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

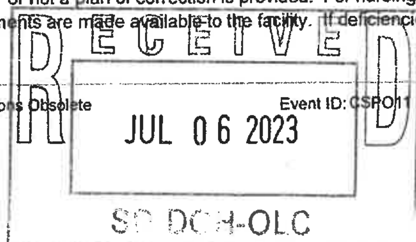
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435046	A. BUILDING ______ B. WING ______	C 06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET SIOUX FALLS, SD 57104

(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 6/20/23 through 6/22/23. Good Samaritan Society Sioux Falls Center was found in compliance. A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 6/20/23 through 6/22/23. Areas surveyed included resident neglect and resident rights. Good Samaritan Society Sioux Falls Center was found in compliance.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 7-6-2023

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435046	A. BUILDING ______ B. WING ______	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET SIOUX FALLS, SD 57104

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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 6/20/23 through 6/22/23. Good Samaritan Society Sioux Falls Center was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	7-6-2023

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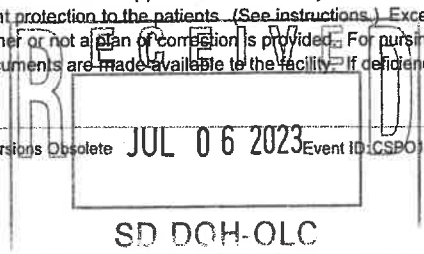

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435046	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET SIOUX FALLS, SD 57104

(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 6/21/23. Good Samaritan Society Sioux Falls Center 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 K226 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	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.	
K 226 SS=C	Horizontal Exits CFR(s): NFPA 101 Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4. 18.2.2.5, 19.2.2.5 This REQUIREMENT is not met as evidenced by: A. Based on observation, testing, interview, and record review the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 01 [the original 1957 building] and building 04 [the 2000 addition] outside of the doghouse). Findings include: 1. Observation and testing on 6/21/23 at 10:25 a.m. revealed the two-hour, fire-rated separation	K 226	On 6-23-23 horizontal exit and building separation walls (between building 01 [the original 1957 building] and building 04 [the 2000 addition] outside of the doghouse), between building 02 [1965 addition] and building 03 [the 1972 addition] between the therapy room and room 105, separation wall between building 01 and building 03 were fixed to ensure doors are latched properly.	6/23/2023

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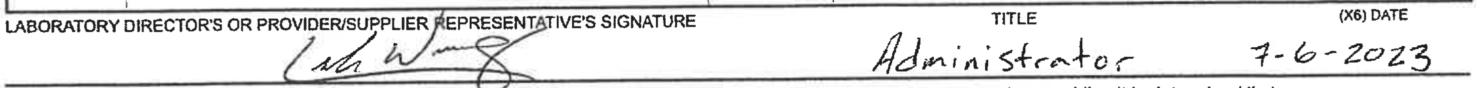
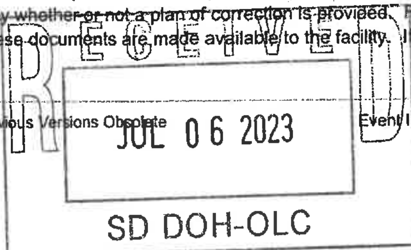


Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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	435046	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	**401 WEST SECOND STREET** **SIOUX FALLS, SD 57104**

(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 226	Continued From page 1 wall between the building 01 and building 04 had ninety-minute, fire-rated wood doors that did not latch. The pair of cross corridor doors were too swollen to close completely. When tested the west leaf would strike the east leaf causing it to fail to completely close and latch. Interview with the maintenance supervisor at that same time confirmed that condition. He stated he believed it was the humidity and the smoke seal they installed following a previous survey was the issue. He further stated they had not yet tested those doors for the year and that the doors in the building were sensitive to changes in humidity levels. Record review that same day confirmed the previous required annual inspection of the facilities fire doors had occurred on November 21st of the previous year. B. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 02 [1965 addition] and building 04 [the 2000 addition] at the dining room entrance). Findings include: 1. Observation and testing on 6/21/23 at 10:55 a.m. revealed the two-hour, fire-rated separation wall between the building 02 and building 04 had ninety-minute, fire-rated doors that did not latch. The pair of doors were too swollen to close completely. When tested the north leaf would strike the south leaf causing it to fail to completely close and latch. Interview with the maintenance supervisor at that same time confirmed that condition. He reiterated he believed it was the humidity and the smoke seal they had installed following the previous	K 226	All residents have the potential to be affected by the deficient practice. To ensure deficient practice does not recur, on 6-23-23 the TELS program was checked to ensure a task is added to our preventative maintenance schedule for monthly monitoring to ensure fire-rated wood doors are latched properly. To monitor compliance, Environmental Services Supervisor or designee will complete random audits for fire-rated doors are latched properly for weekly x 4 and monthly x 2. Environmental Services Supervisor will report findings to the QAPI Committee monthly. The QAPI committee will determine on-going interventions and monitoring. Substantial compliance will be achieved on 6-23-23.	

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	435046	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	06/21/2023

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GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 WEST SECOND STREET SIOUX FALLS, SD 57104

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K 226	Continued From page 2	K 226		

survey causing that issue.

C. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 02 [1965 addition] and building 03 [the 1972 addition] at the nurse station outside room 215 (City View Wing). Findings include:

1. Observation and testing on 6/21/23 at 11:32 a.m. revealed the two-hour, fire-rated separation wall between building 02 and building 03 had ninety-minute, fire-rated doors that did not latch. When tested the west leaf would not completely close and latch. Fire-rated door are required to automatically close and latch to maintain their fire restive rating.

Interview with the maintenance supervisor at that same time confirmed that condition. He stated he was unaware both leaves of that set of doors was not completely closing and latching.

D. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 01 [the original 1957 building] and building 03 [the 1972 addition] between the therapy room and room 101. Findings include:

1. Observation and testing on 6/21/23 at 1:47 p.m. revealed the two-hour, fire-rated separation wall between building 01 and building 03 had ninety-minute, fire-rated doors that did not latch. When tested the east leaf would not completely close and latch.

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	435046	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	**06/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	**401 WEST SECOND STREET** **SIOUX FALLS, SD 57104**

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K 226	Continued From page 3 Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not completely closing and latching. E. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 02 [1965 addition] and building 03 [the 1972 addition] between the therapy room and room 105. Findings include: 1. Observation and testing on 6/21/23 at 1:58 p.m. revealed the two-hour, fire-rated separation wall between building 02 and building 03 had ninety-minute, fire-rated doors that did not latch. When tested the east leaf would strike the west leaf and it would fail to completely close and latch. Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not completely closing and latching.	K 226		

South Dakota Department of Health

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	10679	A. BUILDING: ______ B. WING ______	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER	401 W 2ND ST SIOUX FALLS, SD 57104

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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 6/20/23 through 6/22/23. Good Samaritan Society Sioux Falls Center was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	7-6-2023