STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165186	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Indianola	708 South Jefferson Indianola, IA 50125

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on direct observation, clinical record review, staff interview, resident interview, and facility policy review, the facility failed to maintain appropriate staffing levels to ensure call lights were answered in a timely manner. The facility reported a census of 82. Findings include: A direct observation on 01/13/2026-01/14/2026 during the overnight shift it was observed that three Certified Nurse Aides (CNA) and two Nurses were in the building until Staff B, CNA arrived, increasing the number of certified nurse aides to 4. The building has 4 halls, with the rehab care hall being largely isolated from the building by distance and doors. 1 staff member was observed to be assigned to the rehabilitation hall. In an interview on 01/12/2026 at 01:04 PM with Resident #2, whose brief interview for mental status (BIMS) score was reported in the Assessment Scoring Report as 15, indicating intact cognition, he stated he could not get to the bathroom on his own, and while the staffing levels during the day are often sufficient, at night time there aren't enough staff to assist everyone and as a result they often do not answer call lights in a timely manner. He reported feeling like he had to defend and stick up for other residents in the facility to ensure they get their needs met, because there aren't enough staff to go around and he keeps repeating these issues to the facility.In an interview on 01/14/2026 at 11:05 AM with Resident #3, whose BIMS was reported by the Assessment Scoring Report as 15, indicating intact cognition, she stated she can't do anything for herself and as a result she knows the facility doesn't have enough staff members. She stated that the previous weekend she waited at least 45 minutes for her call-light to be answered, but she believed it to have been over an hour. She stated she watches the clock on her phone but she stopped keeping track after 45 minutes. She had pressed her call light because she had soiled herself and needed staff assistance in cleaning up, but she just kept waiting. She stated that when the staff members finally got around to her she was miserable. She reported feeling shame having to sit that long in her own urine and feces. She stated this is a daily and nightly occurrence, with the night and weekend shifts being the most concerning. In an interview on 01/14/2026 at 12:53 PM with Resident #5, whose BIMS was reported on the Assessment Scoring Report as 15, indicating intact cognition, she stated her call light times are usually 45 minutes or longer. As a result she has reduced how often she pushes her call light because help is not coming. She stated it is that bad at least two days out of the week, as well as every night shift and every weekend shift. She stated as a result of the low staffing the staff members often don't get her water at night and when she does need assistance she knows it will be a wait.In an interview on 01/14/2026 at 01:58 PM with Resident #9, whose BIMS was reported on the Assessment Scoring Report as 15, indicating intact cognition, she stated staffing is usually bad at night, and she typically waits over an hour after requesting to go to bed for assistance in getting to bed and at night the wait is worse for assistance. She stated she knows the facility needs more staff because the night and weekend staff are consistently reporting they are short staffed. Review (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of the Resident Council Minutes from 10/06/2025 documented not enough staffing under the old business heading, indicating the facilities awareness of staffing issues brought to them by residents. Review of the Resident Council minutes from 12/01/2025 documented We want enough CNAs, We want one in the lunch room. We want our call lights answered within 15mins under the Old Business heading, indicating the issue was still unresolved from October. Call Light Response Logs dating from 01/09/2026 to 01/11/2026 were pulled for Resident #2, Resident #3, Resident #5, and Resident #7. They revealed the following information to include the length of the call light time and when the call light was activated: Resident #2: 01/09/2026 - 46 minutes (m) 56 seconds (s) call light at 05:37 PM01/11/2026 - 18m 56s call light at 10:17 PMResident #3: 01/09/2026 - 57m 42s call light at 05:59 PM01/10/2026 - 25m 04s call light at 04:04 AM01/10/2026 - 2hr 4m call light at 03:26 PM01/11/2026 - 49m 29s call light at 06:42 PMResident #5: 01/09/2026 - 24m 05s call light at 07:46 AM01/09/2026 - 29m 12s call light at 02:27 PM01/09/2026 - 1hr 22s call light at 04:16 PM01/10/2026 - 44m 52s call light at 07:08 AM01/10/2026 - 23m 11s call light at 11:13 AM01/10/2026 - 37m 36s call light at 03:41 PM01/11/2026 - 32m 24s call light at 07:51 AM01/11/2026 - 40m 24s call light at 10:45 AM01/11/2026 - 27m 55s call light at 07:34 PM Resident #7: 01/09/2026- 29m 19s call light at 03:18 AM01/09/2026 - 38m 06s call light at 06:08 AM01/09/2026 - 23m 36s call light at 11:57 AM01/09/2026 - 22m 53s call light at 05:46 PM01/10/2026 - 34m 52s call light at 03:27 PM 01/10/2026 - 44m 45s call light at 05:32 PM01/11/2026 - 1hr 12m call light at 08:04 AM01/11/2026 - 21m 46s call light at 09:32 AM01/11/2026 - 21m 01s call light at 10:40 AM01/11/2026 - 38m 22s call light at 12:09 PM01/11/2026 - 53m 03s call light at 03:23 PM 01/11/2026 - 34m 51s call light at 07:23 PMIn an interview on 01/13/2026 at 11:51 PM with Staff A, Certified Nurse Aide (CNA), they stated their work load varies significantly over the nights, with some nights having manageable work loads and some nights not being able to manage. He stated he did not feel the facility had enough staff. In an interview on 01/14/2026 at 12:07 AM with Staff B, CNA, she stated the facility is always short staffed and it gets worse when there are call ins. She stated she works a weekend package but gets called most days to see if she was willing to work. She stated she started getting calls to come in tonight at 8am. She stated she only came in tonight because one of the people working the overnight shift was a friend and asked her to come in as a personal favor. She stated the facility is always short staffed and has been for years. She stated four CNAs and two nurses was considered a good night, but they often operate with just two-three CNAs. She does not feel this is enough staff to meet resident needs. In an interview on 01/14/2026 at 12:26 AM with Staff C, Registered Nurse (RN), she stated the facility does not have enough staff to meet resident needs on the overnight shift. She feels the number of staff they are given causes slow light times and has increased falls on the overnight shift because they cannot effectively monitor the residents the facility has.In an interview on 01/14/2026 at 12:34 AM with Staff D, CNA, she stated residents often expressed frustration with her about the situation and she feels the same. She reports previously having more staff, but for months they have only had 1 CNA per hall at most. She stated it is dangerous to run a facility with so few staff because they can't monitor all of the residents they have. She reported the facility having had more staff in the past but it changed a while ago and now they're always short staffed. In an interview on 01/14/2026 at 12:40 AM with Staff E, Licensed Practical Nurse (LPN), she stated the facility doesn't have enough staff for the number of residents it has and the cares they need. She stated when they are responding to a call light, with so few staff it can be 45 minutes or more before they can answer other call lights. She stated they just can't be everywhere they are needed with so few staff. In an interview on 01/14/2026 at 12:27 PM with the Director of Nursing (DON), she confirmed the facility should have 5 CNAs during the overnight shift. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	She stated she had recent resignations as well as staff members off for paternity and maternity leave which has led to them operating with fewer staff than was typical. She reported she had not been the DON for very long, taking over only in December. She stated her expectation is for staff to answer call lights within a 15 minute period and acknowledged the call lights from the previous weekend were ridiculous. She stated the facility does not have a chain of command to call when the manager on-call is unavailable, leaving the facility without protocols to reach out for help when required. In an interview on 01/14/2026 at 03:18 PM with the Administrator, he stated the facility had been aware of the need for more staff since before he took over as Administrator in November. He acknowledged the staffing issues have been a repeat facility failure but was unable to speak on why the failure had occurred due to his limited time with the facility. Review of the Facility assessment dated [DATE] documented on page 19 the following: How do you staff on all shifts, including nights and weekends, to meet acuity & needs of residents: Staff based on feedback and amount of care required for residents. Nurse consultant recommendations. Utilization of Pool Staff and Agency Staff as needed.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. Based on clinical record review, staff interview, and State Agency Website, the facility failed to make a good faith effort to correct deficient practices resulting in repeated sufficient staffing violations over a three-year period. The facility reported a census of 82. Findings include:Review of the state agency's public website https://dia-hfd.iowa.gov/ contained the following certification actions during the following surveys:Ending on 07/29/2025 resulted in a deficiency cited related to staffing. Ending on 04/24/2025 resulted in a deficiency cited related to staffing. Ending on 01/30/2025 resulted in a deficiency cited related to staffing. Ending on 06/18/2025 resulted in a deficiency cited related to staffing. Review of the Quality Assurance and Performance Improvement Meeting notes dated 12/15/2025 identified assuring appropriate staffing as an active area of the QAPI action plan. In an interview on 01/14/2026 at 03:18 PM with the Administrator, stated the facility had been aware of the need for more staff since before he took over as Administrator in November. He acknowledged the staffing issues were a repeat facility failure but was unable to speak on why the failure had occurred due to his limited time with the facility. He stated in an email sent earlier the same day that the Quality Assurance and Performance Improvement meeting notes from before December were unavailable but that he was aware the facility leadership knew about staffing issues for a while.