

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
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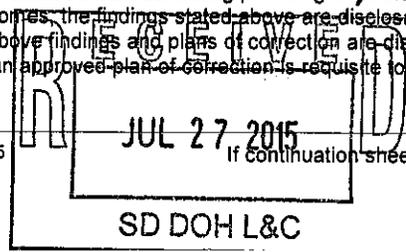
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY DEUEL COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 913 COLONEL PETE STREET CLEAR LAKE, SD 57226
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F 000	INITIAL COMMENTS	F 000		
F 311 SS=E	<p>Surveyor: 32331 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/6/15 through 7/8/15. Good Samaritan Society Deuel County was found not in compliance with the following requirements: F311 and F371.</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 18560 Based on interview, record review, and policy review, the provider failed to ensure restorative service interventions were provided as care planned for five of six sampled residents (1, 3, 6, 9, and 11). Findings include:</p> <p>1. Review of resident 1's revised 2/5/15 care plan revealed: *Focus, "The resident has a need for restorative intervention due to weakness with limited mobility." *Goal, "Resident will maintain current level of function in transfers through the review date." *Interventions, Active range of motion (AROM) would be provided six times a week.</p> <p>Review of resident 1's AROM documentation revealed: *Week of 6/7/15 - AROM provided four times.</p>	F 311	<p>F 311 483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>On 7/09/15 and 7/22/15, with additional meetings held between these dates, the DON and restorative nurse met with the Administrator (ADM) to review the policy and procedure about restorative care. Resident 1's comprehensive care plan was updated to reflect participation in group Active Range of Motion (AROM) as an option and an acceptable range in the frequency of restorative program to 4-6 times per week. The comprehensive care plan will be reviewed quarterly and with significant change in resident status to revise the care plan to meet resident's individual restorative care needs with measurable goals and interventions identified.</p> <p>(continued)</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James Block, NHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/24/15</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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F 311	<p>Continued From page 1</p> <p>*Week of 6/14/15 - AROM provided two times. *Week of 6/21/15 - AROM provided three times. *Week of 6/28/15 - AROM provided three times.</p> <p>Surveyor: 32331</p> <p>2. Interview on 7/7/15 at 10:00 a.m. with a group of eleven residents revealed there had not been restorative therapy being offered on a consistent, scheduled basis.</p> <p>3. Review of resident 11's medical record revealed she: *Had been admitted on 12/28/11. *Had diagnoses that included osteoporosis (an inflammation of the joints), pain, and a history of a CVA (cerebral vascular accident or a stroke) with right-sided weakness.</p> <p>Review of resident 11's revised 6/26/14 care plan revealed: *She had a need for restorative intervention due to right sided weakness. *She was to have received a restorative therapy program. *She had a goal to have maintained her current level of activities of daily living (ADL, assistance with bathing, eating, dressing, toileting, and grooming) function. *Interventions for nursing rehabilitation for her had included the following: -AROM on the Nu-step (a type of exercise machine) for twelve to fifteen minutes "5x[times]/wk[week]." -AROM with seated leg exercises with a three pound (lb) weight on her left ankle, a one lb weight on her right ankle, marches, and kicks for twenty repetitions for "5x/wk." -The above two restorative programs using the</p>	F 311	<p>F-311 (continued)</p> <p>Resident 11's comprehensive care plan was updated to reflect participation in group Active Range of Motion (AROM) as an option and an acceptable range in the frequency of restorative program AROM to 3-5 times per week. The comprehensive care plan will be reviewed quarterly and with significant change in resident status to revise the care plan to meet resident's individual restorative care needs with measurable goals and interventions identified.</p> <p>Resident 3's comprehensive care plan was updated to reflect an acceptable range in the frequency of her walking program to 4-7 times per week. The comprehensive care plan will be reviewed quarterly and with significant change in resident status to revise the care plan to meet resident's individual restorative care needs with measurable goals and interventions identified.</p> <p>Resident 6's comprehensive care plan was updated to reflect participation in group Active Range of Motion (AROM) as an</p> <p>(continued)</p>		

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F 311	<p>Continued From page 2</p> <p>Nu-Step and the weights, marches, and kicks had been initiated on 3/24/14.</p> <p>-AROM using a two lb dumbbell (a type of free weight piece of equipment) for arm exercises with ten repetitions for "5x/wk."</p> <p>-The above program using the dumbbells had been initiated on 2/26/15.</p> <p>-Walk resident up and down the steps with one assist with a gait belt (a device used to transfer a person from one position to another or for use to assist a person with walking) for "2x/wk."</p> <p>-The above program on the stairs had been initiated on 6/8/15.</p> <p>Interview on 7/8/15 at 9:00 a.m. with resident 11 in her room revealed she:</p> <p>*Was scheduled for restorative therapy five days per week.</p> <p>*Had not been receiving restorative therapy on a consistent basis.</p> <p>*Had received restorative therapy only one day last week.</p> <p>*Had been receiving restorative therapy an average of three times per week.</p> <p>*Liked restorative therapy because it made her feel better and "really helps me."</p> <p>*Had not understood why she had not been receiving restorative therapy as scheduled, however, she stated it might have been due to availability of staff to do the therapy.</p> <p>Review of resident 11's Nursing Rehabilitation logs for 4/1/15 through 7/7/15 revealed she had received restorative therapy:</p> <p>*In April eleven times on the Nu-Step, weights, marches, kicks, and the dumbbell exercises</p> <p>-She had refused the program five times.</p> <p>*There were twenty-two days scheduled for restorative therapy for those exercises.</p>	F 311	<p>F-311 (continued)</p> <p>option and an acceptable range in the frequency of restorative program to 4-6 times per week. The comprehensive care plan will be reviewed quarterly and with significant change in resident status to revise the care plan to meet resident's individual restorative care needs with measurable goals and interventions identified.</p> <p>Resident 9's comprehensive care plan was updated to reflect participation in group Active Range of Motion (AROM) as an option and an acceptable range in the frequency of restorative program AROM to 4-6 times per week. The comprehensive care plan will be reviewed quarterly and with significant change in resident status to revise the care plan to meet resident's individual restorative care needs with measurable goals and interventions identified.</p> <p>For all other current and potential residents with restorative programs the frequency of their restorative interventions will reflect an acceptable range per week</p> <p>(continued)</p>		

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F 311	<p>Continued From page 3</p> <p>-There had been six days the therapy had not been documented. *In May thirteen times on the Nu-Step, weights, marches, kicks, and the dumbbell exercises. -She had refused three times. *There had been twenty-one days scheduled for those exercises. -There had been five days the therapy had not been documented. *In June twelve times on the Nu-Step, eleven times on the weights, marches, kicks, and the dumbbell, and four times on the step exercises. -She had one refusal on the weights and dumbbell exercises. *There had been twenty-two days scheduled for those exercises that included the Nu-Step, weights, marches, kicks, and the dumbbell, and seven days scheduled for the step exercises. -There had been ten days the Nu-Step, weights, marches, kicks, and the dumbbell exercises and three times the step exercises had not been documented. *From 7/1/15 through 7/7/15 she had three times on the Nu-Step, weights, marches, kicks, and dumbbell exercises, and one time on the step exercises. -In that month up through 7/7/15 there had been five days scheduled for those exercises that included the Nu-Step, weights, marches, kicks, and the dumbbell exercises, and two days scheduled for the step exercises. -There had been two times the Nu-Step, weights, marches, kicks, and the dumbbell exercises and one time the step exercises had not been documented.</p> <p>Interview on 7/8/15 at 10:58 a.m. with the director of nursing (DON) regarding resident 11's restorative program revealed:</p>	F 311	<p>F-311 (continued)</p> <p>and will reflect participation in group AROM as an option when appropriate. The care plan will be reviewed and re-evaluated quarterly or with significant change with the MDS process. One to two restorative aide staff will be scheduled 5-7 days per week. Staff that are responsible for finding coverage for open shifts (in the event of a restorative aide being pulled to the floor, calling in sick, etc) will be provided with a list of staff that are trained in restorative care to replace / cover an open restorative aide shift.</p> <p>INSERVICE: Restoratvie Nurse will provide education to staff trained in restorative care on July 28th and to licensed nursing staff responsible for restorative tasks by July 29th.</p> <p>AUDITS: Restorative nurse supervisor or designee will audit 5 residents' restorative interventions to determine that the frequency of their interventions is appropriate and being met. (continued)</p>		

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F 311	<p>Continued From page 4</p> <ul style="list-style-type: none"> *She had not always received her restorative therapy as scheduled. *The "5x/wk" on the care plan was to have been done five times per week. -The "2x/wk" on the care plan was to have been done two times per week. *She stated restorative therapy had been important for that resident *She agreed the restorative therapy program was not always being completed as scheduled. <p>Surveyor: 32332</p> <p>4. Review of resident 3's revised 5/26/15 care plan revealed:</p> <ul style="list-style-type: none"> *Focus: "The resident has a need for restorative intervention due to recovery from left leg fracture." *Goal: "Will improve current level of function in walking and ability to come to a standing position; res [resident] will be able to do these tasks with one assist." *Intervention: "Walk at least once daily, but increase frequency as res will allow." <p>Review of her restorative documentation of the walking program revealed:</p> <ul style="list-style-type: none"> *Week of 6/7/15: <ul style="list-style-type: none"> -Received assistance with walking one day. -No refusals to walk. *Week of 6/14/15: <ul style="list-style-type: none"> - Received assistance with walking one day. - Refused to walk two days. *Week of 6/21/15: <ul style="list-style-type: none"> - Received assistance with walking five days. -No days of refusal to walk. *Week of 6/28/15: <ul style="list-style-type: none"> -Received assistance with walking four days. -Refused to walk three days. 	F 311	<p>F-311 (continued)</p> <p>Audits will be completed weekly for one month and then monthly for 4 months or as directed by QAPI committee. The restorative nurse supervisor or designee will submit a report of the audit findings to QAPI committee monthly for further recommendations and to determine the need for further recommendations or if necessary root-cause analysis.</p>	8/27/15

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F 311	<p>Continued From page 5</p> <p>5. Review of resident 6's revised 6/8/15 care plan revealed: * Focus: "The resident has a need for restorative intervention due to limited mobility and fall history." *Goal: "To/from bathroom at least 50% of the time through the review date." *Interventions: -AROM exercises to her upper extremities (arms) six times per week. -AROM exercises to her lower extremities (legs) six times per week. -"In place of individual arm/leg exercises, res [resident] may do GROUP SEATED exercises: ball toss, leg kicks/marches, arm exercises. PRN [as needed] as resident desires."</p> <p>Review of her restorative AROM documentation revealed: *Week of 6/7/15: AROM provided four days. *Week of 6/14/15: AROM provided two days. *Week of 6/21/15: AROM provided three days. *Week of 6/28/15: AROM provided four days. *There were no days of refusals documented. *There were no days of group seated exercises done in place of the individual exercises.</p> <p>6. Review of resident 9's revised 4/24/14 care plan revealed: *Focus: "The resident has a need for restorative intervention due to hemiparesis [weakness of the entire left or right side of the body] s/p [after] CVA [stroke]." Goal: "Resident will maintain current level of function in ADL [activities of daily living] score through the review date." *Interventions: -Active range of motion: Upper extremity (arms)</p>	F 311			

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F 311	<p>Continued From page 6 bike, six days per week. -Active range of motion using ankle weights with leg kicks and marches, to have been done daily.</p> <p>Review of his restorative AROM documentation revealed: *Week of 6/7/15: -AROM to upper extremities provided four days. -No documentation received for AROM to lower extremities. *Week of 6/14/15: -AROM to upper extremities provided two days. -No documentation received form AROM to lower extremities. *Week of 6/21/15: -AROM to upper extremities provided three days. -AROM to lower extremities provided three days. *Week of 6/28/15: -AROM to upper extremities provided three days. -AROM to lower extremities provided three days.</p> <p>Review of his 6/30/15 Restorative Care Plan Review revealed the restorative nurse documented "Goals are being met and will continue the same."</p> <p>7. Interview on 7/8/15 at 10:00 a.m. with the restorative nurse regarding restorative programs not being done consistently as indicated in the care plans revealed: *If there were not enough certified nursing assistants (CNA) scheduled for the day the restorative aide was pulled from her job to assist on the floor. *There was no one to replace the restorative aide if she was needed on the floor. *Only restorative aides were trained to assist with restorative exercises. *All CNAs and restorative aides were trained in</p>	F 311			

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F 311	<p>Continued From page 7</p> <p>walking residents.</p> <p>*On days the restorative aide was pulled from her duties the floor CNAs were supposed to assist with the walking programs.</p> <p>*Due to other job demands the restorative nurse was unable to assist with completing the restorative programs when she worked.</p> <p>*She agreed some residents could have participated in group exercises rather than individual exercises, but that had not been done.</p> <p>*Restorative documentation was only charted on days when a restorative aide was working. If there was no restorative aide, no documentation was done as to why the restorative exercises were not done.</p> <p>*She stated the residents would have continued to meet those goals unless there were declines; it did not matter how often the restorative programs were done if there were no declines.</p> <p>8. Interview on 7/8/15 at 11:00 a.m. with the DON revealed:</p> <p>*She agreed restorative exercises were not performed as they were to have been done according to the care plans.</p> <p>*The provider was having difficulty maintaining a CNA who wanted the restorative aide position.</p> <p>*She agreed the exercises were important to assist in maintaining the resident's abilities.</p> <p>*She agreed with the restorative nurse's explanation of restorative goals.</p> <p>Review of the provider's September 2012 Restorative Nursing Care policy revealed: *"Each resident will receive restorative nursing care to the extent possible, based on individual strengths, needs and problems as defined in nursing assessments. This restorative care will be outlined in the resident's nursing care plan."</p>	F 311			

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F 371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32331 Based on observation, interview, cleaning schedules review, and policy review, the provider failed to ensure sanitary conditions were maintained in the kitchen for: *Two of two fans in the dishroom area. *Four of six refrigeration unit fans. *Four of four hood panels above the stove. *Three of three access cover screens located in the ceiling. *One of two air handling vents located above a food preparation counter. Findings include:</p> <p>1. Observation on 7/6/15 from 4:15 p.m. through 4:40 p.m. in the kitchen revealed: *A moderate accumulation of dust on the blades and the covering of two Air King fans attached to the wall in the dishroom area. -Those fans were turned on and blowing on to cleaned dishes. *Two fans in the Glenco two-door refrigerator unit and two fans in the walk-in refrigerator contained a large amount of build-up of brown and black</p>	F 371	<p>F 371 483.35(1) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>On 7/7/15, one of the Air King fan's was removed from the dish room and the bracket has been removed to prevent remounting. The second Air King fan was turned off until it was cleaned, which was completed the afternoon of 7/7/15. The oscillating mechanism was removed on 7/21/15 and the fan is stationary facing only the dirty dish area. The remaining fan is placed on a cleaning schedule which is to be cleaned weekly per policy and procedure. On 7/7/15, the certified dietary manager (CDM) coordinated with maintenance supervisor (MS) to turn off the refrigerator units so the fans could be removed and cleaned. Both the two fan coverings in the Glenco two-door refrigerator unit and walk-in refrigerator were removed, soaked and run through the dish machine.</p> <p style="text-align: right;">(continued)</p>		

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F 371	<p>Continued From page 9</p> <p>spots on the blades and screen covers. -Those fans were blowing directly over residents' food being stored there. *Four hood panels above the stove had a moderate accumulation of grease with multiple brown, tan, and black spots on them. -Those panels were located directly above the stove top and grill areas. *Three access cover screens in the ceiling each contained a large build-up of dust and lint located in the following areas: -In the dishroom. -Over a counter that had cleaned dishes stored there. -In the dry food storage area. *One of two air handling vents located over a food production counter contained a moderate build-up of dust and lint.</p> <p>Observation on 7/7/15 at 8:10 a.m. in the kitchen revealed all of the above areas with no change.</p> <p>Interview on 7/7/15 at 8:45 a.m. with the certified dietary manager (CDM) and cook A regarding the above listed areas in the kitchen revealed: *Cook A stated dietary was responsible for cleaning the fans in the dishroom every two weeks. *The CDM stated the the hood panels above the stove were cleaned by a hood cleaning company. -Those panels were to have been cleaned in April 2015, and that had not been completed. -Those hood panels had last been cleaned by the hood cleaning company on 10/27/14. -Cook A stated dietary was responsible for wiping down the above area only. -She stated maintenance had not been responsible for cleaning that above area. *Cook A stated the dietary staff had not been</p>	F 371	<p>F 371 (continued)</p> <p>The staff cleaned the blades, opening and surrounding area. Both sets of fans for the refrigerators are placed on a weekly cleaning schedule. CDM coordinated with MS and both refrigeration units have been placed on a work schedule for maintenance staff to inspect condensing and evaporator units every 3 months and clean the condensing and evaporator units every 6 months. During the inspection / cleaning, maintenance staff will turn off the fans which will allow dietary staff to remove the coverings to clean underneath. The hood panels were professionally cleaned by Tri-State Hood Company on 7/9/15. CDM visited with the Tri-State Hood Company and set-up a schedule to ensure professionally cleaning within 6-month intervals and discussed recommendations for cleaning hood panels by dietary staff.</p> <p style="text-align: right;">(continued)</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY DEUEL COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 913 COLONEL PETE STREET CLEAR LAKE, SD 57226		
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F 371	<p>Continued From page 10</p> <p>responsible for cleaning the access cover screens or the vents.</p> <p>-Those above screens and vents could only be wiped down and not cleaned out by dietary staff.</p> <p>*The CDM stated the cleaning of the refrigeration units needed to have been coordinated with maintenance for cleaning the fans.</p> <p>-Those units needed to be turned off for cleaning the fans.</p> <p>*Both agreed the fans, hood panels, access cover screens, and vents were not clean.</p> <p>*Both agreed the fans in the dishroom needed to have been cleaned.</p> <p>*Both agreed the hood panels, screens, vents, and fans in the refrigeration units were located in areas over resident food preparation, storage, or cleaned dishes.</p> <p>Interview on 7/7/15 at 3:15 p.m. with the maintenance supervisor in the kitchen revealed he:</p> <p>*Stated the dietary staff were responsible for cleaning the fans in the dishroom area.</p> <p>*Needed to shut off the refrigerator units to have the fans in the walk-in refrigerator and the two-door refrigerator cleaned.</p> <p>-Stated the dietary staff was responsible for cleaning the fans once the units were turned off by maintenance for cleaning.</p> <p>*Was responsible for cleaning the air handling vents.</p> <p>-The above areas were to have been done by maintenance every three months.</p> <p>*Did not have a cleaning schedule for the access cover screens in the kitchen.</p> <p>*Stated the hood panels were to have been cleaned by the hood cleaning company.</p> <p>*He agreed all of the above areas were not cleaned and needed to have been cleaned on a</p>	F 371	<p>F 371 (continued)</p> <p>CDM, registered dietician (RD) and MS reviewed policy and procedure and owner manual and placed hood panels on a cleaning schedule for dietary staff.</p> <p>On 7/7/15 MS had covered one of the access covers in the dish room with a cleanable surface access panel. The vent above the storage of clean dishes was covered with a cleanable surface access panel on 7/8/2015 by MS.</p> <p>The vent located in the dry food storage area was cleaned and free of debris/lint on 7/7/2015. MS informed CDM that this vent was to provide air flow when all doors are shut and on 7/20/15 MS placed a filter beneath the vent to prevent dust/lint build up. CDM and RD reviewed the policy and procedure for cleaning vents and placed vents on a cleaning schedule by dietary staff.</p> <p style="text-align: right;">(continued)</p>		

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F 371	<p>Continued From page 11 more frequent basis.</p> <p>Review of the provider's cleaning schedules from 3/2/15 through 6/28/15 revealed: *The walls were last initialed as completed for "free of debris" on 6/27/15. *None of the other areas were on the cleaning schedule including the: -Fans in the dishroom. -Refrigeration unit fans. -Access cover screens and vents. -Stove hood panels.</p> <p>Review of the provider's February 2013 Cleaning-Sanitation of Non-Food Contact Surfaces policy revealed: *The provider was to have stored, prepared, distributed, and served food under sanitary conditions at all times. *The ceiling was to have been checked daily for dust and dirt, so it could not have fallen from the ceiling.</p> <p>Review of the provider's February 2013 Equipment Sanitation policy revealed: *Refrigerators were placed on a schedule to ensure regular cleaning. *The fans in the refrigerated units were to have been kept clean.</p> <p>Review of the provider's February 2013 Sanitation Cleaning Schedules revealed: *The purpose was to have promoted a system that identified cleaning tasks to be completed. *It was the responsibility of the director of dietary services for monitoring staff to ensure cleaning duties were completed satisfactorily and within the proper timelines. *The fan in the dishroom was to have been</p>	F 371	<p>F 371 (continued) On 7/7/15 MS removed the cover panel of the air handling vents and vacuumed/cleaned the inside out. Dietary staff cleaned/wiped down the outside cover panel of the air handling vent. CDM placed air handling vents on a cleaning schedule for dietary staff. MS placed air handling vents on a cleaning schedule for maintenance staff during which cover panel will be removed and vacuumed/cleaned inside.</p> <p>CDM and RD revised and updated dietary cleaning schedule to include all above areas of concern as well as all other cleaning duties and responsibilities on a daily, weekly, monthly basis. The dietary cooks and CDM will be responsible for ensuring the dietary staff is completing the daily, weekly, monthly cleaning as assigned.</p> <p style="text-align: right;">(continued)</p>		

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F 371	Continued From page 12 cleaned monthly. *The hood filters (panels) were to have been cleaned weekly *The ceilings were to have been done each February and August. *The refrigerators were to have been done weekly.	F 371	F 371 (continued) CDM provided education to dietary staff on 7/15/15 regarding policy and procedure for cleaning schedules and specific cleaning duties. The results of the survey was addressed by the ADM during this education and the plan of correction was addressed by the CDM as part of this education. By 7/29/15 dietary staff will be educated on the newly revised and updated cleaning schedule by the CDM. The CDM or designee will complete an audit of the cleaning tasks / schedule being completed as assigned on a daily basis x 4 weeks, then weekly x 8 weeks or as directed by the QAPI committee. The CDM or designee will submit a report of the audit findings to the QAPI committee monthly for further recommendations and to determine the need for further recommendations or if necessary, root-cause analysis.	8/27/15	

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY DEUEL COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 913 COLONEL PETE STREET CLEAR LAKE, SD 57226	
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K 000	INITIAL COMMENTS Surveyor: 25107 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 7/7/15. Good Samaritan Society Deuel County was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiency identified at K075 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000	K-075 NFPA 101 LIFE SAFETY CODE STANDARD A self-closing device was installed on the door to the 300 hall storage room on July 24, 2015 by director of environmental services (DES). All storage rooms will be audited by DES for amount of soiled linen and garbage stored and self-closing devices will be installed on doors to storage rooms considered hazardous area by completion date.	
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Surveyor: 25107 Based on observation and interview, the provider failed to install a self-closing device on the door to one of one hazardous storage room (store room)	K 075	Monthly inspection of Storage Rooms Doors with closures will be added to the TELS preventative maintenance system by DES. The DES or designee will submit a report quarterly of audits/inspections to the QAPI committee for further recommendations and to determine the need for further recommendations or if necessary, root-cause analysis	8/27/15

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

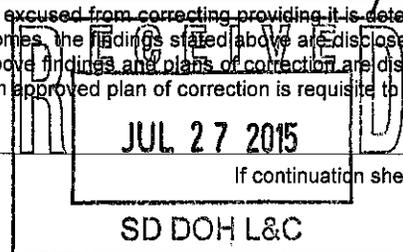
James Block, NHA

TITLE

Administrator 7/24/15

(X6) DATE

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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K 075	<p>Continued From page 1 located in the 300 hall smoke compartment. Findings include:</p> <p>1. Observation and interview with the director of environmental services on 7/7/15 at 10:45 a.m. of the store room located in the 300 hall revealed: *The store room was used to store a 50 gallon container of soiled linen and a 28 gallon container of garbage. *The store room door was not equipped with a self-closing device. *He was not aware the area was considered a hazardous area due to the amount of soiled linen and garbage stored in that room. *He agreed the door to a hazardous area should be equipped with a self-closing device.</p> <p>This deficiency would impact one of four smoke compartments. This smoke compartment has an occupancy of twenty with a current census of ten.</p>	K 075			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/08/2015
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY DEUEL COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 913 COLONEL PETE ST CLEAR LAKE, SD 57226
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S 000	<p>Initial Comments</p> <p>Surveyor: 32331 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 7/6/15 through 7/8/15. Good Samaritan Society Deuel County was found in compliance.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

James Block, MHA

TITLE

Administrator

(X6) DATE

7/24/15

STATE FORM

6899

NWRF11

If continuation sheet 1 of 1

