f. On 10/14/21 at 2:53 p.m. Staff H, LPN, stated she had		
not observed aggressive behaviors from the resident, he		
would yell out and get your attention, he thought he		
 could walk and would try to get up, required frequent		

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Rule or Code Section	Natu	ure of Violation	Class	Fine Amount	Correction date	

redirection and seemed to do better with 1 to 1 direction		
by staff when he was like that so she put him with her in		
the hall when needed. When asked about Dilaudid and		
Xanax medication administration that she had recorded		
on inventory control sheets but not on the MAR, Staff H		
stated she had not recorded the administration in the		
computer, sometimes due to Internet issues/computer		
problems but tried to improve on that, and made		
attempts to make sure the documentation was done		
before she did anything else. When asked where 17		
unaccounted doses of Trazodone could have gone, Staff		
H stated she didn't know but wouldn't be surprised if		
staff that couldn't deal with behaviors administered it to		
Resident #3. Staff H stated when she started at the		
facility 9/1/21 there was a lot of agency staff there,		
organization was needed and has since improved.		
g. On 10/7/21 at 3:19 p.m. Staff O, Occupational		
Therapist (OT), stated if the resident was awake and not		
in pain, he did better in therapy, was able to follow cues.		
His participation in therapy was impeded if he was too		
tired to follow cues or was in pain.		
h. On 10/7/21 at 11:09 a.m. the Director of Nursing		
(DON) stated she expected the nurses to assess resident		
anxiety, attempt at least 3 interventions such as offer a		
snack or provide 1 to 1 attention prior to medication		
administration. The DON stated she expected to find		
documentation of the resident's anxious behaviors and		
interventions attempted to reduce anxiety in the		

Page 26 of 30

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Citation Numl #5433	per:			Date: Novem	ber 4, 2021	
Facility Name: Good Samaritan Society		-	Survey I		10 2021	
Facility Address/City/State/Zip		TAG, VW	- September 29 – October 19, 2021			
700 Waverly F	Road					
Davenport, IA						
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date	

resident's record, and in the process of staff education to	
ensure that nurses did that. The DON stated she	
reviewed the resident's record and could not find	
documentation related to behaviors or anxiety that	
prompted his prn medication administration by staff,	
other than what was automated in the computer when	
staff administered the medication. The DON also	
reported she could not find documentation of other	
interventions attempted prior to medication	
administration. The DON stated she understood the	
concern over too many psychotropic medications and	
review of the matter was underway.	
i. On 10/13/21 at 3:10 p.m. the DON stated there was a	
Nurses Meeting 10/15/21, CMA's would attend, and prn	
medication administration by CMA's would be addressed	
at the meeting.	
j. On 10/14/21 at 10:02 a.m. the DON was not able to	
identify what became of 17 missing Trazodone and 5	
missing Hydroxyzine doses, continued investigation of	
the matter would occur and be addressed with Nursing	
Staff at their meeting the following day.	
During an interview on 10/13/21 at 9:08 a.m., Staff Q,	
Registered Pharmacist (RPh) from the facility's Pharmacy	
stated they received a fax (facsimile) without staff	
signature on 9/30/21 that requested Trazodone for the	
resident. At that time, the medication was scheduled, 14	
doses were delivered to the facility on 9/23/21 and	
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Page 27 of 30

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should not have required more. They were not able to		
reach the nurse by phone and dispensed 7 Trazodone		
doses that day to ensure the resident had the		
medication.		
During an interview on 10/6/21 at 6:05 p.m., the		
resident's family member/responsible party (RP) stated		
the resident was supposed to have Physical Therapy for		
strengthening so he could return home, but the facility		
had him on sedative medications because he had		
repeated falls. The family member/RP stated the		
medications started without their knowledge or consent,		
or the facility would call and say a medication was		
started and they were not consulted prior to that. The		
family member/RP reported they told nursing staff		
multiple times and even told the Social Worker they did		
not want the resident to receive medications that caused		
or worsened his confusion and lethargy. The family		
member/RP stated on the evening of 9/24/21, the		
resident couldn't hold on to the stand lift machine		
handles. The resident's body hung from the belt hooked		
to the lift (from arm-pit area) and he was too tired and		
confused to assist. The family member/RP reported was		
concerned for his safety and spoke to the nurse on duty		
at the time, Staff D, RN, told her of the concerns for		
resident's safety, lethargy, confusion and they didn't		
want him to receive medications that sedated him. Staff		
D stated she had no choice and had to follow Physician		

Page 28 of 30

Facility Administrator

Date

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Orders. The family member/RP stated the facility said the resident's therapy would stop on 10/4/21 because he didn't participate and he needed to transfer to a facility with a Behavior Unit. The family member/RP said the resident had worked with therapy, had ambulated the length of the parallel bars with therapy and gained strength until around 9/15/21. The resident then became confused and lethargic and had progressively worsened since then and he had more falls. On the evening of 9/28/21 the family member/RP called for an ambulance to take the resident to the ER due to his deterioration and wanted a different doctor to evaluate his conditions. Staff D, RN was on duty at the time and said they couldn't take him out of the facility without a Doctor's Order and wouldn't provide a list of his medications they had requested multiple times. On 9/28/21 the ER physician told the family member/RP there were no signs of injury or more brain bleeding, couldn't find anything wrong and said his confusion, weakness and lethargy was from all the medications the facility gave him.		
physician told the family member/RP there were no signs of injury or more brain bleeding, couldn't find anything wrong and said his confusion, weakness and lethargy was		
FACILITY RESPONSE:		

Page 29 of 30

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Page 30 of 30

Facility Administrator