

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10627	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/15/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - HERREID		STREET ADDRESS, CITY, STATE, ZIP CODE 806 MAIN ST N POST OFFICE BOX 8 HERREID, SD 57632		
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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 on 9/14/26 through 9/15/26. Good Samaritan Society - Herreid was found not in compliance with the following requirements: S201, S305, S331, and S670. A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 9/14/26 through 9/15/26. Areas surveyed included resident discharge rights. Good Samaritan Society - Herreid was found in compliance.	S 000		
S 201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to maintain proper separation of two of two locations (utility storage room and west dry storage room). Findings include:	S 201	1.Pursuant to S201 §§:70:03:02 General Fire Safety Upon identification of problem with door closures for both the west vestibule dry storage door and the utility door, new door closure mechanisms were ordered on 9/27/26. 2.All residents have the potential to be affected. Staff were educated at the All Staff meeting held on 9/24/26 to monitor and assure that both storage room doors are closed after use. Any staff not attending the meeting will be educated prior to their next shift worked. 3. A clipboard with sign off sheet was placed at the nurses station for documentation by each aid shift. The Nurse/Manager will audit the documentation weekly x3 or until automatic closers are installed. The nurse Manager will bring audits to QAPI for review or any corrective action as needed to maintain compliance.	10/30/26

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

TITLE

(X6) DATE

Bonnie Reilly

RN/Nurse Manager

9/30/2026

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S 201	Continued From page 1 1. Observation on 9/14/26 at 2:30 p.m. revealed the utility storage room adjacent to the public toilet rooms was over 50 square feet in area with copious amounts of combustible items (cardboard and paper files). The corridor door was not equipped with a self-closing device such as a closer or spring hinges. 2. Observation on 9/14/26 at 2:40 p.m. revealed the dry storage room in the west exit vestibule opened outward and would obstruct opening of the exit door if left in an open position. The corridor door was not equipped with a self-closing device such as a closer or spring hinges. 3. Interview with registered nurse (RN)/manager A at the time of the observations confirmed those findings.	S 201		
S 305	44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure two of five sampled employees (C and D) were evaluated by a licensed health professional to ensure they were free from communicable diseases within 14 days from their hire date.	S 305	1. Pursuant to S305 44:70:04:05 Personnel Health Program For employees identified, (C and D) both were screened for communicable diseases by a licensed professional on 9/24/26. All staff were screened by a licensed professional to ensure that staff were screened appropriately. Screening forms were added to the employee files once completed. 2. All residents have the ability to be affected. 100% of new hire documentation will be audited to ensure that a licensed professional has completed a Health Screening form for communicable disease within 14 days of hire. 3. Nurse Manager or Designee will audit all new hire paperwork weekly x3, then monthly x3 and then as needed.	10/30/26

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S 305	Continued From page 2 Findings include: 1. Review of the personnel files for employees C and D revealed that employee C had been hired as a registered medication aide (RMA) on 12/15/25 and employee D had been hired as a RMA on 7/6/26. There was no documentation in their personnel files to support that they were evaluated by a licensed health professional. 2. Interview on 9/15/26 at 4:00 p.m. with registered nurse (RN)/manager A revealed that she acknowledged that employees C and D had not been evaluated by a licensed health professional within 14 days their hire and should have been. That task was to be completed by the facility's RN. 3. Review of the provider's 1/27/26 State-Specific Senior Living policy revealed that employees were to be evaluated by a licensed health professional before assignment of duties and within 14 days of hire. The policy further stated, "All employees will complete the Employee Healthcare Questionnaire with new hire paperwork. The Employee Healthcare Questionnaire will be reviewed and signed by a licensed health professional."	S 305	Nurse Manager will bring audit findings to QAPI for review and any corrective actions.	
S 331	44:70:04:10(1) Tuberculin Screening... Requirements Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of	S 331	1. Pursuant to S331 44:70:04:10 Tuberculin Screening Requirements. Tuberculin serum and syringes were ordered on 9/24/26. Employees C and D will restart their TB 2-step series prior to their next shift after the serum arrives. All residents have the potential to be affected. A facility wide audit of all staff records was completed on 9/25/26. All staff records were evaluated to ensure that all TB screening requirements were met. Any additional staff who were found to be out of compliance with their TB screening of 21 days of hire or had not completed their 2-step series will be starting a new 2-step TB Mantoux series. Serum arrived 9/29/26. One additional new hire identified had not completed her series and was started on a new 2-step series 9/30/26. Her second step will be due 10/14/26.	10/30/26

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S 331	Continued From page 3 tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease; This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to ensure two of five sampled employees (C and D) had received a tuberculin (TB) baseline screening and TB skin or blood assay test within 21 days of their hire date. Findings include:	S 331	2. The Facility Implemented the following: a. TB screening will be initiated upon hire and the nurse manager or designee will administer the 1st of the 2-step TB Mantoux tests at time of hire. Nurse manager or designee will set reminders to read and administer 2nd steps. This will ensure completion of both steps. b. Nurse Manager will provide education about TB screen and schedule to all staff on 9/24/26 and prior to the next shift worked for those who could not be at the all staff meeting 9/24/26. 3. Nurse Manager or designee will audit 100% of all new hire paperwork for TB screening compliance monthly for 3 months then quarterly x2 and then on an as needed basis. Nurse Manager will bring all audit findings to QAPI for review and corrective action if needed.	

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S 331	Continued From page 4 1. Review of employee C's personnel file revealed she was hired on 12/15/25 as a registered medication aide (RMA). There was documentation that she had a TB screening completed on 2/3/26 and a two-step TB skin test completed by the facility nurse on 2/3/26 and 2/11/26. The facility nurse that signed the screening and assessment was no longer employed with the facility. 2. Review of employee D's personnel file revealed she was hired on 7/6/26 as a RMA. There was no documentation in her personnel file to support that she had a TB screening and testing completed. 3. Interview on 9/15/26 at 4:00 p.m. with registered nurse (RN)/manager A revealed that she acknowledged that the TB screening and test for employee C was not completed within 21 days of her hire date. RN/manager A agreed there was no documentation in employee D's file regarding completed TB screening and testing. The TB screening and testing were the responsibility of the facility RN. RN/Manager A began her employment as the facility's RN in June 2026. 4. Review of the provider's 1/27/26 State-Specific Senior Living policy revealed, "Tuberculin screening requirements for personnel and residents include initial individual TB risk assessment documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 21 days of employment or admission to the facility."	S 331			
S 670	44:70:07:07 Medication Administration	S 670			

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S 670	Continued From page 5 A registered nurse shall provide medication administration training pursuant to § 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications. Unlicensed assistive personnel shall receive initial and ongoing resident specific training for medication administration and annual training in all aspects of medication administration occurring at the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, job description review, and policy review, the provider failed to ensure one of one sampled registered medication aide (RMA) (D) had received a competency evaluation or training for medication administration by a registered nurse (RN) upon being hired. Findings include: 1. Review of RMA D's personnel file revealed she was hired on 7/6/26. There was no documentation that she received an initial medication administration competency evaluation or training by an RN. 2. Interview on 9/15/26 at 4:00 p.m. with RN/manager A revealed that a competency evaluation was not documented for RMA D following her hire. 3. Review of the provider's 9/17/24 Competency and Mandatory Education Requirements policy revealed that employees were responsible for attaining competency of mandatory education required within their specific job description.	S 670	1. Pursuant to S670 44:70:07:07 Medication Administration. For any unlicensed assistive personnel providing medication administration and the employee identified as RMA D. RMA D received education and competencies on medication administration on 9/24/26 following the all staff meeting. All Employee files were reviewed and all staff members were educated and competencies completed for those who attended meeting on 9/24/26. All other medication aides will be educated and a competency will be completed on their return to work date following the meeting. 2. All residents have the ability to be affected. Education was provided on medication administration during the all staff meeting on 9/24/26. All staff in attendance who are unlicensed personnel who administer medications had a competency completed after the meeting. The facility adopted a standardized process to complete competencies annually in September and on new hires at the time of hire. 3. The Nurse Manager or designee will conduct audits weekly x2 then quarterly x2 then annually in September and as needed on 100% of unlicensed staff who administer medications. All unlicensed personnel will receive a mandatory competency and education to meet the requirements of the administrative Rule of South Dakota. All new hires will receive education and competencies within the first 14 days and all staff who administer medications will receive annual training in September. The facility will be expected to maintain 100% compliance and audit results will be brought to QAPI for review.	10/30/26

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S 670	Continued From page 6 Review of the provider's undated medication aide job description revealed that it did not address the requirement for initial or ongoing training by an RN related to medication administration. Review of the provider's 1/27/26 State-Specific Senior Living policy revealed "a registered nurse shall provide medication administration training pursuant to 20:48:04.01 to any unlicensed assistive personnel employed by the facility who will be administering medications."	S 670			