

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SCOTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST SCOTLAND, SD 57059		
(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 7/14/26 through 7/16/26. Good Samaritan Society Scotland was found not in compliance with the following requirements: S330 and S337.	S 000		
S 330	44:70:04:10 Tuberculin Screening... Requirements Each facility shall develop criteria to screen healthcare personnel and residents for Mycobacterium tuberculosis (TB) based on the Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. Each facility shall establish policies and procedures for conducting TB risk assessment that include the key components of responsibility, surveillance, and containment. The frequency of repeat screening depends upon annual facility risk assessment results. Any resident identified as asymptomatic upon admission as short stay or anticipated stay of thirty days or less is not required to have a tuberculin skin test or a TB blood assay test. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review the provider failed to ensure three of five reviewed employees (F, G, and H) had their two-step tuberculin (TB) skin tests completed within 21 days after their hire to determine if they were a positive TB reactor. Findings include:	S 330		

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

TITLE

(X6) DATE

Julie Ramey

Administrator

08.06.26

STATE FORM

6899

WB3W11

If continuation sheet 1 of 5

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SCOTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST SCOTLAND, SD 57059		
(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 330	Continued From page 1 1. Review of certified nursing assistant (CNA) F's employee record revealed he was hired on 11/13/25. There was no documentation that he received the two step doses of his TB skin tests, which were to be administered within 21-days after his employment. 2. Review of restorative nursing assistant (RNA) G's employee record revealed she was hired on 2/19/26. She received the first dose of her two step TB skin test on 2/20/26, and the results were read within 48 to 72 hours. There was no documentation of the second dose of the two-step TB skin test being administered to her within 21-days of her employment. 3. Review of food service assistant (FSA) H's employee record revealed he was hired on 2/19/26. He received the first dose of his two step TB skin test on 2/20/26, and the results were read within 48 to 72 hours. There was no documentation of the second dose of the two-step TB skin test being administered to him within 21-days of his employment. 4. Interview on 7/16/26 at 1:00 p.m. with administrator A revealed she knew there was an issue with the TB skin test process. She confirmed the two step TB skin tests for CNA F, RNA G, and FSA H were not completed. She expected newly hired staff to receive a two-step TB skin test within the first 21 days of their employment. 5. Review of the provider's 3/2/26 revised Tuberculosis Control Plan for Employees policy revealed, "Baseline TB Screening, Screen employees upon hire for signs and symptoms of TB Disease. Complete an individual history and	S 330	S330 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Staff member F will have IGRA drawn upon return to work. Staff member G received 2 nd TB test on 7-15-26, read as negative on 7-17-26. Staff member H received 2 nd TB test 7-15-26, read as negative on 7-18-26. 2. How will other residents, having the potential to be affected by the same deficient practice, be identified? Audit of all hires from 2-1-26 showed 3 other employees who did not receive 2 nd TB test, all are in process or have been completed as of 8/3/26 3. What measures will be put into place, or what systemic changes will be made, to ensure that the deficient practice does not recur? Discussion with facility Medical Director and decision made to start completing the IGRA blood test at UJM lab in place of 2-step TB effective 8-1-26. IP nurse, Director of Nursing, Business Office Manager have all been educated on this. 4. How will the corrective action be monitored to ensure the deficient practice is being corrected and will not recur? DON or designee will audit all new hires weekly x4 then monthly x3 and report to QAPI committee. 5. What is the date of completion? 08.30.26	8.30.26 P

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SCOTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST SCOTLAND, SD 57059		
(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 330	Continued From page 2 risk assessment. Employees without documentation of a negative two-step TST [a two-step medical screening method used to detect tuberculosis bacteria] or single IGRA [a blood test used to detect a tuberculosis infection by measuring how your immune cells react to TB bacteria] blood test upon hire (within 30 days or per state-specific guidance) will receive a baseline two-step TST or single IGRA blood test."	S 330		
S 337	44:70:04:11 Care Policies Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure medications were not expired and medication and treatment carts were locked for one of one medication storage room that had expired medications, one of one medication carts that was left unlocked and unattended by one of one certified medication aide (CMA) (E), and one of one treatment cart (a cart with prescribed medical supplies) that was left unlocked and unattended by one of one registered nurse (RN) (D). Findings include: 1. Observation and interview on 7/14/26 at 12:20 p.m. in the dining room revealed that while CMA E was administering medications to residents, she would leave the medication cart unlocked	S 337		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SCOTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST SCOTLAND, SD 57059		
(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 337	Continued From page 3 and unattended. CMA E was observed with her back to the unlocked medication cart on three occasions. When asked whether the medication cart should be locked while not at it, she stated "If I'm in the same room, I don't have to." Further observations revealed that CMA E locked the medication cart each time she left it unattended. 2. Observation and interview on 7/15/26 at 3:05 p.m. in the medication room revealed there was a box of (10) Fluzone (Influenza Vaccine) High dose 0.5 ml (milliliter) syringes with an expiration date of June 2026. RN J agreed that the vaccines were expired and should not have been in the medication refrigerator where they could potentially be used. RN J stated that RN/clinical care coordinator C was responsible for the destruction or return of expired medications. 3. Interview on 7/15/26 at 3:15 p.m. with RN/clinical care coordinator C revealed that she was aware that the expired influenza vaccines were in the refrigerator and she was trying to figure out how to return them to the vendor. She confirmed that the vaccines should not have been in the refrigerator. 4. Observations on 7/16/26 at 10:21 a.m., 10:39 a.m., and 10:52 a.m. revealed that RN D had left the treatment cart unlocked and unattended while providing care for residents. 5. Interview on 7/16/26 at 10:55 a.m. with RN D revealed that she should have locked the treatment cart while it was unattended. 6. Interview on 7/16/26 at 12:45 p.m. with director of nursing (DON) B revealed that she expected	S 337	S337 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No direct effect to residents from expired vaccine as this did not reach the residents. Unable to determine if there were any residents affected by medication and treatment cart not being locked. 2. How will other residents, having the potential to be affected by the same deficient practice, be identified? No direct effect to residents as expired vaccine did not reach the residents. Unable to determine if there were any residents affected by medication and treatment cart not being locked. 3. What measures will be put into place, or what systemic changes will be made, to ensure that the deficient practice does not recur? New schedule and assignment created for night nurse to check all medications in regular refrigerator and vaccine refrigerator weekly on Saturday night for any medication/vaccine that is expired. Will sign off on documentation sheet when completed. All staff have been educated on need for medication and treatment carts to be locked unless in line of sight of charge nurse or med aid. 4. How will the corrective action be monitored to ensure the deficient practice is being corrected and will not recur? DON or designee will audit documentation sheet and vaccine refrigerator weekly x4 and monthly x3 and report findings to QAPI committee. DON or designee will audit locking of both carts at various times weekly x4 and monthly x3 and report to QAPI committee. 5. What is the date of completion? 08.30.26	8.30.26

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SCOTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST SCOTLAND, SD 57059			
(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 337	Continued From page 4 the staff to lock the medication and treatment carts when the carts were not in the staff member 's line of sight. She agreed that CMA E and RN D should have locked their carts before walking away. 7. Review of the provider ' s 3/30/26 Medications: Acquisition Receiving Dispensing and Storage policy revealed "Medications will be stored in a locked medication cart, drawer or cupboard. Only the person passing medications and the director of nursing services and/or designee will be permitted to have access to the keys to the medication storage areas. The location will routinely check for expired medications and necessary disposal will be done in accordance with state/pharmacy regulations."	S 337			