

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Good Samaritan Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 Hilltop Avenue Franklinton, LA 70438	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure a resident's Minimum Data Set accurately reflected their status for 1 (#3) of 5 residents in the sample. The facility failed to ensure Resident #3 was coded correctly for Urinary Tract Infection in the last 30 days. Review of Resident #3's Clinical Record revealed an admission date of 06/26/2025 with diagnoses, which included Cerebral Infarction, Urinary Tract Infection, Aphasia following Cerebral Infarction, Hemiplegia and Hemiparesis following Cerebral Infarction. Review of Resident #3's Significant Change Minimum Data Set with an Assessment Reference Date of 10/31/2025 revealed the following in part: Section I-Active Diagnoses: Infections: I2300. Urinary Tract Infections (last 30 days): No Review of Resident #3's latest Care Plan revealed the following in part: Focus: history/diagnosis Urinary Tract Infection 07/01/2025 diagnosis Urinary Tract Infection 10/15/2025 hospital return diagnosis Urinary Tract Infection. Interventions: Administer medications per physician orders: assist with pericare after incidents of incontinence, instruct resident and staff on proper cleaning of perineal area after voiding or bowel movement, labs per physician orders, report abnormal to physician, monitor fluid intake and make sure resident is well hydrated, observe for signs and symptoms of Urinary Tract Infection: foul odor urine, burning on urination, bladder distention, frequent voiding, sediment in urine. Review of Resident #3's hospital discharge paperwork dated 10/13/2025-10/15/2025 revealed Resident #3 had a Urinary Tract Infection associated with indwelling urethral catheter listed as a final active diagnosis dated 10/14/2025. On 01/07/2026 at 1:30 p.m., an interview was conducted with S2LPN. S2LPN confirmed Resident #3 was discharged from the local hospital on [DATE] with a diagnosis, which included Urinary Tract Infection. S2LPN further confirmed a Significant Change Minimum Data Set was completed on 10/31/2025 and should have been accurately coded to reflect a Urinary Tract Infection within the last 30 days, and was not. On 01/07/2026 at 2:00 p.m., an interview was conducted with S1DON. S1DON confirmed she expected a resident's Minimum Data Set to accurately reflect a Urinary Tract Infection on the Significant Change Minimum Data Set. She confirmed Resident #3's Significant Change Minimum Data Set, dated [DATE] did not accurately reflect that.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 195612	Facility ID: 195612 If continuation sheet Page 1 of 1