DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0310	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - TIMBER RIDGE	#2 OAK RIDGE ROAD OTTUMWA, IA 52501

(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) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 24 Number of tenants with cognitive impairment: 0 Total census: 24 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000	See attached POC 6/1/25	
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to obtain a signature on the preliminary service plan of 1 of 1 tenants reviewed who moved to the program within the past two months (Tenant #1). Findings follow: Record review on 4/23/25 revealed Tenant #1	A 355		

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A 355	Continued From page 1 moved to the program on 3/7/25. The Registered Nurse developed the initial service plan for the tenant on 3/4/25, but Tenant #1 did not sign the plan. The Director confirmed this finding on 4/23/25 at 2:30 PM.	A 355		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans addressed the specific needs of 3 of 4 tenants reviewed (Tenant #2, Tenant #3 and Tenant #4). Findings follow: 1) Record review on 4/23/25 revealed a hospital discharge summary for Tenant #2 dated 2/4/25. Tenant #2 was a 97-year-old male brought to the emergency room on 1/30/25 with complaints of generalized weakness and ongoing nosebleed. The tenant was seen by his physician one day prior for cauterization of an acute nosebleed but he was still experiencing oozing, especially in the posterior oropharynx. During the course of the hospitalization he was diagnosed with right lower lobe pneumonia, acute hypoxic respiratory failure requiring supplemental oxygen, acute exacerbation of systolic congestive heart failure,	A 395		

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A 395	Continued From page 2 NSTEMI (non-ST elevation myocardial infarction) and acute blood loss anemia with nosebleed. A cardiac diet was recommended. A hospice visit note dated 2/20/25 identified staff were applying a dressing to a Stage 2 pressure ulcer to Tenant #2's left buttock. It was largely healed but still had a few areas with mild abrasions. Tenant #2 required the use of an assistive device for ambulation as his gait was unsteady and unsafe. He had poor endurance. The tenant's most recent service plan, dated 2/14/25, noted Tenant #2 required assistance with bathing. Staff were to provide assistance with bathing/showering as needed. Hair care was to be provided by an outside provider. He required one person to assist with transfers, but was independent with mobility. Staff were to remind him to use his assistive device if he was seen without it. Tenant #2 required assistance with toileting to maintain his skin integrity. A level of care evaluation dated 2/14/25 noted Tenant #2 did not receive wound care and was not at risk for skin breakdown. On 4/24/25 at 8:20 AM Staff A reported she walked with Tenant #2 to the dining room each day due to weakness. They applied a barrier cream to his buttocks due to a sore. On 4/24/25 at 8:40 AM Staff B stated she walked with Tenant #2 to the bathroom. He received a sponge bath rather than a full bath as this was his preference. Tenant #2 had a couple of red spots on his bottom that they put a cream on. On 4/24/25 at 9:00 AM the RN confirmed Tenant #2's service plan did not address his nose bleeds,	A 395		

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A 395	Continued From page 3	A 395		

the skin breakdown on his buttocks, or his preference his preference for sponge baths. She did not realize cares provided by other agencies such as hospice needed to be addressed on his service plan.

2) Record review on 4/23/25 revealed a note from Tenant #3's primary care provider (PCP) dated 4/15/25. The note indicated he was seeing her after a recent stay at a nursing facility. The tenant reported pain in her feet when she tried to sleep. Staff reported the tenant was doing much better than in previous months since starting physical and occupational therapy. Tenant #3 had developed lower extremity edema. The PCP recommended using tubigrips to her bilateral lower extremities. She was to put them on in the morning and remove them in the evening, to assist with the edema. He encouraged her to elevate her legs when at rest.

The program had an order from the PCP for tubigrips for Tenant #3 dated 4/15/25.

A review of Tenant #3's most recent service plan, dated 4/3/25, revealed it did not address her edema or wearing of tubigrips. The plan also did not address the addition of physical or occupational therapy.

On 4/24/25 at 9:00 AM the Registered Nurse (RN) reported she knew Tenant #3 started receiving therapy when she was in the nursing facility but only realized the service continued when she saw her with the therapist on 4/23/25. Tenant #3 did not like wearing the tubigrips and bought some compression socks from Walmart. The RN was not sure if the staff helped her put these on.

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A 395	Continued From page 4 3) Record review on 4/23/25 revealed a nurse review for Tenant #4 dated 1/2/25 indicating she was diagnosed with panic disorder and chronic obstruction pulmonary disorder. On 4/24/25 at 8:20 AM Staff A reported Tenant #4 paged staff when she experienced anxiety. They encouraged her to put her fan on, rubbed her back and suggested she use her oxygen. Tenant #4 asked for staff assistance in dealing with her anxiety almost daily. On 4/24/25 at 8:40 AM Staff B stated Tenant #4 used her call light to request staff assistance when she felt unable to breath. Staff rubbed her back and encouraged her to breathe. She had stayed with Tenant #4 for up to thirty minutes, 2 to 4 times a day. A review of Tenant #4's service plan dated 4/16/25 had a section on "mood problems" which was added on 4/29/24. Staff were to encourage Tenant #4 to express her feelings or concerns to caregivers and/or family. There was no mention of anxiety, panic attacks or feelings of breathlessness. On 4/24/25 at 10:15 AM the RN reported staff were not to spend time in Tenant #4's apartment dealing with her anxiety as the tenant chose to be independent with services. If the tenant wanted more services, this should be reflected on her service plan. 4) On 4/24/25 at 11:00 AM the Director confirmed the program failed to ensure tenants' service plans reflected their identified needs	A 395		

ok
7/7/25

Plan of Correction

Good Samaritan Society-Timber Ridge
#2 Oak Ridge Road
Ottumwa, IA 52501

F000 Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth or 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 provision of federal and state law. For the purpose of any allegation that this center is not substantial compliance in accordance with section 7305 of the State Operation Manual. This statement of deficiencies will be taken to our Quality Assurance Performance Improvement (QAPI) and Safety Committee for review.

A355 481-69.26(2) Service Plans

All service plan signatures will be completed prior to the signing of the occupancy agreement. The AL director and/or delegating RN will audit the next three move-ins.

Deficiency was corrected 4/24/25.

A395 481-69.26(4)a Service Plans

All service plans will be individualized. All service plans will synchronize to services provided such as hospice care, supplemental care, etc... All service plans will be audited quarterly by the AL director and/or delegating RN for six months and then annually.

Deficiency will be corrected for all service plans 6/1/25.