

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2023
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - HOWARD ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 W HAZEL HOWARD, SD 57349
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(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 on 9/27/23 through 9/28/23. Good Samaritan Society Howard ALC was found not in compliance with the following requirements: S296.	S 000		
S 296	44:70:04:04 Personnel training Ongoing education programs must cover the required subjects annually. These programs must be completed within 30 days of hire for all healthcare employees and must include the following subjects: (1) Fire prevention and response. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills shall be conducted to provide training for all staff; (2) Emergency procedures and preparedness; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse, neglect, and misappropriation of resident property and funds; (10) Problem solving and communication techniques related to individuals with cognitive impairment or challenging behaviors if admitted and retained in the facility, and; (11) Any additional healthcare employee	S 296		

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

TITLE

(X6) DATE

Jody Becker

Administrator

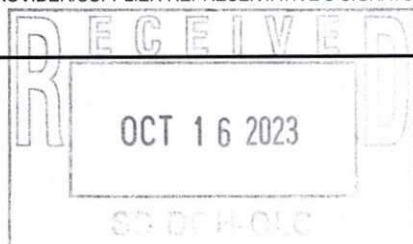
10/16/2023

STATE FORM

6899

HJIZ11

If continuation sheet 1 of 2



South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - HOWARD ALC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 W HAZEL HOWARD, SD 57349		
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S 296	<p>Continued From page 1</p> <p>education necessary based on the individualized resident care needs provided by the healthcare employees to the residents who are accepted and retained in the facility.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on record review and interview, the provider failed to ensure staff were familiar with the provider's fire drill procedures (inadequate number of required fire drills). Findings include:</p> <p>1. Record review on 9/27/23 at 3:00 p.m. revealed there was no documentation of second shift fire drills for quarter one (October, November, December) or for first shift fire drills for quarter two (January, February, March) in the past twelve months. Ten fire drills have been conducted during the past twelve months.</p> <p>Interview with the environmental services supervisor at the time of the record review confirmed those findings. She was unaware the minimum number of fire drills per the required frequency had not been met for each shift during the past twelve months.</p> <p>The deficiency had the potential to affect 100% of the occupants of the building.</p>	S 296	<p>Fire Drills have been scheduled monthly to have 1 fire drill per shift done quarterly. Audits will be done monthly x 6months to ensure drills are done according to regulation. Audits will be done by the QAPI coordinator or designee, all findings will be brought to the monthly QAPI meeting for review. Re-education on fire drill regulations was done to Environmental services supervisor on 10/12/23 by Administrator.</p>	10/20/23

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - HOWARD ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 W HAZEL HOWARD, SD 57349
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{S 000}	<p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 10/25/23, for all previous deficiencies cited on 9/28/23. All deficiencies have been corrected, and no new noncompliance was found. Good Samaritan Society - Howard ALC was found in compliance with all regulations surveyed.</p>	{S 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____