(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 12/07/2023 46237 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 130 6TH ST GOOD SAMARITAN SOCIETY - SCOTLAND SCOTLAND, SD 57059 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Reviews of employees recordes and conducted interviews during annual survey dates of 12/4-12/7 reviewed 4 of 4 sampled employees medical history questionnaires had not been evaluated by a licensed health professional within 14 days of hire date. S 000 Compliance Statement 12/22/2023 A licensure survey for compliance with the 12/08/23 for ongoing compliance of the facility's employee health and the protection of all resients the facility began to ensure that all new hires medical history questionnaires are evaluated by a licensed health professional. Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for Current completion of the facility's medical history questionnaire is being revised and will include the DNS or assigned designee to evaluate. assisted living centers, was conducted from 12/4/23 through 12/7/23. Good Samaritan Society-Scotland was found not in compliance Employee C,D,E & F medical history questionnaires have been evaluated by a licensed health care professional, with the following requirement: S305. To ensure ongoing compliance, the administrator or designee will audit to ensure that all new employee's medical history questionnairea are evaluated within 14 days of hire. Weekly new hire audits will be conducted for 3 months. All audit findings will be reported to the monthly Quality Performance Committee (QAPI) The QAPI committee will determine the final reporting of scheduled audits if further auditing or interventions are required to ensure ongoing compliance of \$305. S 305 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 employee personnel record review, interview, and policy review, the provider failed to ensure four of four sampled employees (C, D, E, and F) were evaluated by a licensed health professional within 14 days from hire date. Fndings include: 1. Review of the employee's personnel records revealed the following: *Employee C was hired on 5/10/22. *Employee D was hired on 5/19/22. *Employee E was hired on 9/6/23. *Employee F was hired on 9/6/23. *The above employees were not evaluated by a licensed health professional. -The employees' health evaluations listed above were signed by the employee and human resource designee H.

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

TITLE

(X6) DATE

Julie Ramey Administrator

South Dakota Department of Health

12/28/23

PRINTED: 12/18/2023 **FORM APPROVED** South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING 46237 12/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST GOOD SAMARITAN SOCIETY - SCOTLAND SCOTLAND, SD 57059 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 305 Continued From page 1 S 305 Interview on 12/7/23 at 8:00 a.m. with human resource designee H regarding employee health evaluations revealed she: *Reviewed all new employee's health evaluations, signed, and dated those forms. -She had been signing those health evaluations for the last six years. *Was not a licensed health professional. *Was not aware that a licensed health professional had needed to review, sign, and date the employee health evaluations. Interview on 12/7/23 at 8:03 a.m. with administrator A regarding employee health evaluations revealed she: *Had designated human resource designee H to sign the employee health evaluations. *Was aware of the requirement to have the employee health evaluations reviewed, signed, and dated by a licensed health professional.

-She confirmed that requirement was not

Review of the provider's 3/4/22 Hiring and

-A pre-employment ...and health assessment (if applicable) will be conducted on all external job applicants who have accepted offers of

employment. The health assessment is required

*"Health Assessment and Drug Screen

prior to the first day of employment and employment is contingent upon successful completion of the ...and/or health assessment." *The policy did not indicate who needed to

evaluate and sign those forms.

Screening policy revealed:

followed.

FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING 46237 01/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH ST GOOD SAMARITAN SOCIETY - SCOTLAND SCOTLAND, SD 57059 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (S 000) Compliance Statement ${S 000}$ A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 1/16/24 for deficiencies cited on 12/7/23. All deficiencies have been corrected, and no new noncompliance was found. Good Samaritan Society-Scotland is in compliance with all regulations surveyed.

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

TITLE

(X6) DATE