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
	435089	A. BUILDING ______ B. WING ______	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY CORSICA	455 NORTH DAKOTA CORSICA, SD 57328

(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 8/20/24 through 8/22/24. Good Samaritan Society Corsica was found not in compliance with the following requirements: F656 and F689.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)-	F 656	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. Identified resident #7's care plan was updated to reflect his use of the Therabath treatment on 8/21/2024. All other residents treatment orders were reviewed on 8/26/2024 and no other residents were affected by this deficiency/deficient practice. To prevent further recurrence, care plans will be monitored and updated with order changes. The interdisciplinary team will update and modify care plans timely to reflect the orders for new treatments. All nurses will be educated by 9/16/2024 on updating the care plan upon receipt of treatment orders indicating self-administration. Director of Nursing or designee will complete care plan audits to ensure resident treatments are included on the care plan weekly x 4, and monthly x 3. All audits will be taken to QAPI monthly until the facility demonstrates sustained compliance as determined by the committee.	9/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Whitney Podzimek	Administrator	9/6/2024

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
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GOOD SAMARITAN SOCIETY CORSICA	**455 NORTH DAKOTA** **CORSICA, SD 57328**

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F 656	Continued From page 1	F 656		

(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(iii) Be culturally-competent and trauma-informed.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review, and policy review, the provide failed to ensure one of one sampled resident (7) had a care plan that indicated the use of a Thera bath paraffin wax machine that could be used independently.
Findings include:

1. Observation and interview with resident 7 while in his room revealed:
*He had been admitted from another facility on 12/1/22.
*He had a Thera bath paraffin wax machine in his room.
*He had used it for the arthritis in his hands.
*Maintained the machine on his own.

Review of resident 7's current care plan on 8/20/24 had not indicated the use of a paraffin wax treatment.

Interview on 8/22/24 at 10:45 with director of

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F 656	Continued From page 2 nursing B regarding resident 7's care plan revealed she had updated resident 7's care plan on 8/21/23 to include the use of his paraffin wax machine. Review of the provider's November 2023 Care Plan policy revealed: *"A focus on the resident as the focus of control and supporting the resident in making his or he own choices and having control over their daily life." *"The plan of care will be modified to reflect the care currently required/provided for the resident."	F 656		
F 689 SS=D	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 observation, interview, record review, and policy review, the provider failed to ensure one of one sampled resident (7) had been assessed for the safe self-administration use of his paraffin bath machine. Findings include: 1. Interview on 8/20/24 at 8:53 a.m. with resident 7 in his room revealed: *He was admitted on 12/1/22 from another facility. *He had a paraffin wax machine in his room. *He took care the machine himself.	F 689	Identified resident #7 was assessed for safety for independent use of his ordered Therabath treatment on 8/26/2024. All other residents' treatment orders were reviewed on 8/26/2024 and no other residents were affected by this deficiency/deficient practice related to lack of assessment for self-administration of treatment. To Prevent further recurrence, resident #7's self administration assessments are scheduled for quarterly review and completion and will be completed with a change in condition. All other residents that receive orders for self-administration of treatments will be scheduled and assessed quarterly and/or with change in condition. All nurses will be educated on completing the self-administration assessment upon receipt of orders indicating independence with treatment by 9/16/2024. Director of Nursing or designee will complete self administration assessment audits and order audits weekly x 4, and monthly x 3 to ensure all residents are assessed for safety to complete any treatments that are self-administered. All audits will be taken to QAPI monthly until the facility demonstrates sustained compliance as determined by the committee. Addendum: All Nursing education will be completed by 9/16/2024 for careplan updates and completion of self administration assessments upon receipt of orders indicating independence with treatment. WP	9/16/2024 9/16/2024

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Review of resident 7's electronic medical record (EMR) revealed:
*He had an order on 11/10/15 for Thera wax treatment to bilateral hands as directed by physical therapy and occupational therapy.
*He had a self-administration assessment completed on 8/1/22 at the last facility he had lived in for the use of the Thera bath.
*No self-assessment assessment had been completed since his admission to this facility regarding his use of the Thera bath.
*An assessment had been completed on 3/5/24 and 5/27/24 to self-administer his nebulizer treatments after they were set up.

Review of resident 7's current care plan on 8/20/24 had not indicated the use of a Therabath paraffin wax treatment.

Review of resident 7's therapy progress notes revealed there were no progress notes related to his paraffin wax self use.

Interview on 8/22/24 at 10:45 a.m. with director of nursing B regarding the resident's paraffin wax machine revealed:
*She agreed that he had not had an assessment since he was admitted there.
*She had updated his care plan on 8/21/24 to include his paraffin wax machine.
*She agreed that therapy had not evaluated him since his admission for the use of his paraffin wax.

Interview on 8/22/24 at 11:00 a.m. with administrator A regarding resident 7's order revealed:
*She agreed that they needed an updated and

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F 689	Continued From page 4	F 689		

more specific order for the use of his paraffin wax.
*She also agreed that the assessment should have been done more frequently.

Review of the provider's October 2023 Resident Self-Administration of Medication policy revealed:
*"To determine if the resident can safely self-administer medications."
*"To identify which medication may be safely self-administered."
*"To assist the resident who is self-administering medication to manage his or her prescribed medication in a safe manner."
*"To provide residents who can do so safely with the opportunity to self-administer medications."
*"Complete the Resident Self-Administeration of Medications UDS to determine if the resident can safely administer medications and to create a plan to assist the resident to be successful in this process."
*"A physician's order must be specific to the medication being self-administered (e.g., "Bengay ointment tid (three times per day) prn (as needed) for leg discomfort. May be kept at the bedside for self-administration" or, "May have all oral medications at bedside for self-administration")."
*"The care plan must indicate which medications the resident is self-administering, where they are kept, who will document the medication and he location of administration, if applicable. Document quarterly on PN-Care Plan Review."

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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 on 8/20/24. Good Samaritan Society Corsica was found in compliance with the requirements.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Whitney Podzimek	Administrator	9/4/2024

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	435089	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	**08/20/2024**

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K 000	INITIAL COMMENTS A recertification survey was conducted on 8/20/24 for compliance with 42 CFR 483.90 (a)&(b), requirements for Long Term Care facilities. Good Samaritan Society Corsica was found in compliance.	K 000		

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Whitney Podzimek	Administrator	9/4/2024

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South Dakota Department of Health

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	10609	A. BUILDING: ______ B. WING ______	08/22/2024

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GOOD SAMARITAN SOCIETY CORSICA	**455 N DAKOTA AVE CORSICA, SD 57328**

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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 8/20/24 through 8/22/24. Good Samaritan Society Corsica 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 8/20/24 through 8/22/24. Good Samaritan Society Corsica was found in compliance.	S 000		

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Whitney Podzimek	Administrator	9/4/2024