

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ORIGINAL

PRINTED: 09/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066	
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F 000	INITIAL COMMENTS Surveyor: 29164 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 9/16/13 through 9/18/13. Good Samaritan Society Tyndall was found not in compliance with the following requirements: F431 and F441.	F 000		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 431	F-431 1. Resident's a-1 had missing documentation of controlled medications, unable to provide documentation of these at this time. 2. All medications will be documented on the MAR immediately after administration of the medication. If the medication is a PRN the response will be documented. Nursing staff will count all scheduled II and III medications at the change of shift following the GSS Procedure- Controlled Substances. If additional Schedule II medications are delivered an initial count will be verified.	

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

Mel B Schenkel

TITLE

Administrator

(X6) DATE

10-24-13

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.

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F 431	<p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32332 Based on observation, record review, interview, and policy review, the provider failed to ensure accountability was maintained for controlled and highly diverted (stolen) medications for 12 of 20 sampled and random residents (2, 4, 5, 6, 9, 17, 18, 19, 20, 21, 22, and 23) reviewed who received as needed (PRN) schedule III medications. Findings include:</p> <p>1. Observation on 9/18/13 at 9:30 a.m. of schedule III medications from three of three medication carts and one medication room revealed:</p> <p>a. Resident 2 had a blister pack (pre-formed plastic packaging) for PRN lorazepam (for anxiety) 0.5 milligrams (mg), one-half tablet. *The blister pack containing thirty tablets had been issued on 4/26/13. *Five of the tablets had been removed from the blister seals. Review of resident 2's April 2013 through September 2013 medication administration records (MAR) revealed four tablets had been documented as given. One tablet had not been accounted for.</p> <p>b. Resident 4 had a blister pack for PRN lorazepam 0.5 mg. *The blister pack containing thirty tablets had</p>	F 431	<p>If medications are not accounted for the DNS will be notified and an Incident Report will be done. GSS Procedure-Missing/Diversion of Medication will be followed.</p> <p>3. Education will be provided by the DNS and the National Campus Consultant, with input from pharmacy consultant to the nursing staff on 10/8/13. A review of Nursing manual procedures; Controlled Substances and Missing/Diversion of Medication will be shared.</p>	

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F 431	Continued From page 2 been issued on 5/20/13. *Twenty-two of the tablets had been removed from the blister seals. Review of resident 4's May 2013 through September 2013 MARs revealed eight tablets had been documented as given. Fourteen tablets had not been accounted for. c. Resident 5 had a blister pack for PRN lorazepam 0.5 mg. *The blister pack containing thirty tablets had been issued on 8/21/13. *Seven of the tablets had been removed from the blister seals. Review of resident 5's August and September 2013 MARs revealed four of the tablets had been documented as given. Three tablets had not been accounted for. d. Resident 6 had a blister pack for PRN alprazolam (for anxiety) 0.25 mg. *The blister pack containing thirty tablets had been issued on 4/6/13. *Twenty-seven of the tablets had been removed from the blister seals. *Twenty-three tablets had been documented as given. *Four tablets had not been accounted for. There was also one bottle of alprazolam 0.5 mg tablets. *The bottle of ninety tablets had been issued on 6/11/12. *Medication count by the director of nursing (DON) on 9/18/13 revealed one-hundred seventy-nine half-tablets in the bottle. *The bottle had not been accompanied by evidence of how much medication had been in the bottle when it had been placed in the	F 431	Copies of these procedures will be placed in the medication room. A review of the need to document medications immediately following administration, counting of schedule II and III medications between shift change with 2 nurses will be shared. A review of the need to report to the DNS and for an incident report done will missing medications will also be shared.	

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F 431	Continued From page 3 medication room. *One half-tablet had not been accounted for. e. Resident 9 had a blister pack for PRN lorazepam 1 mg. *The blister pack containing thirty tablets had been issued on 1/10/13. *Two tablets had been removed from the blister seals. Review of resident 9's January 2013 through September 2013 MARs revealed no tablets had been documented as given. Two of the tablets had not been accounted for. f. Resident 17 had a blister pack for PRN lorazepam 0.5 mg., one-half tablet. *The blister pack containing thirty tablets had been issued on 7/19/13. *Seventeen tablets had been removed from the blister seals. Review of resident 17's July 2013 through September 2013 MARs revealed thirteen tablets had been documented as given. Four tablets had not been accounted for. g. Resident 18 had a blister pack for PRN acetaminophen with codeine #3 (for severe pain). *The blister pack containing thirty tablets had been issued on 6/28/13. *Seven tablets had been removed from the blister seals. Review of resident 18's June 2013 through September 2013 MARs revealed three tablets had been documented as given. Four tablets had not been accounted for. h. Resident 19 had a blister pack for PRN lorazepam 1 mg. *The blister pack containing thirty tablets had	F 431	4. The DNS or designee will audit MARs to assure medications are being charted timely, that PRN medications are followed-up on, that counting of schedule II and III medications is done at each shift change with 2 nurses, that the DNS is notified of any missing documentation or medication of a controlled substance immediately upon discovery, and that an incident report was filed. These audits will be done weekly X4 and then monthly X3. The DNS will report audit findings to the QA committee monthly and the QA committee will determine if further auditing is needed. <i>(see page 56)</i>	10-31-13	

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F 431	<p>Continued From page 4 been issued on 9/10/13. *Seven tablets had been removed from the blister seals. Review of resident 19's September 2013 MAR revealed six tablets had been documented as given. One tablet had not been accounted for.</p> <p>i. Resident 20 had a blister pack for PRN hydrocodone-APAP 5-325 mg, (for pain). *The blister pack containing thirty tablets had been issued on 4/3/13. *Twenty-eight of the tablets had been removed from the blister seals. Review of resident 20's April 2013 through September 2013 MARs revealed eleven tablets had been documented as given. Seventeen tablets had not been accounted for.</p> <p>j. Resident 21 had two blister packs of hydrocodone-APAP 5-325 mg. *The blister packs containing a total of forty-five tablets had been issued on 4/3/13. *Eleven tablets had been removed from the blister seals. Review of resident 21's April 2013 through September 2013 MARs revealed nine tablets had been documented as given. Two tablets had not been accounted for.</p> <p>k. Resident 22 had a blister pack for hydrocodone-APAP 5-325 mg. *The blister pack containing thirty tablets had been issued on 8/26/13. *Six tablets had been removed from the blister seals. Review of resident 22's August 2013 and September 2013 MARs revealed five tablets had been documented as given. One tablet had not been accounted for.</p>	F 431	<p><i>Through our investigation, no definite conclusions were reached. Potential causes were missed documentation, lost medications, or possible diversion. We strongly suspect missed documentation for PRN's given and have focused our education on this area. 10-24-13gg</i></p>		

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F 431	<p>Continued From page 5</p> <p>1. Resident 23 had a blister pack for hydrocodone-APAP 5-325 mg. *The blister pack containing sixty-two tablets had been issued on 3/25/13. *Ten tablets had been removed from the blister seals. Review of resident 23's March 2013 through September 2013 MARs revealed four tablets had been documented as given. Six tablets had not been accounted for.</p> <p>2. Interview on 9/18/13 at 12:00 noon with the director of nursing (DON) revealed: *Resident 6 had brought her bottled medication from home when she had been admitted on 5/23/13. They had planned to return it to the resident's family but had not done so. They had been storing it in the medication room. *The stored medication had not been counted or documented on. *She had not been able to locate documentation for any of the above residents' missing schedule III medications. *The provider had no method in place to account for schedule III medication.</p> <p>Review of the provider's revised August 2013 policy for controlled substances had not included directions specific to providing accountability for schedule III medications.</p> <p>Review of Patricia A. Potter and Ann Griffin Perry, Fundamentals of Nursing, 6th Edition, Mosby, St. Louis, Mo; 2005, revealed: *Page 907: -"All controlled substances are handled according to strict procedures that account for each medication."</p>	F 431	<p><i>The bottle of medication for Resident 6 was locked in DNS office and was destroyed by pharmacist on 9-24-13. To prevent further occurrences, the facility will no longer accept any medications from home or another facility.</i></p> <p><i>9-24-13</i></p>	

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F 431	Continued From page 6 -"Medications should be charted immediately after administration." *Page 828: -"Discrepancies in narcotic counts are reported immediately." -"A special inventory record is used each time a narcotic is dispensed and provides an accurate ongoing count of narcotics used and remaining."	F 431			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which	F 441	F-441 1. Infection control measures will be implemented immediately to prevent the spread of disease and infection. Residents will not be bathed in the whirlpool tub until the tub has been disinfected per manufacturer recommendation.		

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F 441	Continued From page 7 hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Surveyor: 32331 Based on observation, interview, product information, manufacture recommendations, and policy review, the provider failed to ensure appropriate sanitary practices were followed for: *One of one whirlpool tub and chair disinfecting between residents' use for sixty-six of sixty-seven residents who received whirlpool tub baths. *Multiple use resident care equipment (nail clippers, scissors, tweezers, toe clipper, hair picks, combs, brush, and hair curlers) in one of one whirlpool tub and shower area and one of one beauty shop area. *Cleaning of the residents' nourishment refrigerator in one of one clean utility room on the 200 hall. Findings include: 1. Observation and interview on 9/17/13 at 9:45 a.m. in the whirlpool tub room with certified nursing assistant (CNA) C cleaning the whirlpool tub and chair revealed: *She used the Apollo Power Clean Pre-disinfectant Cleaner on the whirlpool tub surfaces between residents. *The chemical's label identified it as a pre-disinfectant cleaner.	F 441	2. a) The whirlpool tub and seat will be disinfected between each use. Residents with catheters may be given a tub bath if the catheter tubing has been clamped and the drainage bag is not placed in the tub. Residents with open wounds may be bathed in the tub only as the last bath of the day. The manufacturer instructions for disinfecting the tub will be posted in tub room and followed by staff. b) Each resident will have their own comb, brush, razor, nail clippers and other personal hygiene items in a personal bag for each resident.	

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F 441	<p>Continued From page 8</p> <p>*That was the only product used on the whirlpool tub to clean the surfaces between residents.</p> <p>*She had not turned on the jets of the whirlpool tub between residents' whirlpool tub baths.</p> <p>*She used the PDI Super Sani-Cloth germicidal (kills germs) disposable wipes to clean the whirlpool chair located next to the whirlpool tub.</p> <p>Interview on 9/17/13 at 5:00 p.m. on the 100 hall with CNA D and with registered nurse (RN) B present regarding cleaning the whirlpool tub and chair revealed:</p> <p>*She used the Apollo Power Clean Pre-disinfectant Cleaner on the whirlpool tub surfaces between residents.</p> <p>*That was the only product used on the whirlpool tub to clean the surfaces between residents.</p> <p>*She had not turned on the jets of the whirlpool tub between residents' tub baths.</p> <p>*She turned on the jets of the whirlpool tub with the whirlpool tub chair inside the tub at the end of the day when baths were completed.</p> <p>*She used the Apollo Power Clean Pre-disinfectant Cleaner on the whirlpool chair between residents' tub baths.</p> <p>*After using the cleaner on the whirlpool chair she let the chemical sit for two to three minutes, and then wiped it down with a dry cloth.</p> <p>*She had not rinsed the chemical from the whirlpool chair prior to wiping it down with a dry cloth.</p> <p>Interview at the same time with RN B revealed she was unsure on why a different product was used on the whirlpool tub and chair than what the manufacturer recommended.</p> <p>Observation and interview on 9/18/13 at 8:35 a.m. in the whirlpool tub room with CNA A</p>	F 441	<p>c) Staff will clean and sanitize hair curlers, brushes, and combs used for multiple residents between each use. The licensed cosmetologist will provide a written sanitizing procedure for equipment used in the Center.</p> <p>d) The resident refrigerator has been cleaned; all non-dated or labeled food/drinks have been removed. Designated staff will check this refrigerator weekly for outdated items. Spills will be wiped up upon discovery as daily temps are checked. All foods/drinks will be covered, labeled, and dated prior to storing in this refrigerator. Cold packs will be stored in the freezer section away from food items.</p>		

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F 441	<p>Continued From page 9</p> <p>cleaning the whirlpool tub and chair revealed: *She used the Apollo Power Clean Pre-disinfectant Cleaner on the whirlpool tub surfaces between residents. *That was the only product that was used on the whirlpool tub to clean the tub surfaces between residents. *She had not turned on the jets of the whirlpool tub between residents' tub baths. *She used the PDI Super Sani-Cloth germicidal disposable wipes to clean the whirlpool chair located next to the whirlpool tub.</p> <p>Interview on 9/18/13 at 11:30 a.m. via telephone with Apollo Power Clean Pre-disinfectant Cleaner sales representative revealed the product was a cleaning agent designed to clean surfaces prior to a disinfectant.</p> <p>Interview on 9/18/13 at 12:45 p.m. with RN B regarding the whirlpool tub and chair revealed: *There were currently four CNAs that worked as bath aides.</p>	F 441	<p>3. The disinfecting procedure for the whirlpool tub and seat will be reviewed, bathing specific information related to residents with wounds, infections, and foley catheters will be reviewed, the use of shared personal hygiene items will not continue, each resident will have their own items, and clean storage of these.</p>	
	<p>*Residents received whirlpool tub baths at least once per week. *She agreed the Apollo Power Clean Pre-disinfectant Cleaner was not a disinfectant. *Residents with known infections, indwelling urinary catheters, and open wounds were all allowed in the whirlpool tub. *All residents went into the whirlpool tub except one resident. *The whirlpool tub had not been disinfected. *The manufacturer's instructions for sanitizing/disinfecting the whirlpool tub and chair between baths had not been followed.</p> <p>Review of the provider's June 2009 Cascade Premier Sit-Bath for System Cleaning (after every</p>			

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F 441	Continued From page 10 bath) manufacture's procedure for the whirlpool tub and swivel lift revealed they were to have been cleaned and disinfected after every bath. Review of the provider's Apollo Power Clean Pre-disinfectant Cleaner undated manufacture's product information revealed: *It was a heavy duty all-purpose cleaner and degreaser. *It was formulated to pre-clean heavily soiled surfaces prior to chemical disinfecting. Review of the provider's June 2013 Apollo Power Clean Pre-disinfectant Cleaner Material Safety Data Sheet revealed effects of exposure included: *Mild irritation of sensitive skin and mucus membranes. *Dermatitis (inflammation of the skin) and irritation. Review of the provider's General Precautions and Maintenance of the Penner Transfer System Cleaning (After Every Bath) undated manufacturer's procedure for the whirlpool tub seat pad, frame, backrest, and belts (transfer system chair) revealed the transfer system chair was to have been: *Cleaned and disinfected after every bath. *Allowed proper disinfectant contact time (usually ten minutes or as recommended by the disinfectant's manufacturer). *Thoroughly rinsed after being cleaned and disinfected. 2a. Observation on 9/16/13 at 2:30 p.m. with CNA A in the whirlpool tub and shower room revealed: *In the whirlpool tub area cupboard there were: -A plastic box opened and multiple nail clippers	F 441	4. The IC nurse or designee will audit the tub cleaning to assure proper disinfecting is done between residents, that residents with wounds, infections, or catheters are bathed correctly. IC nurse will audit that each resident has their own personal hygiene items and they are stored correctly. The IC nurse will audit the beauty shop to assure curlers, combs and brushes are disinfected between use and that a disinfecting procedure is provided by the operator of the beauty shop. The IC nurse will audit that the resident refrigerator is cleaned weekly by designated staff, that all foods/drinks are covered, labeled, and dated, that no spills are noticed, and that		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066	
(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 441	Continued From page 11 visible with multiple nail clippings and tan and white spots in the bottom of the box. -A plastic container with multiple hair curlers with visible gray and white hair on them. *In the shower room area drawers there were: -A plastic container with two hair picks with visible gray and white hair on them. -Multiple nail clippers, two scissors, two tweezers, a toe clipper, and disposable nail files. -There were multiple nail clippings and tan and white spots in the bottom of the container. -A plastic container with a brush and multiple combs with visible gray and white hair on them. Interview with CNA A at the same time and location confirmed resident care items including nail clippers, scissors, tweezers, toe clipper, brush, and combs should have been cleaned after each use. b. Observation on 9/17/13 at 11:45 a.m. in the beauty shop revealed five plastic five-tiered carts with pull-out shelves with multiple curlers. The shelves were opened and multiple plastic curlers had gray, brown, and white hair visible on them. c. Interview on 9/18/13 at 8:35 a.m. with CNA A in the whirlpool tub room area revealed she used Virex 256 (a disinfectant cleaner) on the nail clippers, scissors, tweezers, toe clippers, and combs between residents use. Interview on 9/17/13 at 5:00 p.m. with RN B in the beauty shop confirmed: *Residents' personal care items including nail clippers, scissors, tweezers, toe clipper, brush, and combs were to have been cleaned with alcohol between use. *Curlers were not to be shared between	F 441	ice packs are away from frozen food items. These audits will be done weekly X4 and then monthly X3 to assure compliance. The IC nurse will report audits to the QA committee monthly and the QA committee will determine if further auditing is needed. 10-31-13 <i>All bathing staff attended training on 10-8-13 where manufacturer's video regarding cleaning and disinfecting was reviewed and bathing procedures reviewed. All new CNAs will have this training as part of orientation process and it will be incorporated into annual training for CNAs. All staff were educated on 10-23-13 regarding other infection control issues</i>	

which will also be included in annual training.

*10-24-13
8*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066		
(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 441	<p>Continued From page 12 residents.</p> <p>Review of the provider's February 2005 Nursing Care Equipment and Supplies policy revealed regular cleaning and maintenance would be completed according to written procedures and schedules and according to suggested manufacturer's instructions and guidelines.</p> <p>Review of the provider's July 2003 Center Beauty Shops revealed: *All equipment and items used on a resident would be cleaned and sanitized at the time of use. *All equipment used would be sanitized between each resident use. *The licensed cosmetologist would have a written sanitizing procedure for equipment used in the center.</p> <p>Review of the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), APIC Text of Infection Control and Epidemiology, 3rd Ed., APIC, Washington, DC, 2009, p.100-2, revealed: *The key to cleaning and disinfecting environmental surfaces was physically removing visible dirt, organic material, and debris thereby removing microorganisms. *The cleaning of environmental surfaces needed frequent cleaning because of the high degree of handling and the risk of cross-contamination of infection. *Frequently touched items needed to be cleaned after each resident use.</p> <p>Surveyor: 29164 3. Observation at 2:30 p.m. on 9/16/13 and at</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL			STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066		
(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 441	<p>Continued From page 13</p> <p>random times on 9/17/13 on the 200 hall, of the clean utility room refrigerator used for resident snacks, sodas and juices revealed:</p> <ul style="list-style-type: none"> *Two uncovered, undated, glasses of a chocolate mixture in the freezer. *Two undated brown paper bags containing opened ice cream treats in the freezer labeled with resident's names. *Cold packs on top of popsicles in the freezer. *Refrigerator shelves sticky from spilled liquids that had not been wiped up. *Outdated, individual bowls of fruit for resident snacks. <p>Interview at 2:30 p.m. on 9/17/13 with the administrator and the director of nursing (DON) revealed they:</p> <ul style="list-style-type: none"> *Had not been aware the refrigerator contained uncovered, undated food items and spills that were not cleaned. *Had assumed the night shift cleaned the refrigerator because they were in charge of taking and recording refrigerator temperatures. *Had not known who was responsible for cleaning that refrigerator or when it was to be done. *Did not have a policy for storage of resident snacks and drinks or for cleaning the refrigerator in the clean utility room. 	F 441			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 9/17/13. Good Samaritan Society Tyndall (Building 1) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Amel B. Scheukel</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10-15-13</i>
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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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435098	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL STREET TYNDALL, SD 57066
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 14180 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 9/17/13. Good Samaritan Society Tyndall (Building 2) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</p> <p>The building will meet the requirements of the 2000 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Julie B. Shenker</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10-24-13</i>
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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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10695	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY TYNDALL	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 LAUREL ST TYNDALL, SD 57066
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(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) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 29164 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted on 9/16/13 through 9/18/13. Good Samaritan Society Tyndall was found in compliance.</p>	S 000		

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

Janice B Schenck

TITLE

Administrator

(X6) DATE

REG 10-15-13

STATE FORM

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