

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>47462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - MILLER ALC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>421 E 4TH STREET MILLER, SD 57362</b>
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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 2/17/26 through 2/20/26. Good Samaritan Society Miller ALC was found not in compliance with the following requirements: S331, S352, and S685.	S 000		
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 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	S 331	<p>1. Resident 6 received a TB Mantoux on 03/11/2026 and second step is due 03/18/2026 to address the missing second-step TB test. The physician was notified and appropriate documentation placed in the medical record.</p> <p>All residents have the potential to be affected. A facility wide audit of resident TB screening records was completed on March 12, 2026 to ensure required baseline TB screening requirements were met.</p> <p>2. The facility implemented the following process improvements:</p> <ul style="list-style-type: none"> <li>a. TB screening orders will be entered into the MAR/EHR system with reminders to ensure completion of the second-step test.</li> <li>b. A resident admission checklist will be used to ensure residents receive Mantoux test unless contraindicated and completion of both steps of TB testing when required.</li> <li>c. The Director of nursing will verify TB screening completion during the admission review process.</li> <li>d. Licensed nurses were provided education related to the TB testing requirement and the new process put into place by 3/22/26 or before next working shift.</li> </ul> <p>3. See number 3 below</p>	03/22/26

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

*Petar Mirkovic*

TITLE

Administrator

(X6) DATE

03/17/26

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S 331	<p>Continued From page 1</p> <p>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;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on care record review, interview, and policy review, the provider failed to ensure one of three sampled residents (6) received a tuberculin (TB) baseline screening and TB skin test within twenty-one days of admission.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of resident 6's care record revealed he was admitted on 1/16/24. He had received a baseline TB skin test on 1/22/24, and was read on 1/24/24. There was no documented second-step skin test within twenty-one days of his admission.</li> <li>2. Interview and record review on 2/19/26 at 3:28 p.m. with director of nursing (DON) B regarding resident 2's TB screen revealed that she confirmed he had a baseline TB skin test on 1/22/24. She was not employed at the time, and was unable to determine why the second dose of the TB screen test was not completed. The process to ensure TB skin tests were completed was that she entered the physician's order to complete the TB screen into the resident's medication administration record (MAR), and the licensed nurse working would complete the TB screen.</li> <li>3. Interview and record review on 2/19/26 at 3:48</li> </ol>	S 331	<p>3.The director of nursing will audit 100% of new admissions for TB screening compliance for three months, then quarterly thereafter. The director of nursing will bring the results of the audits to the QAPI program until substantial compliance has been met.</p>	
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S 331	Continued From page 2  p.m. with administrator A revealed he was aware that the requirement to complete a resident's TB baseline screening and TB skin test was within twenty-one days of the resident's admission. He acknowledged that resident 6's TB screening was not completed within the required time frame.  4. Review of the provider's 1/27/26 State-Specific Senior Living Information 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 a facility."	S 331	1. The deficient practice for resident 6 could not be corrected retroactively due to the time frame lapse. Resident 6 had an annual level of care evaluation assessment completed on 01/22/26. Resident 9 is no longer residing in the facility; therefore, the assessment could not be completed retro respectively.  All residents have the potential to be affected. An audit of current residents was completed on March 12th, 2026 to ensure: a. Admission assessments were completed b. 30-day evaluation of needs assessments were completed timely c. Annual assessments were current. d. Any missing or overdue assessments were completed immediately.	
S 352	44:70:04:13 Resident Admissions  The facility shall evaluate and document each resident's care needs at the time of admission, thirty days after admission, and annually thereafter, to determine if the facility can meet the needs for each resident.  This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure the required thirty (30) day evaluation of needs assessments were completed as required for 2 of 4 sampled residents (6 and 9).  Findings include:  1. Review of resident 9's care record revealed he was admitted on 7/18/25. His admission evaluation of needs was completed on 7/18/25.	S 352	2. The facility implemented the following processes: a. A tracking log for resident assessments including admission, 30-day, and annual assessments. b. The Director of nursing will review the assessment tracking log weekly. c. Education was provided to the interdisciplinary team regarding the regulatory requirement for a 30-day post admission evaluation of needs assessment.  3. The Director of nursing or designee will audit all new admissions for completion of the admission, 30 day and annual assessment for the next 3 months. The Director of nursing/designee will bring the results of the audits to the QAPI program until substantial compliance has been met.	03/16/2026

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S 352	<p>Continued From page 3</p> <p>There was no documentation to support that an evaluation of needs was completed within 30 days after his admission or before his discharge on 11/11/25.</p> <p>2. Review of resident 6's care record revealed he was admitted on 1/16/24. His admission evaluation of needs was completed on 1/16/24. The required 30-day evaluation of his needs was completed on 4/8/24. This was 83 days after his admission.</p> <p>3. Interview and record review on 2/19/26 at 3:22 p.m. with director of nursing (DON) B regarding evaluation of needs assessments for residents revealed she acknowledged the findings. She stated she was not employed at the time the assessments for residents 6 and 9 were due and was unable to confirm why resident 9's assessment was not completed or why resident 6's assessment was completed late. DON B stated she was not aware that the evaluation of needs assessment was required to be completed 30 days after admission.</p> <p>4. Interview on 2/19/26 at 3:48 p.m., with Administrator A regarding residents' evaluation of needs revealed that: he acknowledged the deficient practice and stated he was not previously aware that the level of care/evaluation of needs assessment was required to be completed within 30 days after admission.</p> <p>5. Review of the provider's 6/13/25 Resident Assessment policy revealed: **Residents will be thoroughly assessed by a registered nurse and/or licensed nurse to ensure resident health concerns and needs are addressed in a timely and appropriate manner and that the assisted living community (ALC) can</p>	S 352		

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S 352	Continued From page 4  adequately meet the residents' needs. This assessment will be used to make an informed decision regarding the ALC's ability to provide appropriate care throughout their stay." -"The Level of Care Evaluation ... will be completed by a licensed nurse (LPN [licensed practical nurse] or RN [registered nurse] as required by state assisted living and board of nursing regulations) for each resident prior to or upon admission, annually, and upon significant change in condition."	S 352		
S 685	44:70:07:09 Self-Administration of Medications  A resident with the cognitive ability to safely 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 interview and record review, the facility failed to ensure quarterly self-administration of	S 685	<ol style="list-style-type: none"> <li>1. Resident 6 received a self-administration of medication assessment on 02/24/26. Documentation confirming continued appropriateness for self-administration was placed in the resident record. All licensed nursing staff were educated on the assisted living self-administration medication policy and requirements to complete prior to initiation of self-administration of medications on 03/20/26 or before next working shift.  All residents have the potential to be affected. An audit of resident assessments and orders was completed on March 12, 2026 to identify residents who self-administer medications and verify that appropriate physician orders and assessments were present. Any missing documentation was completed.</li> <li>2. The following process changes were implemented: <ol style="list-style-type: none"> <li>a. Residents who self-administer will be added to the tracking log upon admission or initiation of self-administration of any medications.</li> <li>b. The Director of Nursing or designee will be responsible to monitor the tracking log on an ongoing basis.</li> </ol> </li> <li>3. The Director of nursing or designee will audit all residents who self-administer medications quarterly for two quarters. The director of nursing or designee will bring the results of the audits to the QAPI program until substantial compliance has been met.</li> </ol>	03/20/2026

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S 685	<p>Continued From page 5</p> <p>medication assessments were completed for 1 of 1 sampled resident (6) who self-administered medications.</p> <p>Findings include:</p> <p>1. Record review and interview on 2/19/26 at 3:24 p.m., with director of nursing (DON) B, regarding resident 6's self-administration of medication assessments revealed the resident's initial self-administration of medication assessment was completed on 1/16/24. That self-administration of medication assessment included an intervention that he was independent to self-administer medications. Further review showed a yearly level of care assessment, which included a self-administration of medication assessment, was completed on 1/22/26. That self-administration of medication assessment included that he was independent with the self-administration of medications.</p> <p>There was no documentation to support that quarterly self-administration of medication assessments were completed between 1/16/24 and 1/22/26. DON B acknowledged the above findings and stated she was not aware of the regulatory requirement that residents who self-administer medications must have self-administration assessments completed at least quarterly.</p> <p>3. Review of the provider's 8/13/25 Self-Administration of Medications policy revealed, "ALC [assisted living center] 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."</p>	S 685		

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