South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	64097	A. BUILDING: _____ B. WING _____	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-PRAIRIE CREEK AL	4312 W CREEKSIDE CIRCLE SIOUX FALLS, SD 57106

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S 000	Compliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 3/24/25 through 3/25/25. Good Samaritan Society - Prairie Creek Al was found not in compliance with the following requirements: S173, S215, and S685.	S 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 state law. For the purpose of any allegation the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facilities allegation of compliance in accordance with section 7305 of the State Operations Manual.	
S 173	44:70:02:17(8-9) Occupant Protection The facility shall: (8) Ensure that any clothes dryer must have a galvanized metal transition duct for exhaust or flexible transition duct listed and labeled in accordance with UL 2158A; and (9) Ensure that the storage and transfilling of oxygen cylinders or containers meet the requirements of the NFPA 99 Health Care Facilities, 2012 Edition, chapter 11. A resident may store in the resident's room a maximum of three E-cylinders or seventy-two cubic feet, or 2.040 cubic meters of oxygen on an as-needed basis, in addition to oxygen in use by the resident. If a facility admits or retains a resident not capable of self-preservation, the facility must meet NFPA 101 Life Safety Code, 2012 edition, health care occupancy standards in chapter 18 or 19, or equip the facility with complete automatic sprinkler protection. This Administrative Rule of South Dakota is not met as evidenced by:	S 173		

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

Hannah Peters, Assisted Living Manager 4/11/2025

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S 173	Continued From page 1 Based on observation and interview, the provider failed to install galvanized metal exhaust ductwork for two of two residential dryer locations (east and west and assisted living residential laundry). Findings include: 1. Observation on 3/26/25 at 2:22 p.m. revealed the personal laundry room for the east wing had a residential style dryer. That dryer had foil paper exhaust ducting installed. Interview with maintenance manager C at that same time confirmed that condition. 2. Observation on 3/26/25 at 3:17 p.m. revealed the personal laundry room for the west wing had a residential style dryer. That dryer had foil paper exhaust ducting installed. Interview with maintenance manager C at the time of the above observations confirmed those conditions. Further interview with maintenance manager C at that same time revealed he was aware of the requirement for galvanized metal vent pipes for dryer exhaust. He further stated those dryers had been replaced since the last time he had personally inspected them. He went on to state the installing contractor likely installed the foil paper exhaust ducting as those units had the galvanized metal duct exhaust previously.	S 173	1. Flexible metal ducts were installed on personal laundry room dryers on west and east units on 3/28/2025. 2. ALC will ensure residential dryers will meet regulation by ensuring Flexible metal transition duct for exhaust or flexible transition duct in accordance with UL2158A. 3. AL manager, or designee, will audit residential dryers monthly/weekly to ensure dryer duct requirements met. AL manager will report to QAPI committee of findings. QAPI committee will determine the need for further monitoring or auditing.	3/28/2025
S 215	44:70:03:03 Fire Extinguisher Equipment Fire extinguisher equipment shall be installed and maintained to the following standards: (1) Portable fire extinguishers must have a	S 215	1. Inspections of all fire extinguishers in facility were completed on 3/26/2025. 2. ALC will ensure all fire extinguishers will be checked monthly and maintained yearly. 3. Manager or Designee will audit completion of fire extinguisher inspections monthly x3 and report to QAPI committee to determine need for continued auditing.	3/26/2025

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S 215	Continued From page 2 minimum rating of 2-A:10-B:C; (2) Fire extinguisher equipment must be inspected monthly and maintained yearly; and (3) Approved fire extinguisher cabinets must be provided throughout the building with one cabinet for each 3,000 square feet or 278.7 square meters of floor space or fraction thereof. The fire resistance rating of corridor walls must be maintained at recessed fire extinguisher cabinets. The glazing in doors of fire extinguisher cabinets must be wire glass or other safety glazing material. Fire extinguisher cabinets must be identified with a sign mounted perpendicular to the wall surface above the cabinet. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to inspect all fire extinguishers monthly as required for one randomly observed location (east of the main entrance). Findings include: 1. Observation on 3/26/25 at 2:25 p.m. revealed the fire extinguisher just east of the main entrance did not have any of its monthly inspections performed since the annual inspection in December of 2024. Further observation on that same day revealed that same condition existed for all other fire extinguishers in the building. Interview at that same time with the maintenance manager C revealed he was unaware of that condition.	S 215		
S 685	44:70:07:09 Self-Administration of Medications A resident with the cognitive ability to safely	S 685		

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S 685	Continued From page 3 perform self-administration, may self-administer medications. At least every three months, a registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued appropriateness of the resident's ability to self-administer medications. The determination must state whether the resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter. Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician assistant, or nurse practitioner allowing self-administration. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to ensure that the self-administration of medication assessments were being completed every three months for one of five residents (1). Findings include: 1. Observation and interview on 3/24/25 at 3:10 p.m. with resident 1 in her room revealed she: *Stated she did not keep any medications in her room. *Had a tube of Voltaren (medicated gel for pain relief) external gel 1% on her nightstand. *Had a bottle of Desenex (medicated anti-fungal powder) external powder 2% on her dresser. *Stated she used the Voltaren gel for her knees and the Desenex for dry skin.	S 685	1. Assessment for resident 1 was completed and schedules have been set for assessments to trigger in three months. Resident 1 self-administration evaluation was completed on 10/23/2024 and 2/7/2025. 2. Assisted Living Manager reviewed all residents with self-administration on service plan and identified those with evaluations needing to be completed and schedules needing to be corrected. Evaluations and schedules needing corrected were fixed by 4/2/2025. 3. ALC residents who will be self-administering their medications will be assessed by a nurse prior to self-administering medications and re-assessed for continued appropriateness of self-administration per state regulations. 4. Manager or designee will audit self-administration evaluations monthly x6 and report to QAPI committee to determine need for continued auditing.	4/2/2025

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S 685	Continued From page 4 2. Review of resident 1's electronic medical record (EMR) revealed: *She was admitted on 2/15/24. *A 5/22/24 physician ' s order to apply 2 grams of Voltaren 1% external gel topically to both knees three times a day. -She administered that with moderate unsupervised self-administration. -Apply to bilateral (both) knees topically three times a day for pain. *A 6/6/24 physician ' s order to apply Desenex 2% external powder topically to abdominal folds one time a day for itching. -Apply to abdominal folds topically one time a day for itching. -She administered that with unsupervised self-administration. *Quarterly self-administration assessments were completed on 10/23/24 and 2/7/25. 3. Interview on 3/25/25 at 10:10 a.m. with registered nurse B regarding quarterly self-administration of medication assessments revealed she: *Was responsible for completing the residents' self-administration of medication assessments. *Confirmed the quarterly assessments for resident 1 were completed on 10/23/24 and 2/7/25. *Agreed some of the quarterly assessments had not been completed. *Stated she started completng them again after the consulting pharmacist had brought it to her attention. *was aware the assessments needed to be completed quarterly per state regulations. 4. Interview on 3/25/25 at 10:25 a.m. with manager A regarding residents' quarterly self-administration of medication assessments	S 685		

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S 685	Continued From page 5 revealed she expected those assessments to be completed upon a resident's admission and then quarterly. 5. Review of the provider's 9/17/24 revised Self-Administration of Medications policy revealed: *Policy: "A. An ALC resident who chooses to self-administer medications will be assessed by a registered nurse (or as allowed per state regulations and state board of nursing Nurse Practice Act) for their ability to safely administer their own medications." *Procedure: "B. ALC residents who will be self-administering medications will be assessed by a nurse prior to self-administering medications and re-assessed for continued appropriateness of self-administration per state regulations. If no guideline is given in state regulations, the minimum assessment by a nurse will be annually or with changes in condition that affect the resident's ability to self-administer medication."	S 685		