

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/19/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET , QUINCY, Illinois, 62301			
(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	
S0000	Initial Comments		S0000				
	Complaint Investigation 2528576 / 2615713						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610 a)						
	300.1010 h)						
	300.1210 b)						
	300.1210 d)3)						
	300.3240 a)						
	Section 300.610 Resident Care Policies						
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.						
	Section 300.1010 Medical Care Policies						
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.						

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/19/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET , QUINCY, Illinois, 62301			
(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	
S9999	Continued from page 1 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident was provided timely provider notifications to ensure medical intervention was received with an acute change in condition for one of four residents (R1) reviewed for change in condition in the sample of four. This failure resulted in R1 experiencing a delay in evaluation and treatment while experiencing an acute ischemic stroke. Findings include: The facility's Change in Resident Condition Policy, dated 10/8/24, documents, "Standard: The attending physician, resident representative, and RCC (Resident Care Coordinator) will be notified of any change in the condition of a resident. Policy: A significant change in a resident's condition must be relayed to the physician, resident, representative, RCC, and DON (Director of Nursing) or ADON (Assistant Director of		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/19/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET , QUINCY, Illinois, 62301			
(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	
S9999	Continued from page 2 Nursing) timely. Procedure: 2. Any significant change in a resident's condition must be immediately relayed by phone to the attending physician and the resident representative. In addition, notify the supervisor, RCC, DON, or ADON. A significant change in condition is a major decline in a resident's status that will not normally resolve itself without interventions. A significant change in condition may include but not be limited to the following: B. Emergent Situations: Symptoms such as chest pain, loss of consciousness, or other signs or symptoms of heart attack or stroke that may signify a significant change. Sudden unexpected decline in a resident's condition. 4. Call the physician or provider on-call for questions, concerns, or any significant change in condition." R1's Face Sheet documents R1 is an 84-year-old female who admitted to the facility on 3/26/25 with the following, but not limited to, diagnoses: Postprocedural hemorrhage of right eye and adnexa following other procedure, Repeated Falls, Tinea Pedis, and Encephalopathy. R1's MDS (Minimum Data Set) Assessment, dated 7/1/25, documents R1 is cognitively intact and requires supervision or touching assistance with ambulation, sitting to standing, and transfers. This same MDS documents R1 has no impairments to R1's upper or lower extremities. R1's Care Plan, dated 7/8/25, documents, "Problem Start Date: 07/08/2025 ADLs (Activities of Daily Livings) Functional Status/Rehabilitation Potential: (R1) requires varying levels of assist d/t (due to) Weakness, Ataxia and Edema. Approach Start Date: 07/08/2025 Report any further deterioration in status to physician." R1's Progress Note, dated 9/11/25 and signed by V9/Agency LPN (Licensed Practical Nurse), documents, "(R1) was complaining of left leg weakness and vision problems. (R1) was seen yesterday by (V4/R1's Nurse Practitioner) for these issues. (R1) weakness increased with left leg, needing assistance to transfer to the bathroom. Vital Signs in normal range, ask (R1) if she was in pain, dizzy, or having headache, (R1) voiced no, but her vision was not good and left leg weak. (R1) ate well both meals talking well, took (R1) to the bathroom and to chair to elevate legs, (R1) took a nap. Checked on (R1) her head was down to neck and looked uncomfortable in chair, (R1) woke up and complaints of pain in neck. (R1) asked to go the bathroom (R1's) left arm was flaccid, (R1) transferred two assists. (R1) request to be seen." This same progress documents		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/19/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET , QUINCY, Illinois, 62301			
(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
S9999	Continued from page 3 V10/Nurse Practitioner was notified and gave an order to send R1 to local emergency room. R1's local ED (Emergency Department) Note, dated 9/11/25, documents, "Chief Complaint: Stroke-Like Symptoms. (R1) is an 84-year-old who presents to the ED with complaints of stroke-like symptoms that began today. (R1) reports waking up with vision problems and requiring assistance to go to the bathroom." This same ED Note documents, "Critical Findings: Acute Ischemic Stroke. Admit to Hospital." R1's Hospital Discharge Orders and Summary, dated 9/14/25, documents, "Admitting Diagnoses: Left-Sided Weakness and Stroke." On 9/18/25 at 11:46 AM, R1 stated a day or two before being admitted to the hospital on 9/11/25, R1 experienced changes in vision and reported having leg cramps. A Nurse Practitioner, identified as V4, reportedly saw R1 the day before R1's hospital admission and initiated new orders. The day of R1's hospital admission, before lunch, R1 reported her vision changes became more severe, and developed weakness to her left leg. R1 used her call light because she was too weak to transfer on her own and had to use the bathroom. R1 stated, "Two staff members had to assist me to the bathroom. I could not move my left leg and I reported my vision was getting worse." R1 reported a nurse, identified as V9/Agency LPN, came down and assessed R1 and told R1, V4/Nurse Practitioner, had previously assessed R1 the day prior, so V9 was just going to monitor R1. R1 stated, "I went to lunch and my vision was getting worse and my left leg was extremely weak. Again, (V9) told me (V4) had just seen me the day prior, so she pushed me down to my room, assisted me to my recliner, and elevated my legs. (V9) told me to try and rest. Around two to three hours later, I put back on my call light to get help with using the bathroom. At this time, I was unable to move my left leg, my left arm, and could hardly see. It took two staff members to assist me to the bathroom once again. (V9) finally sent me out to the ED." On 9/18/25 at 1:27 PM, V11/CNA (Certified Nursing Assistant) stated she was working with R1 on 9/11/25, the day R1 was sent out to the local hospital. V11 stated, "(R1) did not complain of anything early that morning. Right before lunch (R1) had turned on her call light. (V12) and I went to (R1's) room and (R1) was visibly upset saying she needed to use the bathroom. (R1) expressed to me that something was wrong with her vision and her left leg. (R1) was complaining of weakness on her left side and could not physically lift			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/19/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET , QUINCY, Illinois, 62301			
(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	
S9999	Continued from page 4 her left leg. (V12) and I assisted (R1) to the bathroom. As we stood (R1) up to hold on to the grab bars in the bathroom, (V12) and I had to manipulate (R1's) left leg to get her positioned correctly to sit on the toilet. (R1) was unable to move her left leg which was "out of character" for (R1)." V11 expressed R1 never utilizes her call light or asks for assistance. V11 reported she notified V9/Agency LPN to let her know about the new concerns with R1, V9 came to examine R1 and stated since V4 had already seen her the day prior, V9 would just monitor R1. V11 stated, "I did express to (V9) that something was not right with (R1) and that (R1) never requires assistance." On 9/18/25 at 1:35 PM, V9/Agency LPN verified she was the nurse taking care of R1 on 9/11/25, the day R1 was sent to the local hospital. V9 stated, "Before lunch I was called to (R1's) room. (R1) was complaining of her left leg being weak and having some vision trouble. (R1) required more assistance at that time to go to the bathroom. I had read (R1's) notes and (V4) had been in to see her the day prior for leg cramps and vision changes. I let (R1) know that and told (R1) I would monitor her. I did not call a physician at that time. (R1) ate lunch fine but was still complaining of some vision changes and left leg weakness. I let (R1) know that (V4) had written an order for (R1) to see an ophthalmologist again, and that I would push (R1) to her room and assist her with propping her leg up in the recliner and told (R1) to try and rest. When (R1) woke up around 3:00 PM, (R1) was complaining of neck pain. (R1) was talking fine and responding fine but stated her left leg didn't feel right. I called (V12/CNA) to assist me with taking (R1) to the bathroom. At that time (R1's) mobility decreased even more. I then called (V10/Nurse Practitioner) at that time and got (R1) sent out to the local hospital." V9 reported when V9 typed R1's assessments in R1's progress note, V9 did not document correct times of when R1 was complaining of everything. V9 verified she typed everything that occurred throughout the day in one progress note right before she sent R1 out to the local hospital. V9 confirmed she should have documented R1's events throughout the day as they occurred at the correct times. On 9/19/25 at 10:43 AM V12/CNA stated, "I was getting resident's up for lunch, when (R1) had put on her call light sometime between 11:00 AM and 11:30 AM. It was weird that (R1) had her call light on because (R1) is independent and never uses her call light. (V11/CNA) and I both went down to (R1's) room. (R1) was saying her eyes were bothering her, (R1) couldn't see how she normally could, and that (R1) couldn't really move her		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009258		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/19/2025	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 2130 HARRISON STREET , QUINCY, Illinois, 62301			
(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	
S9999	Continued from page 5 left leg. (R1) stated she was needing to go to the bathroom. (V11) and I assisted (R1) to the bathroom. When (V11) and I assisted (R1) up to the grab bar in the bathroom, (R1) could hardly move her left leg and (V11) and I had to help guide it, to get (R1) on the toilet. (V11) went and got (V9/Agency LPN) because something was not right with (R1). (R1) never requires assistance. (V9) came to (R1's) room, but basically just told (R1) that (V4/R1's Nurse Practitioner) was already aware from the day prior and that (V9) would just monitor (R1). I am not sure how (R1) got back to her room after lunch because I was called to work on a different unit for a few hours. When I got back to the floor (V9) had asked me if I could come to (R1's) room and help (V9) assist (R1) to the bathroom. This was around 3:00 PM. When I got to (R1's) room (R1) stated she now was unable to move her left arm. I believe right after that is when (V9) got (R1) sent out to the hospital." On 9/18/25 at 12:39 PM, V4/R1's Nurse Practitioner stated she saw R1 on 9/10/25 at the facility. R1 told V4 she was having cramps in her legs, and it was worse at night along with vision changes. V4 stated she did initiate orders for V4, but at that time didn't see any stroke-like symptoms. V4 stated, "(R1) could move her left leg up and down when I had seen her and had no problems with weakness. I did initiate orders for (R1's) complaints of leg cramps. I would have expected the facility to notify (V17/R1's Physician) or myself right away if (R1's) if (R1) was experiencing increased weakness or required more assistance with ADL's (Activities of Daily Living)." On 9/19/25 at 10:02 AM, V2/Director of Nursing verified she would have expected a nurse to notify the resident's provider immediately with any significant changes in a resident's condition like R1 was experiencing on 9/11/25 when R1 first was requiring more assistance with ADL's and complaining of increased weakness and more severe vision changes. (A)		S9999				