

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

PRINTED: 09/01/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/25/2022
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066	
(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
F 000	INITIAL COMMENTS  A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 8/23/22 through 8/25/22. Good Samaritan Society Tyndall was found in compliance.	F 000		

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

TITLE

(X6) DATE

Julie Schenkel

Administrator

9-7-22

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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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 from 8/23/22 through 8/25/22. Good Samaritan Society Tyndall was found in compliance.	E 000		

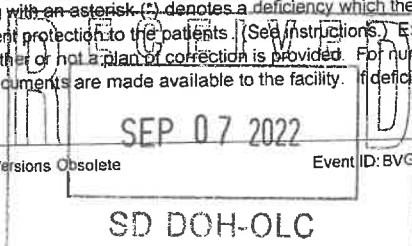
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY TYNDALL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2304 LAUREL STREET TYNDALL, SD 57066</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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 for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/23/22. Good Samaritan Society Tyndall was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.  The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiency identified at K361 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 361 SS=E	Corridors - Areas Open to Corridor CFR(s): NFPA 101  Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to protect resident living space from hazardous areas (resident 100, 200, and 300 wings) as required in three of the five smoke compartments. Findings include:  During the facility tour with the maintenance director on 8/23/22 between the hours of 10 a.m. and 12 p.m., excessive hazardous storage (containers with capacity of 120 gallons) was found in the 100 wing, the 200 wing, and the 300 wing. Storage included separate bins (three bins,	K 361	In response to K361, the facility will implement a new procedure where large (60 gallon) soiled linen barrels will only be available while in use, then will be stored in soiled linen laundry room for storage for rest of day. The 3-bin carts (20 gallon each) will remain in hall. Staff will be educated in staff huddles bi-weekly thru 9-23-22. Administrator or designee will audit weekly for 4 weeks and monthly for 3 months and report to QAPI meeting monthly.	9-30-22

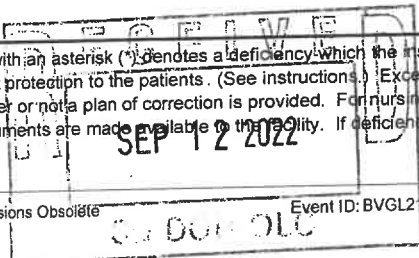
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Julie Schenkel**

TITLE  
**Administrator**

(X6) DATE  
**9-7-22**

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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY TYNDALL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2304 LAUREL STREET TYNDALL, SD 57066</b>		
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K 361	Continued From page 1 each approximately 20 gallons) one bin for resident clothing, and two bins for garbage. Alongside these containers was a 60 gallon wheeled trash receptacle used for soiled linens. Storage of more than sixty gallons of soiled linen and garbage would create a hazardous area.  Failure to protect hazardous areas as required increases the risk of death or injury due to fire.	K 361			

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10695</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY TYNDALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2304 LAUREL ST TYNDALL, SD 57066</b>
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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 8/23/22 through 8/25/22. Good Samaritan Society Tyndall was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 8/23/22 through 8/25/22. Good Samaritan Society Tyndall was found in compliance.	S 000		

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**Julie Schenkel**

TITLE

**Administrator**

(X6) DATE

**9-7-22**

