STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 3/18/26 through 3/19/26. Areas surveyed included potential resident to resident abuse, potential staff to resident abuse, unsanitary environment, and extended resident call light response times. Good Samaritan Society Sioux Falls Center was found not in compliance with the following requirements: F684 and to have past noncompliance at F600.	F0000	The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.	
F0600 SS = G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported Incident (FRI), interview, and policy review, the provider failed to protect three of three residents (1, 2, and 3) from verbal abuse by certified nursing assistant (CNA) D who yelled and cursed at resident 1, slammed resident 2's door after the resident requested to be assisted by a female staff member, and yelled at resident 3, who needed assistance with his colostomy (a surgically created opening in the abdomen that collects stool) bag. Resident 1 expressed	F0600	"Past Noncompliance - no plan of correction required"	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435046	A. BUILDING B. WING	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0600 SS = G	Continued from page 1 feeling mad about his treatment by CNA D, resident 2 reported hearing resident 3 cry, and resident 3 was reported by licensed practical nurse (LPN) C to have cried and expressed statements of emotional stress after his treatment by CNA D. Findings Include: 1. Review of the 3/3/26 SD DOH FRI revealed that on 3/3/26 at 3:15 a.m., resident 1 reported to licensed practical nurse (LPN) C that CNA D yelled and cursed at him and then resident 1 told CNA D to leave his room. LPN C then answered resident 2's call light, who stated that CNA D became upset with resident 2 when resident 2 asked for a female CNA to help put her in bed. CNA D then left resident 2's room and slammed the door. Resident 2 reported to LPN C that she heard resident 3 crying when CNA D was in his room. LPN C interviewed resident 3 and he reported that he was trying to explain to CNA D how to empty his colostomy bag and CNA D yelled at him. LPN C notified administrator A of the events, and CNA D's employment was suspended on 3/3/26 while the provider conducted and investigation. 2. Interview on 3/18/26 at 2:45 p.m. with resident 1 revealed that he recalled the incident where CNA D yelled at him. Resident 1 activated his call light because he needed help after having a bowel movement. He reported that CNA D "had a bad attitude" that day and in the past while assisting him. Resident 1 stated he asked me "what the [curse word] do you want? I got mad at him and told him to get the hell out of my room." 3. Review of resident 1's electronic medical record (EMR) revealed that his 1/27/26 Brief Interview for Mental Status (BIMS) score was 11 (indicating moderate cognitive impairment). His medical diagnoses included above the knee amputation and end stage renal disease requiring dialysis. 4. Interview on 3/18/26 at 3:50 p.m. with resident 2 revealed that she recalled the incident with CNA D. She reported that she had activated her call light to get help getting into bed. When CNA D came to her room, she requested a female staff member help her to bed. She stated that she had never had any issues with CNA D in the past, but he became upset, left her room and slammed the resident's door closed.	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0600 SS = G	Continued from page 2 Resident 2 then stated that not long after CNA D left her room, she could hear CNA D arguing with resident 3 who resided across the hallway from resident 2. She reported that she could hear resident 3 crying. 5. Review of resident 2's EMR revealed that her 1/8/26 BIMS score was 15 (indicating she was cognitively intact). She had medical diagnoses that included multiple sclerosis (disease of the nervous system, causing communication issues between the brain and body). 6. Interview on 3/18/26 at 4:05 p.m. with administrator A revealed that CNA D was employed at the facility for a couple of months when the 3/3/26 incident happened. Administrator A was notified of the incident by LPN C and told her to send CNA D home. Administrator A reported that CNA D denied the allegations made by residents 1, 2, and 3. The provider's investigation confirmed their allegations and CNA D's employment at the facility was terminated. 7. Phone interview on 3/19/26 at 9:00 a.m. with LPN C revealed that she recalled the above incidents regarding CNA D. She was notified by resident 1 that CNA D was verbally abusive to him. She confirmed that when CNA D became upset with resident 2 and slammed resident 2's door. She confirmed that when she went to check on resident 3, he was crying. Resident 3 made the statement "I'm sorry I'm alive and such a burden." LPN C was able to help resident 3 calm down by apologizing for how resident 3 had been treated and reassuring him that he was not a burden. 8. Interview on 3/19/26 at 9:45 a.m. with resident 3 revealed he recalled the incident with CNA D. Resident 3 had requested to have his colostomy bag emptied and CNA D did not know how to empty it. Resident 3 stated that he wanted CNA D to find another staff member to assist him, but CNA D refused to request help from another staff member. CNA D started to shout at resident 3 in a non-English language and then left the room. Resident 3 indicated CNA D "had a bad attitude." 9. Review of resident 3's EMR revealed that his 1/5/26 BIMS score was 10 (indicating moderate cognitive impairment). Resident 3's medical diagnoses included Quadriplegia (paralysis affecting all four limbs and torso) and a colostomy. 10. The provider's implemented actions to ensure the deficient practice does not reoccur were confirmed on 3/19/26 after record reviews revealed that CNA D's employment was terminated and all staff completed	F0600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0600 SS = G	Continued from page 3 education and policy review regarding abuse and neglect by 3/13/26. All residents with a Brief Interview of Mental Status (BIMS) score of 13 (which indicated their cognition was intact) or greater were interviewed to ensure they felt safe in the facility. Weekly resident interviews and audits regarding resident's feeling of safety and being treated with respect by staff were to continue for six weeks. Audit results would be presented to the QAPI (quality assurance/process improvement) committee for review and recommendations. 11. Review of the provider's 4/7/25 abuse and neglect policy revealed a purpose "To ensure the location has an effective system in place that, regardless of the source, prevents mistreatment, neglect, exploitation and abuse of residents/clients and misappropriation of their property." The policy indicated "The resident/client has the right to be free from abuse, neglect, misappropriation of resident/client property and exploitation." and that "Resident/clients must be subjected to abuse by anyone, including, but not limited to, location employee, other resident/clients, consultants or volunteers, employees of other agencies serving the individual, family members or legal guardians, friends or other individuals." Based on the above information, non-compliance at F600 occurred on 3/3/26, and based on the provider's 3/13/26 implemented corrective actions for the deficient practice confirmed on 3/19/26, the non-compliance is considered past non-compliance.	F0600		
F0684 SS = E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure the staff provided necessary care for four of four sampled residents (1, 2, 3, and 4) who did not receive a bath, bed bath, or shower as scheduled during the reviewed months of February 2026 and March 2026.	F0684	Resident 1received a bath on 3/18/2026. Resident 2 received a shower on 3/17/2026. Resident 3 received a bed bath on 3/20/2026. Resident 4 was offered a bath, shower or bed bath on 3/19/2026, but refused. Resident 4 accepted a bath on 3/26/2026. On 4/9/2026, all residents bathing documentation was reviewed by DNS or designee to ensure that all residents were offered a bed bath, whirlpool or shower between 4/2/2026 through 4/9/2026. If residents were identified to not have a shower, whirlpool or bed bath offered, the resident was offered a shower, whirlpool or bed bath immediately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0684 SS = E	Continued from page 4 Findings include: 1. Observation and interview on 3/18/26 at 11:05 a.m. with resident 4 revealed a strong smell of urine coming from his room with the door closed. The urine smell was stronger when the resident's door was opened. Resident 4 was in his wheelchair and wheeled himself out of his bathroom. There was an incontinence (involuntary urine or bowel leakage) protection pad on his bed. There were large urine stains on his bed sheets and incontinence protection pad. There was an empty urinal (a container used to urinate in) on his overbed table. Resident 4 appeared not to have showered or bathed in some time. His skin was dry and flaky, and his hair was greasy and tangled. He confirmed he required assistance with bathing and wished that he could get a bath or shower more than once per week. He expressed excitement about tomorrow (3/19/26) as Thursdays were his scheduled bath days. Observation on 3/18/26 at 2:35 p.m. in resident 4's room revealed that certified nurse aide (CNA) E was changing resident 4's bed linens. 2. Interview on 3/18/26 at 4:43 p.m. with CNA E revealed that resident 4 did not like assistance from the staff. He noticed the strong urine smell coming from resident 4's room and asked the resident if he would like his bed linens to be changed. CNA E stated that resident 4 did not always accept assistance from the staff as he wanted to remain as independent as possible, but he got permission from the resident to change his sheets and his clothes that day. 3. Observation on 3/19/26 at around 10:15 a.m. revealed that resident 4 was being wheeled back to his room by bath aide F, appearing freshly bathed. 4. Interview on 3/19/26 at 12:20 p.m. with administrator A revealed that he was aware of the strong smell around resident 4's room. He mentioned that the resident was "very strong natured and strong willed," and did not always accept assistance from the staff. They removed the carpet from his room and replaced it with wood laminate flooring, which made it easier to clean. If the resident was not allowing the	F0684	All CNA Bath aids, CNAs, CMAs, nurses and nurse leaders were educated by clinical lead development specialist or designee on bathing policy and documentation expectations. Education completed for all nursing staff by 4/10/2026. All nursing staff who do not complete education by 4/10/2026 will be educated by clinical lead development specialist or designee prior to their next scheduled shift. On 3/23/2026 and 3/26/2026, nurse leaders were educated by regional clinical services director to ensure increased oversight of resident care and bathing completion. Daily clinical stand up template updated to reflect bathing review completion by IDT team daily for additional oversight and review. Bathing documentation for 10 residents including resident 1, 2, 3, and 4 will be audited weekly x4, every other week x2, and monthly x2 by DNS or designee to ensure compliance. DNS or designee will report audit findings to the QAPI Committee monthly. The QAPI committee will determine on-going interventions and monitoring. Substantial compliance will be achieved on 4/14/2026.	4/14/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0684 SS = E	Continued from page 5 staff to assist him, administrator A expected the staff to explain to resident 4 the purpose and importance of cleaning his room, changing his bedding, and changing his clothes. The housekeepers were aware of prioritizing cleaning his room as the resident allowed. 5. Review of resident 4's electronic medical record (EMR) revealed that his care plan did not include his bathing or showering preference or how often he preferred to be bathed. There was a focus area that read, "The resident has an ADL [activities of daily living] self care performance deficit R/T [related to] CHF [congestive heart failure], hypothyroidism [a condition where the thyroid gland is under-performing] E/B [evidenced by] Activity intolerance." Two associated interventions read, "BATHING: Resident requires assist [the assistance] of 1 staff [member]," and "PERSONAL HYGIENE: requires assist x [of] 1 [staff member]," which were initiated on 12/24/20, and revised on 3/18/24. Review of resident 4's bathing documentation revealed that in the month of March 2026, he received a whirlpool bath on 3/19/26 and there were no bathing "refusals" by the resident documented. There was no other documentation that be received a bath, bed bath, or shower until 3/19/26. In February 2026, his last documented whirlpool bath was on 2/24/26 and there were no bathing "refusals" by the resident documented. According to that bathing documentation, the resident went 23 days without receiving a bath or a shower. 6. Interview on 3/18/26 at 2:45 p.m. with resident 1 revealed that he had missed his showers in recent weeks. When asked how many showers, he replied "well the bath aide was gone for two weeks. Then I missed a bath because I was at an appointment." He stated that he was showered today (3/18/26). He then stated "I felt gross." 7. Review of resident 1's bathing documentation review revealed that he had a whirlpool bath documented on 2/18/26. The next documented whirlpool bath was on 3/18/26. There were no resident bathing "refusals" documented. According to that documentation, the resident went 16 days without receiving a bath or shower. 8. Interview on 3/19/26 at 9:45 a.m. with resident 3 revealed that he does not always receive his baths as scheduled. He said "sometimes they don't have a bath	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET , SIOUX FALLS, South Dakota, 57104

(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
F0684 SS = E	Continued from page 6 aide." He felt that missing baths did not happen frequently, but it does happen. 9. Review of resident 3's bathing documentation record revealed that he received a whirlpool bath on 2/20/26. The next documented bath was a bed bath on 3/6/26. There were no resident bathing "refusals" documented. According to the documentation, the resident went 14 days without receiving a bath or a shower. 10. Review of resident 2's bathing documentation record revealed that she had a shower documented on 2/24/26. The next documented shower was on 3/17/26. There were no resident bathing "refusals" documented. According to the documentation, the resident went 21 days without receiving bath or a shower. 11. Interview on 3/19/26 at 3:15 p.m. with interim director of nursing (DON) B revealed that residents were to receive a bath each week. There was a schedule that identified which residents were to be bathed each day. She stated that when bath aide F was on vacation, there were CNAs assigned each day to provide the residents' scheduled baths. 12. Interview on 3/19/26 at 4:00 p.m. with administrator A revealed he expected the residents to receive a bath once per week. He stated that when bath aide F was on vacation, there was a plan in place to ensure all residents received their weekly bathing. He did not indicate what the plan was. 13. Interview on 3/19/26 with bath aide F revealed that she was a full-time bath aide for the past year and was a CNA at the facility for about six years. She reported that she was responsible for giving 14 residents baths per day. Resident baths were scheduled to be given Monday through Friday each week. She was on vacation from 2/23/26 through 3/8/26. She stated that there were times when she was reassigned to work as a CNA, and the residents did not receive baths when that happened. 14. Review of the provider's staff schedule from 2/23/26 through 3/8/26 revealed that during bath aide F's vacation, five of ten weekdays did not have a staff member assigned to provide baths to the residents. 15. Review of the providers 12/22/25 bathing policy revealed "To promote cleanliness and general hygiene, To stimulate circulation of the skin, To promote comfort, relaxation, and well-being, To observe resident's condition, To assist resident with personal care, To promote safety for the resident in the bath."	F0684		