

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

PRINTED: 12/18/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY SCOTLAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>130 6TH STREET SCOTLAND, SD 57059</b>	
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F 000	INITIAL COMMENTS	F 000		
F 880 SS=E	<p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.</p>	1/15/24

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

TITLE

(X6) DATE

Julie Ramey

Administrator

12-28-2023

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F 880	<p>Continued From page 1</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure:</p>	F 880	<p>Directed Plan of Correction</p> <p>Good Samaritan Society Scotland</p> <p>F880</p> <p>Corrective Action:</p> <p>For the identification of lack of appropriate maintenance of:</p> <p>*Ice machine(s).</p> <p>*Bathing/shower room and resident personal care items.</p> <p>*Beauty shop equipment.</p> <p>The administrator, DON, infection control nurse and/or designee in consultation with the medical director will review, revise, and create as necessary policies and procedures for the above identified areas.</p> <p>The D.N.S or identified designee i.e. Infection Prevention; R.N. will educate or reeducate facility staff who provide or are responsible for the above cares and services by December 22, 2023.</p> <p>Education of all Nursing Department employees will be completed by January 15, 2024.</p>		

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F 880	<p>Continued From page 2</p> <p>*A countertop ice machine was free of limescale build-up.</p> <p>*A shower room was kept in sanitary condition, including storage, labeling, and an open package of crackers stored next to resident personal care items.</p> <p>*Beauty shop equipment filters were maintained in clean condition.</p> <p>Findings include:</p> <p>1. Random observations on 12/5/23 from 3:30 p.m. to 5:00 p.m., 12/6/23 from 9:00 a.m. to 5:00 p.m., and again on 12/7/23 from 9:00 a.m. to 11:00 a.m. revealed:</p> <p>*A countertop ice machine located near the nurse's station that had limescale build-up on the front of the machine and on the ice spout.</p> <p>Interview and cleaning log review on 12/07/23 at 12:46 p.m. with maintenance director J regarding the cleaning of the ice machine revealed:</p> <p>*He was responsible to clean the ice machine.</p> <p>*He followed the manufacturer's instructions for cleaning it.</p> <p>-He stated the instruction included for the ice machine to have been cleaned every two months.</p> <p>*He documented the cleaning in an electronic maintenance tracking system.</p> <p>*The ice machine in the 300 hallway was cleaned on 8/31/23 and 10/31/23.</p> <p>*He confirmed the ice machine had a large amount of limescale build-up on it.</p> <p>Interview on 12/07/23 at 12:49 p.m. with administrator A regarding cleaning of the ice machine revealed she:</p> <p>*Was aware of the limescale build-up on the ice machine in the 300 hallway and she:</p> <p>-Was not certain why there was that much</p>	F 880	<p>Identification of Others:</p> <p>ALL residents have potential to be impacted when ice machines, bathing/shower rooms, and beauty shop equipment is not appropriately maintained.</p> <p>Policy education/re-education about roles and responsibilities for the above identified assigned care and services tasks will be provided by December 22, 2023 by designated Infection Prevention; RN.</p> <p>System Changes:</p> <p>Root cause analysis conducted answered the 5 Whys: The ice machine plastic was non cleanable due to surface scratches, allowing lime build up. Machine is convenient due to location, but other resources are available to provide ice for preferred chilled water/beverages and has been removed. It has been identified that procedures for transporting individual personal care items to/from bathing/shower area are not part of the bathing competency for staff who assist residents in the bathing/shower area. All staff need reeducation on the requirement for all residents' personal care items to be identified by labeling with resident names and that no</p>		

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F 880	<p>Continued From page 3</p> <p>limescale build-up.</p> <p>-Thought the city water was hard water and they had no water softener.</p> <p>*Had checked into ordering parts to replace the areas on the ice machine that had lime build-up.</p> <p>-The cost of the those parts were almost as much as purchasing a new ice machine.</p> <p>*Had not determined if she would replace the parts or order a new ice machine.</p> <p>Review of the manufacturer's instructions for cleaning of the countertop ice machine revealed: **Maintenance and cleaning instruction -A. General --The times and the procedures for maintenance and cleaning are given as guides are not to be construed as absolute or invariable. Cleaning especially will vary depending upon local water and ambient conditions and the ice volume produced. Each ice machine must be maintained individually, in accordance with its particular location requirements."</p> <p>2. Observation on 12/5/23 at 9:49 a.m. of the shower room on the 300-hall revealed: *There was a yellow basin, that was sitting on the counter by the sink, that contained four cream-colored combs and a yellow electric razor that had a large amount of whiskers inside of the rotating head. -There was no name on the basin, combs, or the razor. *Another yellow basin contained one fingernail clipper, two toenail clippers, one large toenail clipper, tweezers, three pairs treatment scissors, a pink rubber band with hair wrapped in it, and a bracelet. -All the clippers had what appeared to be fingernail dust and nail clippings on them.</p>	F 880	<p>personal care items can be shared use. This will be completed education/ reeducation will be completed as stated above by 01/15/24. It was identified that facility staff were unaware of the filter on the facility beauty shop hair dryer. 12/20/23 Education and discussion with facility maintenance has identified a process for adding the hair dryer into the facility's' TELS for routine filter cleaning and replacement.</p> <p>Administrator, DON, medical director, and any others identified as necessary will ensure ALL facility staff responsible for the assigned task(s) have received education/training with demonstrated competency and documentation.</p> <p>Administrator, DNS and IP RN contacted the South Dakota Quality Improvement Organization on December 20, 2023 and discussed the findings of F880 and possible strategies for resolving the citing's and for maintaining regulatory compliance. Facility staff reported to the QIO that the ice machine had been disconnected on 12/11/23and is removed with no intention to use again.</p>		

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F 880	Continued From page 4  *A plastic 3-drawer bin and lying on top of it was a partially unlabeled tube of A & D ointment. *A plastic 3-drawer bin that contained the following: -In the top drawer there were new brushes still in plastic wrappers, clean face masks, and an opened unlabeled tube of A & D ointment. -In the second drawer there was a bottle of Suave lotion, a bottle of Bath and Body Works Gingham lotion, and a bottle of Jergens lotion. --All the lotions were partially used and were not labeled with a resident's name. *A small table with wheels that had what appeared to have been a clean towel on it. -On the clean towel were three combs, three hair picks, tweezers, a toenail clipper, and a partially used unlabeled tube of A & D ointment.  Interview on 12/05/23 at 10:23 a.m. with certified nursing assistant (CNA) L regarding bathing revealed: *She was unsure who the yellow electric razor belonged to. -Each male resident should have had their own razor. *Resident personal care supplies should have been labeled with each resident's name and not shared.  Interview on 12/5/23 at 2:38 p.m. CNA M revealed she: *Was a temporary agency employee and it was her second-day giving baths. -Had assisted several residents with bathing that morning. *Confirmed the lotions were not labeled with any resident's names. -Was not sure who each lotion belonged to.	F 880	It was discussed that auditing be completed of all residents personal electric razors and other personal care items such as lotions, body sprays, protective skin care ointments be certain these items are labeled with the residents name. It was discussed to create cleaning steps for both transporting individual resident care items to/from the bathing/shower area and for disinfecting nail clippers and combs used in the bathing/shower area, and to add these steps to the competency for bathing and nail care. These competencies will be used for reeducation with current bath aides and for training future bath aides.  MONITORING:  DNS and/or designee will conduct F 880 INC auditing and monitoring of bathing/shower room and resident personal care items 2-3 times weekly over all shifts. Monitoring for determined approached to ensure effective implementation and ongoing sustainment. After 4 weeks of monitoring demonstrating expectations are being met, monitoring may reduce to 2x monthly. Monthly monitoring will be performed for a minimum of 2 months. Monitoring results will be reported by D.N.S and/or designee to the QAPI committee and continued		

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F 880	<p>Continued From page 5</p> <p>*Was unsure who the yellow electric razor belonged to.</p> <p>*Was not certain if the combs were dirty or clean.</p> <p>Interview on 12/5/23 at 10:14 a.m. with Minimum Data Set (MDS) coordinator N revealed resident's personal care items should have the resident names on them and should not be shared with other residents.</p> <p>Interview on 12/6/23 at 8:29 a.m. with CNA I regarding the shower room revealed:</p> <p>*She was the primary bath aide.</p> <p>-CNA M was filling in as the secondary bath aide.</p> <p>-She had provided training related to bathing to CNA M on 12/4/23.</p> <p>*She often found crackers in the top drawer of the three-drawer small bin with the disposable razors.</p> <p>-She had thrown the crackers away.</p> <p>*She had thrown "quite a few things away if no resident's name were on them".</p> <p>*Did not work on 12/5/23.</p> <p>-Confirmed she found the partially used tube and unlabeled tube of A &amp; D ointment and had removed it.</p> <p>-Confirmed there was an unlabeled partially used tube of A &amp; D ointment on top of the three-drawer bin.</p> <p>*Clean combs were stored in the yellow basins.</p> <p>*The yellow basins had not been on the countertop when she entered the shower room on 12/6/23.</p> <p>*She had not seen the yellow razor and was not aware of a resident who had one that was yellow.</p> <p>*Each resident should have their own razor, with their name or room number written on it.</p> <p>*Resident personal care items should not be shared.</p>	F 880	<p>until the facility demonstrates sustained compliance as determined by the committee.</p> <p>Admin and/or designee i.e. Maintenance will conduct F 880 auditing and monitoring of hair dryer filter through implementation of facility TELS system 1 x monthly for 3 months the facility TELS reports will be audited to ensure that the hair dryer vents are being monitored at least monthly and cleaned accordingly. Monitoring results will be reported by Admin and/or designee to the QAPI committee and continued until the facility demonstrates sustained compliance as determined by the committee.</p>		

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F 880	<p>Continued From page 6</p> <p>Interview on 12/7/23 at 11:35 a.m. with the infection control preventionist (ICP) K regarding the above findings revealed:</p> <p>*She had received a box of personal care items from CNA I on the morning of 12/7/23.</p> <p>-Those items were from the shower room in the 300-hall.</p> <p>-That box contained unlabeled resident personal care products including:</p> <p>--A bottle of Suave lotion, a bottle of Bath and Body Works Gingham lotion, and a bottle of Jergens lotion, and a tube of A &amp; D ointment.</p> <p>--A yellow electric razor.</p> <p>---ICP K knew which resident the yellow razor belonged too and he had not had a bath since the previous week.</p> <p>--CNA I had stated, "I know this isn't right."</p> <p>-Confirmed the razor should have been labeled with a resident name or room number.</p> <p>Review of the provider's Standard and Transmission-Based Precautions policy revealed included there were no instructions regarding shared resident personal items including lotions, combs, and razors.</p> <p>Review of the provider's Nail Care policy revealed:</p> <p>***"Policy/Procedure Fingernails"</p> <p>-"Clean and return equipment.</p> <p>***"Toenails"</p> <p>-"4. Follow same procedure for cleaning and cutting fingernails as above."</p> <p>*There was no procedure included in the policy regarding the cleaning of the equipment.</p> <p>3. Observation and interview on 12/5/23 at 2:39 p.m. with the self-employed beautician O revealed:</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>*There was a hooded-style stand-alone hair dryer which had a filter in the back.</p> <p>*The filter:</p> <ul style="list-style-type: none"> <li>-Was missing two of fifteen panels.</li> <li>-Had a torn area at the top of the filter</li> <li>-Was covered in dust.</li> </ul> <p>*She had used that hair dryer for a resident on that day.</p> <p>*She was not responsible for cleaning the beauty shop equipment that the facility provided, including the hooded hair dryer.</p> <p>-She was unsure of who cleaned the facility beauty shop equipment.</p> <p>Observation and interview on 12/7/23 at 12:10 p.m. with ICP K regarding beauty shop equipment revealed:</p> <p>*There was hooded-style stand-alone hair dryer which had a filter in the back.</p> <p>*She was not certain who cleaned the beauty shop equipment.</p> <p>*She agreed the filter of the stand-alone hair dryer had not been cleaned, was torn, and missing panels of the filter.</p> <p>Review of the provider's Barber/Beauty Shops policy revealed:</p> <p>*"Purpose</p> <ul style="list-style-type: none"> <li>-To ensure the barber/beauty shop provides sanitary and safe services for residents.</li> </ul> <p>*Procedure</p> <ul style="list-style-type: none"> <li>-1. All equipment and items used on a resident will be clean and sanitized at the time of use."</li> <li>--"b. All equipment will be sanitized between each resident use."</li> </ul>	F 880			



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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 12/4/23 through 12/7/23. Good Samaritan Society Scotland was found in compliance.	E 000		

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Julie Ramey Administrator

12/22/23

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K 000	INITIAL COMMENTS  A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 12/5/23. Good Samaritan Society Scotlnd was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000			

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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY SCOTLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>130 6TH ST SCOTLAND, SD 57059</b>
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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/Noncompliance Statement  A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 12/4/23 through 12/7/23. Good Samaritan Society Scotland was found not in compliance with the following requirement: S210	S 000	Reviews of employees records and conducted interviews during annual survey dates of 12/4-12/7 revealed that 4 of 4 sampled employee's medical history questionnaires had not been evaluated by a licensed health professional within 14 days of hire date.  12/08/23 for ongoing compliance of the facility's employee health program and the protection of all residents the facility began to ensure that all new hires' medical history questionnaire are being evaluated by a licensed health professional.	
S 210	44:73:04:06 Employee Health Program  The facility shall have an employee health program for the protection of the residents. All personnel shall be evaluated by a licensed health professional for freedom from reportable communicable disease which poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and tuberculin skin tests. The facility may not allow anyone with a communicable disease, during the period of communicability, to work in a capacity that would allow spread of the disease. Any personnel absent from duty because of a reportable communicable disease which may endanger the health of residents and fellow employees may not return to duty until they are determined by a physician or physician's designee, physician assistant, nurse practitioner, or clinical nurse specialist to no longer have the disease in a communicable stage.  This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel record review, interview, and policy review, the provider failed to ensure four of four sampled employees (C, D, E, and F) were evaluated by a licensed health professional within 14 days from hire date. Findings include:	S 210	Current completion of the facilities' medical history questionnaire is being revised and will include the director of nursing or assigned designee to evaluate new hires within 14 days.  Employee C,D, E & F medical history questionnaires have been evaluated by a licensed health professional.  To ensure ongoing compliance, the administrator or designee will audit to ensure that all new employees' medical history questionnaires are evaluated within 14 days of hire. Weekly new hire audits will be conducted over the next 3 months All audit findings will be reported to the monthly Quality Performance Committee (QAPI). The QAPI committee will determine the final reporting of scheduled audits or if further auditing or intervention is required to assure ongoing compliance.	12/22/23

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

TITLE

(X6) DATE

Julie Ramey Administrator

12/28/23

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>10675</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/07/2023</b>
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S 210	<p>Continued From page 1</p> <p>1. Review of the employee's personnel records revealed the following:                      *Employee C was hired on 5/10/22.                      *Employee D was hired on 5/19/22.                      *Employee E was hired on 9/6/23.                      *Employee F was hired on 9/6/23.                      *The above employees were not evaluated by a licensed health professional.                      -The employees' health evaluations listed above were signed by the employee and human resource designee H.</p> <p>Interview on 12/7/23 at 8:00 a.m. with human resource designee H regarding employee health evaluations revealed she:                      *Reviewed all new employee's health evaluations, signed, and dated those forms.                      -She had been signing those health evaluations for the last six years.                      *Was not a licensed health professional.                      *Was not aware that a licensed health professional had needed to review, sign, and date the employee health evaluations.</p> <p>Interview on 12/7/23 at 8:03 a.m. with administrator A regarding employee health evaluations revealed she:                      *Had designated human resource designee H to sign the employee health evaluations.                      *Was aware of the requirement to have the employee health evaluations reviewed, signed, and dated by a licensed health professional.                      -She confirmed that requirement was not followed.</p> <p>Review of the provider's 3/4/22 Hiring and Screening policy revealed:                      *"Health Assessment and Drug Screen                      -A pre-employment ...and health assessment (if</p>	S 210		

South Dakota Department of Health

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S 210	Continued From page 2  applicable) will be conducted on all external job applicants who have accepted offers of employment. The health assessment is required prior to the first day of employment and employment is contingent upon successful completion of the ...and/or health assessment." *The policy did not indicate who needed to evaluate and sign those forms.	S 210		
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 12/4/23 through 12/7/23. Good Samaritan Society Scotland was found in compliance.	S 000		