STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 was conducted on 4/15/25 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Good Samartian Society Sioux Falls Village was found not in compliance. Please mark an F in the completion date column for K252 for deficiencies identified as meeting the FSES. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K222, K345, K353, K363, and K374 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	K 222	Unable to correct prior deficient practice. All residents have the potential to be at risk when egress doors are not properly functioning. By 5/15/25 the 600 wing exit door will be replaced or repaired by Ancillary Services Supervisor or designee. To ensure deficient practice does not recur Maintenance employees will be educated on regularly auditing of egress doors by 5/16/25.	5/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Daniel Bullman — Administrator — 5/20/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 222	Continued From page 1 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised	K 222	To monitor performance and ensure ongoing compliance Ancillary Services Supervisor or designee will audit completion of egress door TELS task weekly x4 and biweekly x2. The results of this audit will be brought to QAPI committee by the Ancillary Services Supervisor or designee and continued until the facility demonstrates sustained compliance as determined by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 222	Continued From page 2 automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to provide operable egress doors as required at one randomly observed exit door (north 600 wing exit door). Findings include: 1. Observation on 4/15/25 beginning at 2:18 p.m. revealed the north 600 wing exit door was unable to be easily opened. Testing of the door revealed it would not open regardless of the amount of force applied in the direction of egress. Further observation at that same time revealed that door had a magnetic lock on it. That magnetic lock was intended to operate as a delayed egress lock and had the requisite signage for that operation. However, that magnetic lock did not enter delayed egress operation after being pressed in the direction of travel for three seconds as required. Interview with the environmental services manager at the time of the observations and testing confirmed that condition. He stated he was unaware that door was not able to be opened. He further stated the facility had recently updated their delayed egress locks in the building and that door should have been operating correctly. Failure to provide working egress doors as required increases the risk of death or injury due to fire. The deficiency affected 100% of the smoke compartment occupants.	K 222		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 222	Continued From page 3 Ref: 2012 NFPA 101 Section 19.2.2.2.4(3), 7.2.1.6.2(3)(a)	K 222		
K 252 SS=C	Number of Exits - Corridors CFR(s): NFPA 101 Number of Exits - Corridors Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. 18.2.5.4, 19.2.5.4 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the provider failed to maintain two conforming exits from the basement. Findings include: 1. Observation on 4/15/25 at 12:15 p.m. revealed the basement level was not provided with two conforming exits. One exit was through the boiler room (hazardous area), and the other discharged into the main level kitchen area. Review of previous survey data confirmed those conditions. This deficiency would affect a small number of maintenance staff. The building meets the FSES. Please mark an "F" in the completion date column to indicate the provider's intent to correct deficiencies identified in K252.	K 252	**K252, SS= C** F	F
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 345	Continued From page 4 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the provider failed to ensure the automatic fire alarm functioned as required for one randomly observed location (room 104). Findings include: 1. Observation on 4/15/25 at 4:02 p.m. revealed the smoke detector installed in room 104 had been covered with cellophane cling wrap. That cling wrap would prevent the detector from operating correctly. Products of combustion would be unable to enter that detector and activate it in a fire event Interview with the environmental services manager at the time of the review confirmed that finding. He revealed they had recently been painting in that area, and the cellophane had been applied to protect the device. He further stated that cellophane should have been removed immediately after the painting was completed.	K 345	**K345, SS= D** Unable to correct prior deficient practice. All residents have the potential to be at risk when smoke detectors have cling wrap. By 5/15/25 the cellophane cling wrap was removed from the smoke detector in room 104 by Ancillary Services Supervisor. To ensure deficient practice does not recur Maintenance employees will be educated on regularly auditing of smoke detectors by 5/16/25. To monitor performance and ensure ongoing compliance Ancillary Services Supervisor or designee will complete audit weekly x4 and biweekly x2 of smoke detectors. The results of this audit will be brought to QAPI committee by the Ancillary Services Supervisor or designee and continued until the facility demonstrates sustained compliance as determined by the committee.	5/20/25
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 353	Continued From page 5 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, measurement, and interview, the provider failed to maintain at least 18 inches of unobstructed space under one randomly observed sprinkler deflector required for one randomly observed location (600-wing shower briefs storage closet). Findings include: 1. Observation on 4/15/25 at 11:02 a.m. revealed a sprinkler head in the storage closet in the corridor next to the 600-wing shower room was obstructed by briefs on a storage shelf. Those briefs were approximately only 8 inches below the bottom of the sprinkler head deflector. That shelf and those items would interrupt the proper discharge and operation of the sprinkler head. Interview with the environmental services manager at the time of the observation revealed he was not aware of the obstructed sprinkler head.	K 353	**K353, SS= D** Unable to correct prior deficient practice. All residents have the potential to be at risk when at least 18 inches is not maintained under sprinkler deflectors. By 5/15/25 600 wing shower/storage closet was correct to ensure 18 inches under sprinkler deflector by Ancillary Services Supervisor. To ensure the deficient practice does not recur, the Ancillary Services Supervisor or designee will educate all staff by 5/16/25. To monitor performance and ensure ongoing compliance Ancillary Services Supervisor or designee will audit smoke deflectors for 18 inches underneath weekly x4 and biweekly x2. The results of this audit will be brought to QAPI committee by the Ancillary Services Supervisor or designee and continued until the facility demonstrates sustained compliance as determined by the committee.	5/20/25
K 363 SS=E	Corridor - Doors	K 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 363	Continued From page 6 CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices,	K 363	**K363, SS= E** Unable to correct prior deficient practice. All residents have the potential to be at risk when corridor doors are not properly functioning. All doors identified will be replaced or repaired by listed date below: a. Quality Office by 7/30/25. b. Social Workers Office by 5/16/25. c. Activity Center by 5/16/25. d. Kitchen by 7/30/25. e. Dishwashing Room by 7/30/25.	5/20/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 363	Continued From page 7 etc. This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to ensure five randomly observed corridor doors (Quality Office, Social Workers office, Activity Center, Kitchen and Dishwashing room) were equipped with functioning positive latching hardware to resist the passage of smoke. Findings include: 1. Observation and testing on 4/15/25 at 1:52 p.m. revealed the door from the Quality Office that opened into the corridor was equipped with an automatic door closer. When testing it would latch into the door frame. Further observations at that same time revealed the top of the door where it should meet the door frame had a gap of approximately one-half of an inch. That gap would not resist the passage of smoke in the event of a fire. 2. Observation and testing on 4/15/25 at 3:19 p.m. revealed the door to the Social Workers office that opened into the corridor was equipped with a closer but it was not automatically latching into the door frame. Testing of that door at that same time revealed it did not latch into the door frame on three of three attempts. 3. Observation and testing on 4/15/25 at 3:47 p.m. revealed the door to the activities center that opened into the corridor was equipped with a closer, but it was not automatically latching into the door frame. Testing of that door at that same time revealed it did not latch into the door fame on three of three attempts. 4. Observation and testing on 4/15/25 at 4:17	K 363	To ensure deficient practice does not recur Maintenance employees will be educated by Ancillary Services Supervisor or designee by 5/15/25. To monitor performance and ensure ongoing compliance Ancillary Services Supervisor or designee will audit corridor doors for positive latching hardware to resist smoke passage weekly x4 and biweekly x2. The results of this audit will be brought to QAPI committee by the Ancillary Services Supervisor or designee and continued until the facility demonstrates sustained compliance as determined by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 363	Continued From page 8 p.m. revealed the door to the dishwashing room that opened into the service corridor was equipped with a closer but it was not automatically latching into the door frame. Testing of that door at that same time revealed it did not latch into the door frame on three of three attempts. 5. Observation and testing on 4/15/25 at 4:23 p.m. revealed the southeast door to the kitchen that opened into the dining room/corridor was equipped with a closer but it was not automatically latching into the door frame. Testing of that door at that same time revealed it did not latch into the door frame on three of three attempts. Further observation at that same time revealed the door was sprung in the frame keeping it from latching. Doors provided with closers are required to latch into their frames automatically. Interview with the environmental services manager at the time of the above observations confirmed those findings. He stated he was unaware of those conditions but was aware of the requirements for doors with closers. Those deficiencies could affect 100% of the occupants of their smoke compartments.	K 363		
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid	K 374	**K374, SS=E** Unable to correct prior deficient practice. All residents have the potential to be at risk when self-closing barrier doors are not properly functioning. All doors identified will be replaced or repaired by date below:	5/20/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING 01 - SIOUX FALLS GOOD SAMARITAN VILLAGE B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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 374	Continued From page 9 bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation, testing, and interview, the provider failed to maintain self-closing smoke barrier doors on two randomly observed sets of cross-corridor doors (600 wing and therapy gym). Findings include: 1. Observation on 4/15/25 at 2:15 p.m. revealed the north leaf of the cross-corridor smoke-barrier doors of the 600 wing (outside of room 603) would not fully close upon release of the magnetic hold opens. Testing of that door revealed the door coordinator was not properly operating and would not allow that leaf of the door to close. 2. Observation on 4/15/25 at 2:34 p.m. revealed the south leaf of the cross-corridor smoke-barrier doors entering the therapy gym would not fully close upon release of the magnetic hold opens. Testing of that door revealed the door coordinator was not properly operating and would not allow that leaf of the door to close. Interview at the same time as the observations with the environmental services manager confirmed those findings.	K 374	a. 600 wing by 5/16/25. b. Therapy gym by 5/16/25. To ensure the deficient practice does not recur, the Ancillary Services Supervisor or designee will educate Maintenance staff by 5/15/25. To monitor performance and ensure ongoing compliance Ancillary Services Supervisor or designee will audit corridor doors are self-closing weekly x4 and biweekly x2. The results of this audit will be brought to QAPI committee by the Ancillary Services Supervisor or designee and continued until the facility demonstrates sustained compliance as determined by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING **01 - SIOUX FALLS GOOD SAMARITAN VILLAGE** B. WING _____	**04/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	**3901 S MARION RD** **SIOUX FALLS, SD 57106**

(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

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

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435045	A. BUILDING _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY SIOUX FALLS VILLAGE	3901 S MARION RD SIOUX FALLS, SD 57106

(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
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 on 4/15/25. Good Samaritan Society Sioux Falls Village was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Daniel Bellmore | TITLE: Administrator | (X6) DATE: 5/20/2025

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.