

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 58558	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/16/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GOOD SAMARITAN SOCIETY-SIOUX FALLS HEARTH: **4001 S MARION RD**
SIOUX FALLS, SD 57106

(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
S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 4/14/25 through 4/16/25. Good Samaritan Society Sioux Falls Hearthstone AL was found not in compliance with the following requirements: S201, S295, and S305.	S 000		
S 201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: A. Based on observation and interview, the provider failed to maintain the facility to avoid undue danger to the lives and safety of the occupants, by not replacing three randomly observed smoke detectors (resident rooms: 14, 16, and 30). Findings include: 1. Observation on 4/15/25 at 10:07 a.m. revealed room number 30 had single-station battery back-up smoke detectors in the bedroom area and the living area. Single-station battery back-up smoke detectors are required to be replaced every ten years. The smoke detector in the bedroom was dated to 2007 and was out of date	S 201	1.Maintenance is replacing all existing smoke detectors in resident apartments. Replacement of all smoke detectors will be completed by May 31st, 2025. 2.All smoke detectors will be replaced based on manufacture recommendations. 3.Assisted Living Manager or designee will keep the information for the new smoke detectors in a secure location so as to ensure they are replaced timely.	5/31/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Hannah Peters, LSW

TITLE

Assisted Living Manager

(X6) DATE

5/9/2025

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S 201	<p>Continued From page 1</p> <p>following January of 2017.</p> <p>2. Observation on 4/15/25 at 10:57 a.m. revealed room number 14 had single-station battery back-up smoke detectors in the bedroom area and the living area. Single-station battery back-up smoke detectors are required to be replaced every ten years. The smoke detector in the bedroom was dated "January of 2014" and was out of date following January of 2024. Further observation at that same time revealed the same conditions existed for both smoke detectors in room 16.</p> <p>Interview with assisted living manager (ALM) A at the same time as the observation confirmed those findings. ALM A indicated she was aware that style of smoke detectors had a lifespan of ten years, but was not aware of how old those rooms' smoke detectors were.</p> <p>B. Based on observation, testing, and interview, the provider failed to maintain the facility to avoid undue danger to the lives and safety of the occupants, by not ensuring the integrity of one fire rated door assembly. (southwest wing) Findings include:</p> <p>2. Observation and testing on 4/15/25 at 11:22 a.m. revealed the east leaf of the south-west wing cross-corridor 90-minute rated fire doors did not close and latch into the door frame when released from the magnetic hold-open device. That set of cross-corridor is required to latch into the door frame to maintain the integrity of that fire rated door assembly.</p> <p>Interview with maintenance director B at the same time as the observation confirmed those findings. He indicated he was aware of the</p>	S 201	<p>1. East Leaf of the south-west wing cross-corridor 90-minute rated fire door was corrected on 4/15/2025 and closes and latches appropriately.</p> <p>2. All other fire doors in building were tested on 4/16/2025 and all doors closed and latched appropriately.</p> <p>3. Maintenance or designee will audit all fire doors monthly to ensure all doors closing and latching appropriately. Will bring findings to QAPI committee to discuss need for further auditing.</p>	4/16/2025

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S 201	Continued From page 2 requirement for cross-corridor 90-minute rated fire doors to latch into their door frames. He further stated he had recently tested those doors, and they were operating correctly at that time.	S 201		
S 295	44:70:04:04 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. This Administrative Rule of South Dakota is not met as evidenced by: Based on employee oersonnel file review, interview, and policy review, the provider failed to ensure the required orientation training was completed within 30 days of hire for six of six sampled employees (D, E, F, G, H, and I) to include training on all required subjects. Findings include: 1. Review of resident assistant (RA) D's personnel file revealed: *A hire date of 4/12/23. *She had signed her General Orientation Checklist form on 11/9/23, which acknowledged she had completed her formal orientation program. -That was six months and 29 days after her hire date. -Assisted living manager (ALM) A had signed that form. *There was no documentation that her orientation training had included the following subjects: -Emergency procedures and preparedness, including:	S 295	1. Staff members D, G, H, F, E and I completed all missing required courses by 5/6/2025. All other staff members were audited and any that were missing required courses were assigned and completed by 5/6/2025. 2. Required courses will be deployed to all new hires with a due date to be completed within 30 days of hire. 3. Assisted Living Manager or designee will ensure that all required courses are automatically deployed by auditing transcripts on day one of hire. If not automatically deployed, manager or designee will manually assign them. Assisted Living Manager or designee will ensure that General Orientation trainings are completed within 30 days of hire by auditing transcripts prior to the end of the 30 days. 4. This correction in the general orientation process was implemented immediately following survey. Assisted Living Manager or designee will audit new hires monthly x3 and bring to the QAPI Committee to discuss need for further auditing.	5/6/2025

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S 295	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Information regarding advanced directives. -Resident rights. -Nutrition risks and hydration needs of residents. -Abuse and neglect. *RA D had completed training: -On 10/30/24 for: --The [provider's name] Emergency Management Plan. --Protecting Resident Rights in Assisted Living. --Abuse and Neglect of the Vulnerable Adult. --That was one year, six months, and 19 days after her hire date. -For Nutrition and Hydration Basics on 4/15/25. --That was two years and four days after her hire date. <p>2. Review of resident assistant medication aide (RAMA) G's personnel file revealed:</p> <ul style="list-style-type: none"> *A hire date of 10/16/23. *She had signed her General Orientation Checklist form on 11/10/23, which acknowledged she had completed her formal orientation program. -ALM A had signed that form. *There was no documentation that her orientation training had included education based on resident needs (oxygen, hospice). *RAMA G had completed the training for the above topics: -Oxygen Safety on 7/3/24. -End-of-Life (hospice care) on 7/12/24. -Both of these trainings were completed more than eight months after her hire date. <p>3. Review of RAMA H's personnel file revealed:</p> <ul style="list-style-type: none"> *A hire date of 1/10/24. *She had signed her General Orientation Checklist form on 1/24/24, which acknowledged she had completed her formal orientation program. 	S 295		

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S 295	<p>Continued From page 4</p> <p>-ALM A had signed that form.</p> <p>*There was no documentation that her orientation training had included:</p> <p>-Nutritional risks and hydration needs of residents;</p> <p>-Education based on resident needs (oxygen, hospice).</p> <p>*RAMA H had completed Introduction to Hospice on 3/31/24, two months and 22 days after her hire date.</p> <p>*Her training transcript had no documentation that she had completed:</p> <p>-Nutrition and Hydration Basics.</p> <p>-Oxygen Safety.</p> <p>4. Review of certified medication assistant (CMA) F's personnel file revealed:</p> <p>*A hire date of 9/27/24.</p> <p>*She had signed her General Orientation Checklist form on 9/27/24, which acknowledged she had completed her formal orientation program.</p> <p>*There was no documentation that her orientation training had included education based on resident needs (oxygen, hospice).</p> <p>*Her training transcript had no documentation that she had completed:</p> <p>-Oxygen Safety.</p> <p>-Introduction to Hospice or End-of-Life (hospice care).</p> <p>5. Review of certified medication assistant (CMA) E's personnel file revealed:</p> <p>*A hire date of 12/3/24.</p> <p>*She had signed her General Orientation Checklist form on 12/20/24, which acknowledged she had completed her formal orientation program.</p> <p>-ALM A had signed the form.</p> <p>*There was no documentation that her orientation</p>	S 295			

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S 295	<p>Continued From page 5</p> <p>training had included:</p> <ul style="list-style-type: none"> -Nutrition risks and hydration needs of residents. -Education based on resident needs (oxygen, hospice). <p>*Her training transcript had no documentation that she had completed:</p> <ul style="list-style-type: none"> -Nutrition and Hydration Basics. -Oxygen Safety. -Introduction to Hospice or End-of-Life (hospice care). <p>6. Review of dietary cook I's personnel file revealed:</p> <ul style="list-style-type: none"> *He had been hired by the provider's contracted dietary services company on 3/5/25. *He had no General Orientation Checklist form in his personnel file. *There was no documentation that his orientation training had included: <ul style="list-style-type: none"> -Fire prevention and response. -Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality of resident information. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms. -Nutritional risks and hydration needs of residents. -Abuse and neglect. -Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility. -Education based on resident needs (oxygen, hospice). *His training transcript had no documentation that he had completed any training on the above 	S 295			

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S 295	<p>Continued From page 6</p> <p>subjects.</p> <p>7. Interview on 4/16/25 at 8:50 a.m. with dietary manager (DM) J revealed: *The provider contracted the residents' dietary services through the company that employed her. *The contracted company had its own training programs that included online training and monthly in-services. *Her most recent hire was cook I, who had started on 3/5/25.</p> <p>Interview and record review on 4/16/25 at 11:45 a.m. with ALM A regarding cook I's training transcript revealed: *The transcript of the nine courses he had completed from 3/10/25 through 3/13/25 was all the training that had been completed since his 3/5/25 hire date. *The courses completed did not include any of the required orientation subjects.</p> <p>Interview on 4/16/25 at 12:14 p.m. with director of dining services K and regional director of dining services L revealed: *They worked for the company contracted by the provider in June 2023 to provide dietary services to the residents of the facility. *They confirmed the contracted company had its own training programs, which included online training and monthly in-services. *When the contracted services had started, they had discussed the South Dakota (SD) state requirements for training to ensure the required subjects would be covered in their training programs. *They confirmed that cook I had not completed any training on the required orientation subjects.</p> <p>Interview on 4/16/25 at 2:05 p.m. with</p>	S 295		

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S 295	<p>Continued From page 7</p> <p>administrator C revealed:</p> <p>*She agreed that the provider had discussed with the contracted company for dietary services the SD state-required training topics in June 2023.</p> <p>*She confirmed that the contracted company for dietary services had its own training program and had agreed that program would cover the required topics.</p> <p>*She confirmed that the training transcript for cook I included his completed courses.</p> <p>*She agreed the courses he completed had not included the SD state-required training topics.</p> <p>Interview on 4/16/25 at 2:30 p.m. with ALM A and administrator C revealed:</p> <p>*They agreed with the required courses above were not completed for employees D, E, F, G, H, and I.</p> <p>*Their expectation would be for new employees to complete the required personnel training within 30 days of their hire.</p> <p>8. Review of the provider's 7/1/24 Assisted Living Center License revealed the additional services they were approved for included accepting residents:</p> <p>*Who were cognitively impaired.</p> <p>*Dependent on supplemental oxygen.</p> <p>*Required therapeutic diets.</p> <p>*Who had elected hospice.</p> <p>Review of the provider's 3/19/25 State-Specific Senior Living Information, South Dakota-Enterprise policy revealed:</p> <p>**Purpose: To provide information specific to the State of South Dakota, including general requirements, as well as other regulatory requirements specific to each senior living service setting."</p> <p>**Assisted Living ..."</p>	S 295		

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S 295	Continued From page 8 -44:70:04:04 - Personnel Training. Training shall be completed within 30 days of hire for all healthcare personnel. Required topics include: 1. Fire prevention and response. 2. Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives[.] 3. Infection control and prevention[.] 4. Accident prevention and safety procedures[.] 5. Resident rights[.] 6. Confidentiality of resident information[.] 7. Events and diseases subject to mandatory reporting and the facility's reporting mechanisms[.] 8. Nutritional risks and hydration needs of residents[.] 9. Abuse and neglect[.] 10. Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility[.] 11. Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility[.] -Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8)."	S 295		
S 305	44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous	S 305		

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S 305	<p>Continued From page 9</p> <p>vaccinations and tuberculin skin tests.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review, interview, and policy review, the provider failed to ensure two of six sampled employees (D and I) were evaluated by a licensed health professional within 14 days from their start of employment. Findings include:</p> <p>1. Review of resident assistant (RA) D's personnel file revealed: *A hire date of 4/12/23. *She had signed the provider's five-page May 2015 Medical History Questionnaire form on 4/12/23. -Registered nurse (RN) N had signed the form on 4/12/23. --The form had not indicated that RA D's medical history had been reviewed. --The form had not indicated RA D had been evaluated by a licensed health professional for a reportable communicable disease that posed a threat to others before assignment to duties or within fourteen days after her employment which included an assessment of her previous vaccinations and tuberculin skin tests.</p> <p>2. Review of dietary cook I's personnel file revealed: *He had been hired by the provider's contracted dietary services company on 3/5/25. *He had digitally signed the contracted company's Applicant Health Interview Record form on 3/5/25. -That form had not indicated that cook I had been evaluated by a licensed health professional for a reportable communicable disease that posed a threat to others before assignment to duties or within fourteen days after his employment which</p>	S 305	<p>1. Staff Member D and I's Communicable Disease Screenings were updated to the newest version of the form and reviewed and signed by a licensed health care professional on 5/7/2025.</p> <p>2. All new hires with Good Samaritan and Morrison will use the Communicable Disease Screening form and will be reviewed by a licensed health care professional.</p> <p>3. Assisted Living manager or designee will ensure that all new hires have the Communicable Disease Screening completed within 14 days of hire by auditing new hire paperwork to ensure accuracy.</p> <p>4. This correction in the general orientation process was implemented immediately following survey. Assisted Living Manager or designee will audit new hires monthly x3 and bring to the QAPI Committee to discuss need for further auditing.</p>	5/7/2025

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S 305	<p>Continued From page 10</p> <p>included an assessment of his previous vaccinations and tuberculin skin tests.</p> <p>3. Interview on 4/16/25 at 12:14 p.m. with director of dining services (DDS) K and regional director of dining services (RDDS) L revealed they agreed that cook I's health evaluation had not been completed by a licensed health professional.</p> <p>Further interview with DDS K and RDDS L that included assisted living manager (ALM) A and administrator C revealed the provider's May 2015 Medical History Questionnaire form and May 2024 Communicable Disease Screening form had not been completed for the employees of the provider's contracted dietary services company.</p> <p>Interview on 4/16/25 at 12:30 p.m. with assisted living manager (ALM) A and administrator C regarding RA D's Medical History Questionnaire form and health evaluation revealed: *The provider's Medical History Questionnaire was the form used by the provider for the health evaluation of staff until that form was replaced on May 2024 by the Communicable Disease Screening form. *They agreed that RA D's health evaluation had not been completed.</p> <p>Review of the June 2023 Applicant Health Interview Record form used by the provider's contracted dietary services company revealed: *The purpose of this form is to ensure that ... applicants to whom a conditional offer of employment has been made advise the manager or other person-in-charge of past or current conditions listed so that management can take appropriate steps to prevent the transmission of foodborne illness." *The form had a section for the Applicant's</p>	S 305		

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S 305	<p>Continued From page 11</p> <p>Signature and Date.</p> <p>*The form did not indicate that the applicant had been evaluated by a licensed health professional for a reportable communicable disease that posed a threat to others before assignment to duties or within fourteen days after his employment which included an assessment of his previous vaccinations and tuberculin skin tests.</p> <p>Review of the provider's 3/19/25 State-Specific Senior Living Information, South Dakota-Enterprise policy revealed:</p> <p>**Purpose: To provide information specific to the State of South Dakota, including general requirements, as well as other regulatory requirements specific to each senior living service setting."</p> <p>**Assisted Living ..."</p> <p>-"44:70:04:05 Personnel health program. All personnel will be evaluated by a licensed health professional for a reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests."</p> <p>--"All employees with complete the Employee Healthcare Questionnaire with new hire paperwork."</p> <p>--"The Employee Healthcare Questionnaire will be reviewed and signed by a licensed health professional."</p>	S 305		