STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING 6/7/10 mcw B. WING	C 05/05/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 deficiencies are the result of investigation of 27738-I which was conducted May 4-6, 2010, see Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Correction Date 5/31/10	F 000	**F000** Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225	**F225** 1) On March 3, 2010, pharmacy reports unable to refill narcotic patches requested by facility. Charge nurse notifies DNS. Investigation at that time started by DNS, social services director, and administrator. Call placed to pharmacy; pharmacist stated too early to refill, should still have some on hand. Discussed amount and date of last delivery. Last delivery on February 10, 2010; pharmacy states it delivered 10 patches. Our count stated six patches delivered. Unable to locate missing	

6/2/10
9a9

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy R. Brown, LNHA	Administrator	5/26/10

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING _____ B. WING _____	C 05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 225	Continued From page 1 representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview and facility policy and procedure the facility failed to investigate a potential narcotic theft in a timely mannner. The facility reported a current census of thirty-two (32). Findings included: Review of a facility reported incident involving missing Duragesic patches (a Class 2 narcotic used for pain control), documented the facility began an investigation on March 3, 2010 after a nurse reported Resident #1 had no Duragesic patches available. (A Duragesic patch is a topical patch which has a narcotic released over time to control resident pain.). Staff A reported Resident #1 was out of Duragesic pain patch, and the pharamacy stated it was too early to refill the medication. On 5/4/10 at 10:15 a.m., Staff A, Licensed Practical Nurse (LPN) stated there were no Duragesic patches to be applied one morning, but could not recall the exact date and stated whatever date I told the DNS (Director of Nursing Service). Review of Resident #1's Narcotic Administration	F 225	patches at facility. Recalled pharmacy which assured us that their count was not off and could not be off. Four patches at that time refilled for resident #1. On May 6, 2010, pharmacy reports that they were able to locate the missing patches. On February 10, 2010, only six patches were delivered to the center, not 10 as previously stated. 2) All residents who receive narcotic patches are at risk. 3) Education with all nurses on reporting all incidents immediately when found to DNS, SSD, or administrator. Delivery of narcotic patch system changed on March 10, 2010, to include count by pharmacy tech (or other pharmacy delivery person) and nurse when patches are delivered. 4) Auditing of incidents will be completed by DNS or DNS designee weekly times one month, then monthly times three, then will evaluate at QA.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING _____ B. WING _____	C 05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 225	Continued From page 2 Sheet documented on 2/10/10, the facility recieved 6 Duragesic patches. Review of facility form used to fax refill orders to the pharmacy documented staff requested to refill the Duragesic pain patch on 2/23, 2/26, 2/28, and again on 3/2/10. During an interview with the DNS on 5/5/10 at 3:11 p.m., the DNS stated if we have a med that needs reordered we put it on the fax sheet, and each Tuesday the night shift goes thru every bin and faxes for a refill and a refill was requested if staff didn't feel there would be enough medication to last to the next week. The DNS continued she became aware of the missing medication on 3/3/10 when the pharmacy called back and said there were no refills, and they should have had patches left. On 5/6/10 at 8:02 a.m., the pharmacy tech stated she kept records of when she notified the facility no refills were available, as the pharamacy records showed the facility should have had a 30 day supply on 2/10/10. Records reviewed at the pharmacy showed the pharmacy tech responded on 2/26/10 with "refill to soon can refill 3/4." On 2/28/10 the faxed request sheet did not have a documented response but the pharmacy tech stated we always respond back if we can't refill. On 3/2/10 responded with, "can not refill till 3/4!!" On 5/6/10 at 9:27 a.m., the DNS stated they did not have a record of the pharmacy review sheets with the pharmacy responses. Review of the facility policy and procedure titled . Abuse and Neglect directed staff to notify the	F 225		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING _____ B. WING _____	C 05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 225	Continued From page 3 facility administrator immediately when misappropriation of resident property.	F 225		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure narcotic count sheets were accurate for two (2) of four (4) sampled residents on a Duragesic patch (Resident #2 and #4). The facility reported a current census of forty-three (43). Findings included: 1. Review of the facility form titled Individual Resident's Narcotic Record documented the following: a. On 3/18/10 at 6:20 a.m. the Individual Resident's Narcotic Record documented Resident #2 had 2 narcotics on hand, 1 was administered which left 1. The following entry dated 3/18/10 at 10:45 a.m. documented 2 narcotics were present, 1 was administered which left 3 (should have been 1 remaining). The count continued from 3 narcotics when it should have been 0 on 3/18/10 at 10:45 a.m. b. On 3/22/10 at 6:15 a.m. the Individual Resident's Narcotic Record documented Resident #3 had 2 narcotics on hand, 1 was administered which left 1. The following entry dated 3/25/10 at 8:30	F 281	**F281** 1) Investigation of narcotic record for resident #2 reveals that at 0620 on March 18, 2010, two narcotic patches were on hand less one narcotic patch applied, resulting in one narcotic patch left on hand. At 1045 on that date, the count incorrectly showed two patches on hand, one given, and three patches remaining. Investigation of documentation and discussion with hospice personnel show two narcotic patches delivered that day. Transcription error occurred at 1045; should have read one narcotic patch on hand, two narcotic patches received, with three narcotic patches left on hand. On resident #3, documentation incorrectly reveals at 0605 on March 25, 2010, one narcotic patch on hand, less one narcotic patch given, and one narcotic patch left on hand. Investigation reveals that transcription error occurred; it should have read that zero narcotic patches were left. On May 5 and 6, 2010, education completed with nurses involved with transcription error on narcotic record for residents #2 and #3.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING _____ B. WING _____	C 05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 281	Continued From page 4 a.m. documented Resident #3 had 1 narcotic on hand, 1 was administered which left 1 (should have totaled 0). Both of the Individual Resident's Narcotic Record lacked any identification of the specific narcotic that was counted/administered which was confirmed by the Director of Nursing Services. The DNS also confirmed the narcotic count was incorrect.	F 281	2) All residents with narcotic patches are at risk. 3) On May 5 and 6, 2010, education completed with nurses involved in transcription errors for residents #2 and #3. Education with all charge nurses to include accuracy of narcotic record to be completed by May 31, 2010.	
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and	F 431	4) DNS or DNS designee to audit narcotic record count weekly times one month, then monthly times three, then evaluate at QA. **F431** Medication delivery system changed on March 10, 2010, to include new narcotic patch delivery system. Pharmacy medications must be delivered to a nurse and not left at nurses' station desk. 2) All residents with cognitive impairment who wander are at risk. 3) New delivery system initiated on March 10, 2010, including narcotic patches, with the pharmacy tech and nurse checking them in by counting the patches and signing the count. Also educated pharmacist on March 10, 2010, to ensure that medication is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING _____ B. WING _____	C 05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 431	Continued From page 5 Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure medications were secured when delivered. The facility reported a current census of forty-three (43). Findings included: During an interview with the Director of Nursing Services (DNS) on 5/4/10 at 9:00 a.m. regarding an investigation of alleged missing narcotics the DNS stated there were no policies or procedures regarding delivery of medications from the pharmacy prior to the investigation of missing narcotics. Staff interviews were conducted as follows: a. On 5/4/10 at 12:43 p.m., Staff C, Registered Nurse (RN), stated medications stated at times the pharmacy tech would drop off medications at the nurses station while the nurse was passing supper medications (which included narcotic medications), and staff wouldn't know they were there until after medication pass was completed. b. On 5/4/10 at 1:15 p.m., Staff E, Licensed Practical Nurse (LPN), stated medications were sometimes the pharmacy tech would just drop off the medications and leave without giving narcotic	F 431	delivered to a nurse and not left on nurses' station desk. Educated charge nurses and medication aides on May 15 and 16, 2010, on proper handling of keys involving medications. 4) DNS or DNS designee to audit weekly times one month, monthly times three months, and then evaluate at QA.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165249	A. BUILDING _____ B. WING _____	C 05/06/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - NEWELL	415 WEST HIGHWAY NEWELL, IA 50568

(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 431	Continued From page 6	F 431		

medications to the nurse to check in.

c. On 5/4/10 at 1:56 p.m., Staff G, LPN, stated usually the pharmacy tech usually either left medications with nurse or on the nurses station. Staff G continued to state we would go to the nurses station and find them and confirmed narcotic medications were left unattended.

d. On 5/5/10 at 11:00 a.m., Staff I was interviewed and stated most of the time, the medications would be left at the font desk at the nurses station, and the nurse was not aware because the nurse was doing medication pass in the dining room. Staff I stated there was no count system between the pharmacy and the nurse. Staff I continued to state she observed staff left keys to the med room/med (medication)cart/narc (narcotic) box on the counter at times.

The facility Pharmacist was interviewed 5/4/10 at 2:26 p.m. and stated the pharamacy tech dropped off medications on 2/10/10 but there was no recollection of who received the medications, no documentation of who received the medications and there had never been a problem before with missing medications.

During an interview with the Director of Nursing Services (DNS) on 5/4/10 at 11:52 a.m. the DNS stated there was no policy and procedure regarding medication delivery prior to the allegation of missing narcotics.

The Director of Nursing Services reported the facility had five (5) cognitively impaired residents who wander about the facility independently.