STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY CANTON	1022 NORTH DAKOTA AVENUE , CANTON, South Dakota, 57013

(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 recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/4/26 through 8/6/26. Good Samaritan Society Canton was found not in compliance with the following requirement: F689. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 8/4/26 through 8/6/26. Areas surveyed included resident quality of care, resident safety, and alleged staff-to-resident abuse. Good Samaritan Society Canton was found not in compliance with the following requirement: F689.	F0000	1. Audits were completed and records have been maintained since resident #39's fall occurred on 5/1/2026. As indicated in the submitted state report, three lift audits were conducted weekly for 4 weeks, ensuring that the clip mechanism was audits were completed weekly for four weeks to ensure the clip mechanism was checked after the sling was attached to the lift. Additionally, staff were re-educated, including hands on competencies, by the clinical nurse educator. Resident #39 will have the large sling removed from the room and the correct sling size for the resident's weight, height and girth, based on the manufacturer's recommendations and nursing assessment, will be placed in the room. The resident's care plan will be updated to reflect this sling size. Based on evaluation of resident's current height/weight/girth, the resident's sling size is medium, identified by a burgundy-colored border. Resident #39's care plan currently reflects this correct sling size.	
F0689 SS = E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), record review, observation, interview, and policy review, the provider failed to ensure the staff followed accident prevention interventions and safe device use for three of three sampled residents (8, 25, and 39) who needed to be transferred by staff with the use of a total body lifts (a mechanical lift and sling used to lift a person's full body) as directed in the residents' care plans and according to the lift manufacturer's sling sizing instructions by four of	F0689	Resident #39 will have the large sling removed from the room and sign placed next to where the resident's sling is kept with the size and color posted on it. A medium sling will be placed in the resident's room, coinciding with the resident's care plan and the sling color/size indicated on the signage. With each quarterly UDA, a sit-sand-walk UDA will be completed to ensure that the resident's current mobility is reflected in that assessment and that the care plan matches the assessment findings. Resident #8 will have sling re-sizing to ensure proper sling is used, based on size for the resident's weight, height and girth, based on the manufacturer's recommendations and nursing assessment. Resident #25 will have sling re-sizing to ensure proper sling is used, based on size for the resident's weight, height and girth, based on the manufacturer's recommendations and nursing assessment Resident #8 will have a new sit-stand-walk UDA completed and will have sling re-sizing to ensure the proper sling size is used. Care plan will be updated to reflect the new, and only, sling size to be used. A new sling will be hung in resident's room and a sign placed next to where the resident's sling is kept with the size and color posted on it. Resident #25 will have a new sit-stand-walk UDA completed and will have sling re-sizing to ensure the proper sling size is used. The care plan will be updated to reflect the new/updated sling size to be used, as appropriate to the evaluation. A new sling will be hung in resident's room and a sign placed next to where the resident's sling is kept with the size and color posted on it.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Scott C. Larson	Administrator	8/25/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY CANTON	1022 NORTH DAKOTA AVENUE , CANTON, South Dakota, 57013

(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
F0689 SS = E	Continued from page 1 four observed certified nursing assistants (CNAs) (B, E, H, and K) who did not verify which sling size to use to safely transfer the residents before transferring those residents. Findings include: 1. Review of the provider's 5/1/26 SD DOH FRI revealed that on 5/1/26, resident 39 was transferred from her wheelchair to her bed by CNA F who used a sit-to-stand lift. CNA F secured the sling's straps and chest strap clip. While transferring the resident, the strap on the right side of the sling came loose from the hook on the lift, and resident 39 fell backward. The chest strap clip broke, and she fell onto the floor on her right side. She was alert after her fall, had a skin tear on her right forearm, the right side of her face started to bruise, and the right side of her body was red. Registered nurse (RN) G completed a full body assessment on resident 39 and notified her physician, who advised RN G to send resident 39 to the emergency room (ER) for evaluation. The family was notified and agreed to send the resident to the ER for evaluation. CNA F transferred resident 39 according to her care plan, and no environmental hazards were identified that would have affected the mobility of the lift. The maintenance department evaluated the lift and lift sling and found the lift functioning appropriately. The lift sling did not have any rips, tears, or fraying, and the chest strap clip seemed to work before the chest strap clip broke during the transfer. The sling was discarded. Resident 39's ER evaluation and X-rays showed no acute findings or fractures. The only finding was a bruise on her right frontal scalp. The ER provider noted the resident was in no obvious distress, was resting comfortably, and aroused to open her eyes with minimal stimulation. Resident 39 returned to the facility with no new orders other than discontinuing a cranberry supplement. Resident 39's family member requested the resident to change from a sit-to-stand mechanical lift to a total body lift. Her care plan was updated with this intervention. The staff was educated at the facility huddle (a daily meeting where staff are updated on new information within the facility) and at shift change on the new intervention. Re-education was provided to the CNA's and nurses about safety mechanisms on the mechanical lifts, what to look for on the lift during the time-out (a time where the staff stop the transfer once tension is applied to the straps, but prior to	F0689	All mechanical lifts will have proper color and sizing guides, including how to size a resident for a sling, in the lift pocket to ensure readily available resources for cross reference. 2. Each resident, that utilizes a mechanical lift, will have sling re-sizing completed. The sit-stand-walk UDA will be completed/updated if it differs from the previous assessment. Signs will be placed next to where the resident's sling is kept in his/her room, with the size and color posted on it with the resident's current sling size, as a visual indicator and cross check with the care plan for ensuring the proper sling size is being used. Residents utilizing a mechanical lift will have their care plans reviewed to ensure that the proper sling size is indicated in the chart, at which time, the sit-stand-walk UDA will be compared to the care plan to ensure clear communication and continuity of care. The mechanical lift sling size indicated in the care plan will be reviewed against the most recent sit-stand-walk UDA with each MDS, by the MDS nurse or designee. To ensure consistency and clear understanding of sling sizes that are required for that specific resident, each resident utilizing a mechanic lift will have a sign placed next to where the resident's sling is kept in his/her room with the size and color posted on it. These signs will be changed if the sling size changes, when a sit-stand-walk UDA is completed, at the required intervals, by the nurse completing the assessment or designee. Nursing staff will receive education regarding sling use, proper sizing, and what to do when sling size is not known, and/or if information is missing, unclear, or inconsistent. Education will be provided by the Clinical Learning and Development Specialist (CLDS) or designee. 3. Continued auditing of sling strap securement and ensuring strap clips are in working order on lifts where they are present will continue at the same intervals as the audits being completed on sling sizing and care plan continuity. Three audits will be completed each week for 4 weeks, then monthly for 2 months, then quarterly for 3 quarters. Audits will also include ensuring that the sling size indicator is hung in the rooms of the resident's audited, and that the sling size is appropriate based on recent assessment and care plan. Audits will be completed by the CLDS or designee. Audit findings will be reviewed with each QAPI meeting, to determine if further measures/education is needed and compliance with current processes.	September 19, 2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY CANTON	1022 NORTH DAKOTA AVENUE , CANTON, South Dakota, 57013

(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
F0689 SS = E	Continued from page 2 the resident being lifted, to ensure the machine is working, the straps are placed correctly and securely), and what to assess on the slings before transferring a resident. All mechanical lifts with the same clip-type mechanism were inspected, in addition to the one involved in the fall, and routine scheduled preventive maintenance checks would continue as before. Three mechanical lift audits would be conducted weekly for four weeks to ensure the clip mechanism was checked after the sling was attached to the lift. 2. Observation on 8/4/26 at 4:18 p.m. of resident 39 being transferred with the total body lift by CNAs B and K revealed they used a large sling, identified by a burgundy-colored border, and transferred resident 39 from the bed to her wheelchair. They completed the time-out to ensure the straps were secured to the total body lift prior to completing the transfer. 3. Observation on 8/5/26 at 4:45 p.m. of EZ Way brand total body lift revealed there was a sling size identification color code system label on the total body lift for the staff to use to determine what sling to use for a resident based on the weight of the resident. That color code system indicated the correct size sling to use was small (grey) for residents at 70-100 pounds (lbs.) medium (beige) for 90-220 lbs., large (burgundy) for 190-320 lbs., (extra-large (green) for 280-450 lbs., 2 extra-large (black) for 400-600 lbs., and (3 extra-large (brown) for 600 lbs. and over. 4. Review of resident 39's electronic medical record (EMR) revealed she admitted to the facility on 1/6/23. Her 5/14/26 Brief Interview for Mental Status (BIMS) assessment score was 0, which indicated her cognition was severely impaired. Her diagnoses included Alzheimer's disease (a progressive and irreversible brain disorder that affects memory, thinking, social abilities, and body functions) with late onset, dementia (a group of symptoms affecting memory, thinking, and social abilities) with other behavioral disturbance, anxiety disorder (anticipation of future danger or misfortune with feelings of distress and/or sadness and symptoms such as restlessness or irritability), and muscle weakness. Her undated care plan included a focus area added on 1/5/23 that indicated her activity of daily living (ADL's) self-care performance deficit related to Alzheimer's disease and decreased strength, as evidenced by forgetfulness and confusion. On 4/27/23, an intervention indicated she was to be transferred using the sit-to-stand lift with a medium sling. If after two unsuccessful attempts at using the	F0689		

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F0689 SS = E	Continued from page 3 sit-to-stand, the staff were to use the total body lift with two staff members and a medium sling. An intervention was added on 5/2/26 to transfer her with the total body lift with the assistance of two staff members and a medium sling. Her 4/2/26 fall risk evaluation score was 12, which indicated that she had a medium risk for falling. Her 5/8/26 fall risk evaluation score was 14, which indicated she had a high risk for falling. Her 2/11/26 sit-stand-walk data collection tool indicated that the resident could not stand by pulling herself to a standing position and maintain that position. The data collection tool indicated using a sit-to-stand mechanical lift for her transfers. Her 5/2/26 sit-stand-walk data collection tool (a mobility assessment) indicated that the resident was resistant, rigid, and difficult to turn. She could not move from a lying or reclining position to sit on the edge of the bed, and she could not bear weight on at least one leg. These indicated the use of a total body lift. The sling size selected on the assessment was a medium, with two staff members to transfer her. Resident 39's 8/3/26 weight indicated she weighed 153 lbs. 5. Observation on 8/5/26 at 8:55 a.m. revealed resident 39 was transferred with the total body lift and a large sling by CNA E and CNA H. She was transferred from her wheelchair to her bed. 6. Observation on 8/5/26 at 4:15 p.m. of resident 8 was sitting in the hallway outside of his room in his wheelchair, and resident 25 was sitting inside her room across the hallway in her wheelchair. Both residents had large total body lift slings on, identified by burgundy borders. 7. Review of resident 8's EMR revealed he admitted to the facility on 1/19/21. His BIMS assessment score was 10, which indicated that his cognition was moderately impaired. He had a diagnosis of unspecified paraplegia (a condition where a person experiences paralysis of both legs). His undated current care plan indicated an intervention added on 7/8/24 directed that he was to be transferred using a total body lift, a medium and extra-large sling, and with the assistance of two staff members. His 4/12/26 fall risk evaluation score was an 8, indicating he had a low risk for falling.	F0689		

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F0689 SS = E	Continued from page 4 His 6/17/26 sit-stand-walk data collection tool indicated he was resistant, rigid, and difficult to turn. He could not move from a lying or reclining position to sitting on the edge of the bed, and he was not able to bear weight on at least one leg. These indicated that he was to use a total body lift when transferring, an extra-large sling, and the assistance of two staff members. His 8/5/26 weight indicated he weighed 234 lbs. 8. Review of resident 25's EMR revealed she admitted to the facility 5/13/25. Her BIMS assessment score was 99, which indicated she could not complete the interview. Her diagnoses included vascular dementia (a form of dementia caused by reduced blood flow to the brain) and muscle weakness. Her undated current care plan indicated that on 1/29/26 she was to transfer using a total body lift with the assistance of two staff members. The care plan did not indicate the lift sling size to use. Her 1/29/26 fall risk evaluation score was a 13, which indicated she had a medium risk for falling. Her 6/17/26 sit-stand-walk data collection tool indicated she was resistant, rigid, and difficult to turn. She could not move from a lying or reclining position to sitting on the edge of the bed, and she was not able to bear weight on at least one leg. These indicated that she would need a total body lift, a large sling, and the assistance of two staff members when transferring. Review of her 7/31/26 weight revealed she was 167 lbs. 9. Interview on 8/6/26 at 8:12 a.m. with CNA I revealed that she would look in the resident's care plan or Kardex (a report of the resident's care needs and interventions) to know how a resident transferred and what sling size they used. If she did not look in the resident's care plan, she stated "I will just go off how it fits, if it's [the sling] in the room already." 10. Interview on 8/6/26 at 9:15 a.m. with CNA C revealed that she would look in the resident's Kardex if she didn't know a resident's sling size, but if there was a sling already in the room, she would use that one. She examined the total body lifts before using them and made sure everything on the lift was working and that no parts were missing	F0689		

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F0689 SS = E	Continued from page 5 or broken. 11. Interview on 8/6/26 at 12:31 p.m. with CNA F regarding resident 39's fall incident revealed CNA F transferred resident 39 from her wheelchair to her bed on 5/1/26. After CNA F used the sit-to-stand mechanical lift to stand resident 39 up and moved the lift towards CNA F, the right side of the sling came undone from the lift. As resident 39 fell, the chest strap clip broke, and resident 39 fell onto the floor onto her right side. CNA F turned on the emergency call light for other staff to assist her. Resident 39 had hit the right side of her head on the metal table, so CNA F moved that out of the way and waited for the nurse to come. After RN G completed her assessment, they used the total body lift to lift resident 39 off the floor and into her bed. RN G examined the skin tear on resident 39's right arm, then called the ambulance to take resident 39 to the hospital. DON A and CNA F examined the lift, and the metal clip on the right side that held the sling in place was loose. The sling did not rip or have any tears before that incident. CNA F knew what sling to use on the resident by looking in their care plan, or the resident usually had a sling in their room, and CNA F could "just tell based on their [the residents] size what [sling] to use". She received verbal education after the incident on how to transfer a resident and what to watch for when using the lifts and the slings. 12. Interview on 8/6/26 at 12:45 p.m. with contracted travel Minimum Data Set (MDS) coordinator J revealed that she expected the staff to refer to the resident's care plan or Kardex to know what size sling to use on the resident for a safe transfer. 13. Interview on 8/6/26 at 12:55 p.m. with director of nursing (DON) A revealed that a sit-stand-walk tool was completed within the resident's EMR when a resident admitted to the facility, re-admitted to the facility, or for any changes in a resident's ADLs. If a mechanical lift was needed to transfer a resident, the staff were educated on the sling sizes during the education they received upon hire for safe resident handling and transfer assistance. The staff were to refer to and use the sling size indicated on the resident's care plan. She expected the sling size and the type of mechanical lift used for a resident's transfer to be indicated on their care plan. The maintenance department staff completed the mechanical lift audits on the lifts every month. 14. Review of the provider's mechanical lift audits	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/06/2026

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F0689 SS = E	Continued from page 6 from 5/6/26 through 5/30/26 revealed that three observations of resident transfers were completed each week. The audits included observing that both straps were secured on the lift hooks, and both safety tabs/clips were closed all the way when the straps were on the hooks before transferring the resident. 15. Review of the April 2026 through July 2026 monthly maintenance logs for the mechanical lifts revealed that each sit-to-stand and total body lift was being monitored for structural and functional maintenance monthly. 16. Review of the provider's 6/2/26 Fall Prevention and Management policy revealed "Proactive approach before a fall occurs (e.g., New Admit) Procedure 1. On admission or readmission, review the applicable documents (i.e., discharge summary from transferring agency, transfer record, history and physical, lab values, nursing admit/readmit data collection) and any additional admit information documentation for fall risk factors. 2. Complete the N Adv Fall Risk Evaluation [an evaluation used to determine the factors that a resident has for falling] UDA [user defined assessment] for fall screening and identifying fall risk factors. 3. Care plan the appropriate interventions, including personalizing all "(specify)" areas. 4. Communicate fall risks and interventions to prevent a fall before it occurs per the 24-hour report, care plan and Kardex, daily-stand up meetings, and/or fall committee meetings. 5. Communicate any identified environmental changes and/or referral needs (e.g., maintenance, dietary, therapy). 17. Review of the provider's 12/1/25 Care Plan policy revealed "Each resident will have an individualized, person-centered, comprehensive plan of care that will include measurable goals and timetables directed toward achieving and maintaining the resident's optimal medical, nursing, physical, functional, spiritual, emotional, psychosocial, and educational needs. Any problems, needs and concerns identified will be addressed through use of departmental assessments, the Residents Assessment Instrument (RAI) and review of the physician's orders. The comprehensive care plan will emphasize the care and development of the whole person, ensuring that the resident will receive appropriate care and services. It will address the relationship of items and services required and facility responsibility for providing these services."	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/04/2026

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E0000	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 8/4/26. Good Samaritan Society Canton was found in compliance.	E0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Scott Lane	Administrator	8/24/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 08/04/2026

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K0000 Bldg. 01	INITIAL COMMENTS A recertification survey was conducted on 8/4/26 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Good Samaritan Society Canton was found in compliance.	K0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Scott C Larson	Administrator	8/24/26

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10604	A. BUILDING: _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY CANTON	1022 N DAKOTA AVENUE CANTON, SD 57013

(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/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/4/26 through 8/6/26. Good Samaritan Society Canton was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8/24/26