

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - SERENITY PLACE</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - ST MARTIN VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4825 JERICHO WAY RAPID CITY, SD 57702</b>		
(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	
K 000	INITIAL COMMENTS  A recertification survey was conducted on 3/26/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Good Samaritan Society - St. Martin Village was found not in compliance.  The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K353 and K712 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000			
K 353 SS=C	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the	K 353	Unable to correct prior deficient practice. All residents have the potential to be at risk when fire when the flow tests are not completed on the sprinkler system per policy. Flow test for the sprinkler system were added into our TELS (maintenance work request system) to be checked off by a maintenance employee as they present as a task to be completed. Ancillary manager or designee will audit completion of quarterly flow tests weekly x3, every other week x3, and monthly x3. Ancillary manager or designee will report all findings to the QAPI committee on a monthly basis for follow up. The QAPI committee will review the audit results and if necessary make any recommendations for improvement, monitoring of the results will be reported by the Ancillary Manager or designee to the QAPI committee and continued for no less than 2 months of monthly monitoring that demonstrates sustained compliance then as determined by the committee.	5.5.25	

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

Jana McCroden

TITLE

Senior Director

(X6) DATE

4.18.25

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.

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K 353	Continued From page 1 provider failed to continuously maintain automatic sprinklers in reliable operating condition (quarterly flow test not done in May 2024). Findings include:  1. Record review on 3/26/15 at 11:00 a.m. revealed the required quarterly flow tests had not been performed in the past year. Quarterly flow tests had been performed on 2/21/24, 8/22/24, and 12/5/24. A quarterly flow test had not been performed in May 2024.  Interview with maintenance supervisor at the time of the record review confirmed that condition.  Failure to continuously maintain the automatic sprinkler system as required increases the risk of death or injury due to fire.  The deficiency affected one of numerous required tests on the automatic sprinkler system.	K 353			
K 712 SS=C	Fire Drills CFR(s): NFPA 101  Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review, observation, and	K 712	Unable to correct prior deficient practice. All residents have the potential to be at risk when fire drills are not conducted per policy. Fire drills were added into our TELS (maintenance work request system) to be checked off by a maintenance employee as they present as a task to be completed. Ancillary manager or designee will audit completion of fire drills weekly x3, every other week x3, and monthly x3. Ancillary manager or designee will report all findings to the QAPI committee on a monthly basis for follow up. The QAPI committee will review the audit results and if necessary make any recommendations for improvement, monitoring of the results will be reported by the Ancillary Manager or designee to the QAPI committee and continued for no less than 2 months of monthly monitoring that demonstrates sustained compliance then as determined by the committee.	5.5.25	



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K 712	<p>Continued From page 2</p> <p>interview, the provider failed to:</p> <p>*Conduct fire drills for a minimum of one per shift per quarter for 2024 and 2025 for all three shifts. A total of nine fire drills were held from March 2024 through March 2025. No fire drills were held for the third shift during that time period.</p> <p>*Conduct fire drills at varying times.</p> <p>Findings include:</p> <p>1. Record review on 3/26/25 at 10:00 a.m. of the provider's documentation of fire drills for March 2024 through March 2025 revealed fire drills were conducted on:</p> <p>3/27/24 at 9:40 a.m. 3/28/24 at 3:00 p.m. 3/29/24 at 7:00 p.m. 6/25/24 at 8:10 a.m. 6/26/24 at 2:17 p.m. 6/28/24 at 7:30 p.m. 9/23/24 at 10:15 a.m. 9/27/24 at 8:20 p.m. 11/15/24 at 11:20 a.m. 12/30/24 at 3:00 p.m. 12/30/24 at 7:50 p.m. 3/26/25 at 10:40 a.m.</p> <p>2. Record review on 3/26/25 at 10:00 a.m. revealed the fire drill sign-off sheets for staff did not include:</p> <p>*Documentation of who received the fire alarm signal at the monitoring agency. *The time it was received at the monitoring agency.</p> <p>Interview with the administrator during the exit interview on 3/26/25 at 3:30 pm. confirmed their operation of three shifts. Interview with the maintenance supervisor during the exit interview</p>	K 712			

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K 712	Continued From page 3 on 3/26/25 at 3:30 p.m. revealed the provider would perform quarterly fire drills for all shifts during the last month of the quarter.  The deficiency had the potential to affect 100% of the building occupants.	K 712			

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E 000	Initial Comments  A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted on 3/26/25. Good Samaritan Society - St. Martin Village was found in compliance.	E 000			

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