

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

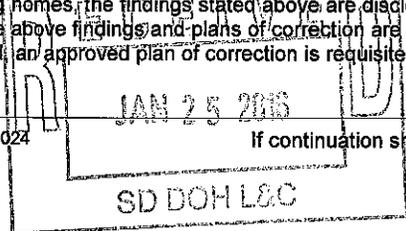
ORIGINAL

PRINTED: 01/12/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>	
(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 000	INITIAL COMMENTS  Surveyor: 22452 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 12/29/15 through 12/30/15. Good Samaritan Society Lennox was found not in compliance with the following requirements: F280, F281, F309, F314, and F323.	F 000	Addendums noted with an asterisk per 1/28/16 telephone to facility administrator.  DW/SDOAH/JJ	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.  This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on observation, record review, interview,	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Code M. Anderson* TITLE *Administrator* (X6) DATE *1-21-16*

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 280	<p>Continued From page 1 and policy review, the provider failed to ensure two of three sampled residents (4 and 5) with pressure ulcers had care plans that were updated, revised, and followed. Findings include:</p> <p>1. Observation on 1/29/15 from 1:50 p.m. through 4:55 p.m. of resident 5 revealed she: *Was lying in bed on her back with her eyes closed. *Remained on her back during that entire time. *Was assisted up into her wheelchair at 4:55 p.m.</p> <p>Interview at that time with certified nursing assistant (CNA) G regarding resident 5 revealed: *She laid the resident down in bed about 1:00 p.m. after lunch. *The resident did not like laying on her sides due to her chronic hip pain. *She was uncertain if the resident's resistance with laying on her sides was addressed on her care plan.</p> <p>Review of resident 5's 10/29/15 care plan revealed: *"Has one unstageable pressure ulcer located on her left buttock due to questionable boil." *"Turn/reposition at least every two hours. Reposition with two people and slider." *There was no documentation regarding the resident's refusal to be repositioned or turned to her sides.</p> <p>Interview on 12/29/15 at 2:30 p.m. with the quality assurance/wound registered nurse regarding resident 5 revealed she: *Was not aware the resident was resistant about being repositioned or turned on her sides due to chronic pain in her hips. *Was not sure the CNA repositioning schedule</p>	F 280	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State law. For the purpose of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with Section 7305 of the State Operations Manual.</p> <p>F- Tag 280</p> <p>Resident #4- care plan has been reviewed and updated on January 4<sup>th</sup>, 2016 to reflect the current status of pressure ulcer; with measurable goals and interventions to include turning and repositioning every two hours and avoid putting resident on back. Resident #5- Care plan has been updated to reflect current status of pressure ulcer with measurable goals and interventions to include</p>	

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F 280	Continued From page 2 was completely accurate to show they were repositioning her every two hours. Instead of documenting every two hours when they repositioned her the CNAs would wait to document at the end of their shift. The time they documented at the end of their shift would reflect the actual two hour repositioning times.  Surveyor 36413 2. Review of resident 4's care plan revealed it had not been updated to reflect changes in care related to her pressure ulcer . Refer to F314, findings 1.  Surveyor 22452 3. Review of the provider's September 2012 Care Plan policy revealed: **Care plans will be reviewed, evaluated and updated when there is a significant change in the resident's condition and/or in accordance with state guidelines." **This plan of care will be modified to reflect the care currently required/provided for the resident." Surveyor: 36413	F 280	turn/reposition every two hours with 2 assist and repositioning sheet and avoid positioning on back. For all other potential residents- the facility must ensure the residents care plans have been updated to reflect the current resident conditions or change in status with measurable goals and interventions and ensure those changes have been communicated to the staff so the resident care plan is followed. <b>IN-SERVICE:</b> Education will be provided January 28, 2016 for all staff by the DNS/designee to include GSS policy and procedure for Care Plans. And mobility and positioning and repositioning procedures <b>AUDITS:</b> The DNS/designee will		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on observation, record review, interview, and policy review, the provider failed to ensure: *Physician's orders were followed for the administration of an inhaler for one of one	F 281	complete audits weekly x 4 weeks and monthly x 4 months. Audits will include the review of three care plans per week to ensure the care plan has been updated to reflect change in condition and current status of the resident with measurable goals and interventions. The audit will include monitoring for proper positioning, and repositioning per care plan. The use of		

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F 281	<p>Continued From page 3</p> <p>sampled resident (14) who used an inhaler. *The dietitian's recommendations were followed in a timely manner for one of one sampled resident (5) who had a pressure ulcer and continued weight loss. *Professional standards were followed related to an unlicensed assistive personnel (UAP) (F) splitting a medication prior to administration to one of one sampled resident (3) who required a medication to be split half. Findings include:</p> <p>1. Review of resident 14's December 2015 medication administration record (MAR) revealed: *Advair discus inhaler (for asthma and chronic obstructive pulmonary disease) 250/50 milligrams one puff twice a day. *There was no documentation the inhaler had been held or refused for any doses.</p> <p>Observation on 12/29/15 at 2:40 p.m. of resident 14's Advair inhaler revealed there was: *Documentation the inhaler had been opened on 12/22/15 and contained sixty doses. *Fifty-one inhalations remaining in the inhaler.</p> <p>Interview on 12/29/15 at 3:00 p.m. with licensed practical nurse (LPN) A and the director of nursing (DON) regarding resident 14 revealed: *There should have been forty-five inhalations left in the Advair inhaler. *They were unsure why there were six more doses left than should have been since no doses had been refused or held.</p> <p>Review of the provider's July 2015 Physician/Practitioner Orders policy revealed no procedure regarding following physicians' orders.</p>	F 281	<p>the Braden's scale with residents at high risk for break down will be a guideline. The DNS/designee is responsible to submit the audit findings monthly to the QAPI committee for further recommendations and root cause analysis if needed.</p> <p><b>F-Tag 281-</b></p> <p>For resident # 1- An incident report and investigation was completed. Interview of resident and UAP'S with education on accuracy of dose, dialing of dose and to ensure resident received full dose. For resident # 5-pressure ulcer with weight loss and supplement orders. Dietary manager will discuss with RD January 21, 2016 that the RD write recommendations in form of a physician order to be faxed and then discuss those recommendations per the Dietary Manager and DNS. The DNS or licensed nurse will ensure the fax is sent out and physician orders are responded to timely. The licensed nurse will review the sent out faxes daily and follow up within 48-72 hours and follow up with delays per phone call.</p>	1-28-16

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F 281	<p>Continued From page 4</p> <p>2. Observation on 12/30/15 at 2:45 p.m. of resident 5 revealed: *She had a pressure ulcer on her left buttock that measured 0.5 centimeters (cm) in length, 1.5 cm in width, and 0 cm in depth. *The quality assurance (QA)/wound registered nurse (RN) changed the dressing to the left buttock.</p> <p>Interview at that time with the QA/wound RN regarding resident 5 revealed: *The pressure area on her left buttock was noted on 10/26/15. *The area on her left buttock had gradually improved. *The left buttock area initially measured 6.5 cm in length, 9.0 cm in width, and 0 cm in depth.</p> <p>Observation on 12/29/15 at 12:30 p.m. and at 5:45 p.m. of resident 5 revealed she was: *Sitting in her wheelchair in the dining room at a table that was assisted by staff. *Cued by staff to continue eating, but she was provided no physical assistance. *Often staring off or would hold the silverware or glass in her hand for long periods of time before she would put the eating utensil or glass to her mouth.</p> <p>Review of resident 5's August 2015 through December 2015 weight record revealed the following weights: *8/6/15, 194 pounds (lb). *9/3/15, 188 lb. *10/8/15, 187 lb. *11/12/15, 180 lb. *12/24/15, 177 lb.</p> <p>Review of resident 5's 7/28/15 and 10/20/15</p>	F 281	<p>For resident # 3-pill splitting by UAP For all other potential residents investigations will be completed if medication dosages do not correlate with open dates as a unit dose. Education was provided January 11, 2016 that UAP'S are not allowed to split or divide medications and must request the licensed nurse to do so prior to administration. The dietary manager will request the RD to write recommendations for physician orders and faxes will be reviewed daily to ensure timely responses are received from the physicians <b>IN-SERVICES:</b> Education was provided for all UAP'S and licensed nurses on January 11, 2016 by the DNS per State Operations manual <b>AUDITS:</b> The DNS/designee will complete <del>3</del> audits weekly x 4 weeks and monthly x 4 months. Audits will include the review of inhalers for open dates, and the dosage administration on the MAR will correlate. Audit will include that UAP'S are not allowed to split or divide medications and must request the licensed nurse to do so prior to administration. The audit will</p>	

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F 281	Continued From page 5 Minimum Data Set (MDS) assessment revealed: *Her Brief Interview for Mental status (memory test) on 7/28/15 was scored 3 out of 15. On 10/20/15 it was scored 5 out of 15 (both scores showed severely impaired cognitive loss). *She was coded as extensive assistance of one staff with eating on 7/28/15 and supervised with assistance of one staff with eating on 10/20/15.  Review of resident 5's October 2015 through December 2015 registered dietitian's (RD) progress notes revealed: *10/20/15: -"Intake varies at meals 25 percent [%] to 100% most meals per documentation." -"Resident is able to eat independently at times but does sit at an assist table and is assisted as needed." -"Is not on any scheduled snacks/supplements at this time." *"Has lost a small amount of weight over the past year. Weight stable over the last few weeks." -"Is at risk of weight loss give variability in intake." -"At this time recommend continue to monitor intake and weight. If weight continues to trend down and weight loss is unplanned, see if resident would like a scheduled snack between meals twice a day [BID]." *"Goals for intake to be greater than 75% most meals, stable weight unless weight loss is desired by resident, and intact skin." *12/2/15: -"Resident with pressure ulcer to left buttock." -"Weight 181 lb, down 7 lb over the last month." -"Intake varies at meals from 25% to 100%." -"No multivitamin [MVI] currently ordered." -"Recommend one scoop protein powder in beverage at breakfast and monitor tolerance for six additional grams of protein. Two ounces Two	F 281	include the timeliness of fax response to be returned with - in 48-72 hours from time fax is sent out. The DNS/designee is responsible to submit the audit findings monthly to the QAPI committee for further recommendations and root cause analysis if needed. *The DNS will check with the pharmacy about the potential that they will split pills as necessary for correct dosage.  DW/soo-hjt	1-28-16

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F 281	<p>Continued From page 6</p> <p>cal [liquid supplement] three times a day [TID] for additional calories and protein for weight maintenance and wound healing-monitor tolerance. MVI-no vitamin K given anticoagulant [blood thinning] therapy." -"Goals for wound healing and weight maintenance."</p> <p>Review of resident 5's December 2015 MAR revealed the MVI one daily and the protein powder one scoop daily at breakfast was not started until 12/25/15 (twenty-three days after the RD's recommendations).</p> <p>Interview on 12/30/15 at 3:00 p.m. with the dietary manager regarding resident 5 revealed: *She had sent the facsimile (fax) to the physician on 12/4/15 for orders for the protein powder. *The physician had not signed the order for the protein powder until 12/24/15 and was put on the December 2015 MAR by the nursing staff. *She was not sure why the nursing staff had not contacted the physician when the fax sent on 12/4/15 had not been returned in a timely manner. *She did not send any recommendations with medications to the physician. Those recommendations were given to the DON and left up to the nursing staff to contact the physician. *The fax to the physician for the MVI had not been sent until 12/28/15, and the order was signed by the physician on 12/28/15. *The dietary staff had been giving her Mighty Shake (supplement drink) starting on 12/2/15. They did not have any Two cal in the facility on 12/2/15 when the RD had made her recommendation. The Two cal was ordered and received on 12/28/15. The dietary staff were now giving her the Two cal TID with meals instead of</p>	F 281		

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F 281	<p>Continued From page 7</p> <p>the Mighty shake.</p> <p>*The resident's weight today was 176.5 lb.</p> <p>*The RD had come on 12/30/15. She had not informed her of her 4.5 lb continued weight loss since she had been there on 12/2/15. The RD only came on 12/30/15 to finish reviewing the residents' records she had not gotten done on 12/2/15.</p> <p>*She had not thought about starting the scheduled snack BID between meals as recommended by the RD on 10/20/15 if the resident continued to lose weight.</p> <p>*She was unsure why the staff were not assisting the resident to eat. She knew the resident could be resistant, but she agreed they had not documented that. She agreed the majority of the resident's weight loss had occurred since she had been changed from extensive assistance with eating to supervised.</p> <p>3. Observation on 12/29/15 at 6:02 p.m. of UAP F revealed she broke a pill of Xenazine (medication for involuntary body movements) in half to administer to resident 3.</p> <p>Interview at that time with UAP F revealed the pharmacy the Xenazine tablets came from did not split the pills in half. The UAPs would always break them before administering them.</p> <p>Review of Administrative Rules of South Dakota (ARSD) Article 20:48:04.01:10 revealed "The licensed nurse may delegate the following medication administration tasks to UAP that have successfully completed the curriculum of measuring a prescribed amount of liquid medication or crushing a tablet if the licensed nurse has calculated the dose."</p>	F 281			

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F 281	Continued From page 8 Review of ARSD 20:48:04.01:10 revealed "Medication administration tasks that may not be delegated is calculation of any medication dose."  Interview on 12/29/15 at 5:00 p.m. with the DON regarding resident 3 revealed she was: *Unaware a UAP could not break pills prior to administering them. *Not aware that was considered calculating a medication dose.	F 281		
F 309 SS=D	<b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on observation, record review, and interview, the provider failed to consistently assess, monitor, and document on one of one sampled resident (13) with a finger infection and urinary incontinence. Findings include:  1. Observation on 12/29/15 at 4:30 p.m. revealed unlicensed assistive personnel (UAP) F administered furosemide (fluid retention medication) 80 milligrams (mg) to resident 13.  Interview at that time with UAP F regarding resident 13 and the effect of the furosemide being	F 309	<b>F- Tag 309</b>  For resident # 13- finger infection, urinary incontinence and use of Lasix- 80mg BID continues as current order due to edema and use of Toviaz 8 mg daily for urinary incontinence continues. Physician continues with this plan of treatment. Resident's finger no longer has signs and symptoms of infection but has lost a portion of her nail. Vinegar soaks have been discontinued January 12, 2016. Per nursing assessment of the resident, the Lasix is now administered am and pm. Follow-up assessments will continue for this resident.  For all other potential residents with diagnosis of edema and use of high dosage of diuretics, the ID team will discuss with the resident use of diuretic	

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F 309	<p>Continued From page 9 administered late in the day revealed she: *Stated the furosemide was also administered at 8:00 a.m. every day. *Stated the 4:30 p.m. dose of furosemide used to be given at 12:00 p.m., and the resident had complained of being wet with urine all the time. *Was unsure what that change of time of the furosemide to 4:30 p.m. had done to her urine incontinence (no control). *Knew the resident had always been incontinent of urine for a long time.</p> <p>Observation and interview on 12/29/15 of resident 13 during the above observed medication administration revealed: *Her right little finger was light pink colored from the knuckle to the tip of her finger. *She stated she had been on two different antibiotics the past month for the finger, and they had not helped. *The right little finger was very painful when she bent the finger. When she did not move the finger it did not hurt as much. *She stated the doctor had told her when she started the first antibiotic she had a fungus infection. *She had tried to tell the doctor and the nursing staff it felt like she had something in her finger. *The administrator had just given her a warm washcloth to put on her finger.</p> <p>Observation and interview on 12/30/15 at 11:00 a.m. of resident 13 revealed: *Her right little finger was a brighter pink color than on 12/29/15. *She had soaked her finger in vinegar and water at 4:30 a.m. for an hour. *The nursing staff had not assisted her on 12/29/15 to soak her finger in vinegar and water.</p>	F 309	<p>and incontinence issues and care plan to reflect individual preferences or toileting plans. <b>IN-SERVICES:</b> Education was provided on December 30, 2015 for licensed nurse who had entered order incorrectly to the TAR by the DNS. <b>AUDITS:</b> The DNS/designee will complete audits weekly x 4 weeks and monthly x 4 months. Audit will include completion of nursing assessments for resident #13. Audit will include review of all residents on diuretics. The audit will include review of the use of diuretic and incontinence issues, and the care plan will reflect individual preferences or toileting plans. The DNS/designee is responsible to submit the audit findings monthly to the QAPI committee for further recommendations and root cause analysis if needed.</p>	1-28-16
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>	
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F 309	<p>Continued From page 10</p> <p>*She felt her finger had never gotten better with any of the antibiotics or soaking.</p> <p>*She had received a "blue" pill for her urine control for quite sometime.</p> <p>**I am in the bathroom all the time, and I am always wet."</p> <p>**I wish they would help me in the bathroom. I always have to turn on my call light anyway, and they have to come help me change my wet pads."</p> <p>*She had to leave the dining room for every meal as she had to go to the bathroom.</p> <p>*She usually was wet during the night. Last night was the first night she had been continent of urine for a long time.</p> <p>*She was unable to determine if receiving the furosemide at 4:30 p.m. instead of 12:00 noon had made her evening incontinence worse. "I am always wet."</p> <p>Review of resident 13's 11/19/15 physician's orders revealed: **Resident takes lasix [furosemide] 80 mg twice a day [8:00 a.m. and 12:00 noon] Resident complains of urinary urgency and incontinence. Is it possible to shift lasix 12:00 p.m. [noon] administration time to a later time? What would you recommend?" *Physician's response was "Change lasix to later 1400 to 1800 [2:00 p.m. to 6:00 p.m.]. Unlikely symptoms will change."</p> <p>Review of resident 13's 7/29/15 and 9/29/15 physician's orders revealed: *7/29/15, Toviaz (for overactive bladder) 4 mg one time a day for urinary incontinence. *9/29/15, Increase Toviaz to 8 mg one time a day for urinary incontinence.</p> <p>Review of resident 13's nursing progress notes</p>	F 309		

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F 309	<p>Continued From page 11 from 9/29/15 through 12/29/15 revealed no documentation regarding the:</p> <ul style="list-style-type: none"> <li>*Effectiveness of the Toviaz.</li> <li>*Affect in her urinary incontinence with the change of the furosemide times.</li> </ul> <p>Review of resident 13's 12/1/15 through 12/29/15 toileting documentation by the certified nursing assistants revealed multiple daily episodes of urinary incontinence.</p> <p>Review of resident 13's 10/12/15 care plan revealed:</p> <ul style="list-style-type: none"> <li>**Resident uses incontinent products. Size XL/XXL briefs."</li> <li>**Monitor and document for signs and symptoms of urinary tract infection."</li> <li>**Document intake and/or output."</li> <li>**Bladder retraining started 8/28/14, Instruct resident to start and stop stream during urination."</li> <li>**Resident requires extensive assistance with toileting."</li> </ul> <p>Review of resident 13's 12/5/15 physician's orders revealed cephalexin (antibiotic) 500 mg one tablet TID (three times a day) for cellulitis (infection) for ten days.</p> <p>Review of resident 13's 12/18/15 physician's orders revealed doxycycline (antibiotic) 100 mg one tablet BID (twice a day) for 10 days.</p> <p>Review of resident 13's 12/29/15 physician's fax revealed:</p> <ul style="list-style-type: none"> <li>**Doctor here and saw resident on 12/23/15 to look at her right pinky finger. Resident states doctor recommended resident soak finger in vinegar. If this is the case, may we have an order</li> </ul>	F 309		

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F 309	Continued From page 12 for vinegar soaks to right pinky finger." *Physician responded "Vinegar soaks five minutes daily until finger clears."  Review of resident 13's 12/29/15 treatment administration record (TAR) revealed the treatment for the vinegar soaks was not documented.  Interview on 12/30/15 at 11:45 a.m. with registered nurse G and licensed practical nurse A regarding resident 13 revealed: *She was often forgetful and would focus on different health issues because of that. *They were unsure if the use of the Toviaz had changed her urinary incontinence issues. *Her urinary incontinence had not really changed in the evening with giving her furosemide later in the day. *They had made no adjustments in her toileting plan with the use of the furosemide. She would usually go in the bathroom and call for the staff to assist her with changing her soiled briefs. *She did have some episodes when she was continent, but she usually focused on her incontinence. *The right pinky finger would get some better and then would become more pink and painful for her. *The vinegar/water treatment was not done by the staff at bedtime on 12/29/15 due to how it was transcribed and put into the computer. *The resident had never told them she felt like something was in her right pinky finger. *They were not aware her urinary incontinence was so upsetting to her.	F 309			
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314			

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F 314	<p>Continued From page 13</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 35237 Based on observation, interview, record review, and policy review, the provider failed to ensure one of three sampled residents (4) with a facility acquired pressure ulcer (an area of skin breakdown where something keeps rubbing or pressing against the skin) had interventions implemented to promote healing. Findings include:</p> <p>Surveyor: 35237 1. Observation on 12/29/15 at 9:50 a.m. of resident 4 and her room revealed she: *Appeared thin and frail. *Was making noises that were not understandable and did not respond to questions. *Was sitting in a gerichair (specialty chair). -That chair had no pressure relieving cushion in the seat. *Did have a pressure relieving air mattress on her bed.</p> <p>Interview on 12/29/15 at 10:00 a.m. with licensed practical nurse (LPN) A regarding resident 4 revealed she currently: *Was on hospice care.</p>	F 314	<p><b>F Tag 314</b></p> <p>For resident # 4- This resident has a pressure relieving air-mattress and pressure relieving cushion placed in the geri-chair. The care plan reflects frequent re-positioning up to every 2 hours by staff. The wound data collection tool-UDA will be completed daily by the licensed nurse. The wound RN assessment UDA will be completed weekly. The wound RN will complete measurements and document progression weekly and notify physician when needed. The certified nursing assistants will document in the kiosks each time the resident is repositioned in bed and geri-chair to ensure the re-positioning correlates to the care plan. The resident is not receiving nutritional supplements per family decision at care conference call (resident is on Hospice care). Heel precautions are care planned and hospice coverage continues.</p> <p>For all other potential residents the Braden's score will be reviewed and care plan will reflect the high risk for or potential for pressure ulcers with</p>	

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F 314	<p>Continued From page 14</p> <p>*Was not able to be interviewed since she was not verbal.</p> <p>*Was totally dependent on staff for activities of daily living (dressing, grooming, hygiene, eating, bathing, and moving around).</p> <p>*Had a pressure ulcer to her buttocks/tailbone area.</p> <p>-That area had been there on and off for a long time.</p> <p>-It had been acquired since her admission to the facility on 11/11/13.</p> <p>-The treatment had recently changed from a duoderm (special type of dressing) to hydrogel (special ointment) with a foam dressing.</p> <p>--That treatment was done daily.</p> <p>*Had a stage 3 (full thickness of skin loss, fat may be visible but not bone, muscle, or tendon) pressure ulcer.</p> <p>Surveyor: 36413 Observation on 12/29/15 at 11:30 a.m. of resident 4 revealed she was sitting in her gerichair without a pressure relieving cushion.</p> <p>Observation on 12/29/15 at noon through 1:00 p.m. of resident 4 revealed: *She was sitting in the dining room in the gerichair. *There was no pressure relieving cushion in her chair. *She was being fed by staff.</p> <p>Interview on 12/29/15 at 2:00 p.m. with the quality assurance/wound nurse revealed: *The wound nurse consultant came to facility once a month. -She could have contacted the wound nurse consultant by email or phone anytime. *She confirmed standard protocol for</p>	F 314	<p>measurable goals and interventions such as pressure relieving devices, repositioning and nutritional supplements to enhance wound resolution. The staff will monitor pressure ulcers per UDA completion and weekly wound RN will continue to observe for wound healing and prevention of further wounds.</p> <p><b>IN-SERVICE:</b> Education will be provided on January 28, 2016 by the DNS/designee to all nursing staff. The education will include GSS policy and procedure for Skin and Wound Prevention and Management, turning and repositioning, Wound data collection completion, the Wound RN assessment and implementing the Wound team and nutritionally at risk residents.</p> <p><b>AUDITS:</b> The DNS/designee will complete audits <del>weekly</del> weekly x 4 weeks and monthly x 4 months. The audit will include that the Braden Scale is utilized per policy/procedure. The audit will include Braden score interventions, observation of turning/ repositioning of the resident and the documentation</p>	

*per the MDS schedule  
aw/sooht*

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F 314	<p>Continued From page 15</p> <p>repositioning all residents was every two hours. *Resident 4's care plan stated for staff to reposition her every three hours. -She was unsure why it was every three hours instead of the standard two hours. -She agreed someone with an active pressure ulcer required more frequent repositioning than every three hours. *The resident had received the gerichair from hospice on 12/3/15. Staff had requested a Broda chair (a specialty wheelchair) from hospice. *The resident had a pressure relieving cushion prior to the 12/3/15 geri chair. -She was unsure if she currently had a pressure relieving cushion to use in her gerichair.</p> <p>Surveyor: 35237 Observation and interview on 12/29/15 at 5:05 p.m. of resident 4 in her room with certified nursing assistants (CNA) D and E revealed: *Resident 4 was in her bed at that time. *They typically got her up into her gerichair around 5:00 p.m. for supper and back into bed around 6:15 p.m. to 6:45 p.m. *They assisted her from the bed to her gerichair using an EZ lift (sling type of equipment used to move a person from one place to another). *There was no pressure relieving cushion in her gerichair seat. *They were unsure why there was no cushion and stated she had a cushion in her previous wheelchair. *On their Kiosk (computer system for CNA charting) was an entry for staff to reposition her every two hours on the even hours, and they had to sign when it was completed. *They were aware of her pressure ulcer to her buttocks.</p>	F 314	<p>entered into the kiosks at the time of turning/re-positioning is completed. The audit will include monitoring that care plans have been followed; with interventions to include re-positioning and pressure relieving devices on the bed or in the chair. The audit will include monitoring for completion of the Wound data collection, and the Wound RN assessment. Audit will include monitoring for completion of the dietary assessment. The DNS/Designee is responsible to submit the audit findings monthly to the QAPI committee monthly for further recommendations and root cause analysis if needed</p>	1-28-16

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F 314	<p>Continued From page 16</p> <p>Surveyor: 36413</p> <p>Review of resident 4's medical record revealed:</p> <p>*She was admitted to facility on 11/11/13.</p> <p>*Her diagnoses included Alzheimer's disease, dementia, unspecified open wound to her buttock, and osteoarthritis.</p> <p>*She had acquired a stage 3 pressure ulcer to her coccyx (tailbone area).</p> <p>Review of resident 4's interdisciplinary progress notes revealed:</p> <p>*On 4/23/15 she had moisture associated skin breakdown on her buttocks, and it was being treated with calmoseptine (a medicated ointment). She laid down between meals and had a pressure-reducing mattress and wheelchair cushion.</p> <p>*On 4/29/15 the area on her buttocks was recorded as measuring 1.8 centimeters (cm) by 0.8 cm by 0.2 cm depth. A hospice note included the discussion of skin concerns with the DON. The resident had a stage 2 pressure ulcer (partial thickness of skin tissue loss) to the coccyx.</p> <p>*On 5/14/15 a fax was received from the physician to use a duoderm (speciality dressing) to the coccyx and change every three days and as needed.</p> <p>*On 6/4/15 there was no indication if the pressure ulcer had worsened or improved from the hospice notes.</p> <p>*On 7/13/15 she had moisture associated skin breakdown on her buttocks, and it was being treated with calmoseptine. She was being laid down between meals and had a pressure-reducing mattress and wheelchair cushion.</p> <p>*On 9/6/15 the area measured 1.4 cm length by 0.2 cm width, depth was 0.1 cm.</p> <p>*On 10/4/15 the area measured 1 cm length by</p>	F 314			

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F 314	<p>Continued From page 17</p> <p>0.6 cm width, depth was 0.2 cm</p> <p>*On 10/13/15 the area measured 1.4 cm length by 1.4 cm width, depth was 0.4 cm</p> <p>*On 10/18/15 the area measured 1.1 cm length by 0.6 cm width, depth was 0.2 cm</p> <p>*On 10/27/15 the area measured 1.2 cm length by 0.4 cm width, depth was 0.8 cm.</p> <p>*On 11/4/15 hospice was consulted, and they contacted the physician with a request to change the order of the duoderm application to every three days instead of daily.</p> <p>*On 11/4/15 the area measured 1.4 cm length by 0.5 cm width, depth was 0.3 cm.</p> <p>*On 11/23/15 the pressure ulcer continued to be "about the same."</p> <p>*On 12/15/15 the area measured 1.5 cm by 0.3 cm and 0.6 cm was the depth. "1 RN [registered nurse] will be designated to measure wounds on this date. Mechanical debridement with use of gauze initiated to see if epiboly (encourage wound healing) can be addressed."</p> <p>*On 12/10/15 the American Medical Technologies (AMT) wound care consultant was contacted regarding wound care due to the lack of healing. New wound care was implemented.</p> <p>*On 12/29/15 the area measured 1.5 cm length by 0.2 cm width, 0.5 cm depth.</p> <p>Review of resident 4's Braden Scale (assessment for predicting pressure sore risk) results revealed:</p> <p>*On 4/13/15, score was a 9 that indicated a very high risk for the development of pressure ulcers. -Interventions for that score included turning every two hours, pressure-reducing support surfaces on bed and the chair, protect heels, manage moisture, manage nutrition, manage friction and shear.</p> <p>*On 7/7/15 the score was 12 that which indicated high risk.</p>	F 314		

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F 314	<p>Continued From page 18</p> <p>-Interventions for that score included frequent turning with a planned schedule, pressure reduction support surface, foam wedges for positioning, protect heels, manage moisture, manage nutrition, and manage friction and shear.</p> <p>*On 9/29/15 the score was 10 which indicated high risk.</p> <p>-Interventions were the same as 7/7/15.</p> <p>*On 12/22/15 the score was 11 that indicated high risk.</p> <p>-Interventions were the same as 7/7/15.</p> <p>Review of the Wound RN Assessments from 4/29/15 through 12/29/15 revealed:</p> <p>*On 5/6/15 the pressure ulcer was not staged.</p> <p>*On 5/20/15 the pressure ulcer was stage two.</p> <p>-It continued to be stage two until 10/6/15 when it was recorded as a stage 3 pressure ulcer.</p> <p>*On 11/10/15 the ulcer was a stage 2 again.</p> <p>*On 11/17/15 the ulcer was again a stage 3.</p> <p>-It continued to be a stage 3 through the 12/29/15 wound care assessments.</p> <p>Review of resident 4's 12/29/15 care plan revealed:</p> <p>*She had a focused area of a stage two pressure ulcer.</p> <p>-The date initiated and revised for that area was 7/13/15.</p> <p>*Interventions included:</p> <ul style="list-style-type: none"> <li>- Reposition every three hours.</li> <li>-Avoid positioning flat on her back.</li> <li>-Transfer to bed or recliner to rest after meals.</li> <li>-Provide pressure-reducing wheelchair cushion.</li> </ul> <p>*There had been no:</p> <ul style="list-style-type: none"> <li>-Indication the ulcer was a stage 3.</li> <li>-Revisions to her focused area for pressure ulcers since 10/7/15.</li> <li>-Mention of what treatment they were using or</li> </ul>	F 314		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>		
(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 314	<p>Continued From page 19 how often treatment was completed.</p> <p>Observation of resident 4 on 12/30/15 at the following times revealed: *At 7:30 a.m. she was in gerichair without cushion. *At 10:13 a.m. she was in geri chair without a cushion in her room with the door shut, and she was moaning. *At 11:30 a.m. she was in her gerichair without a cushion. *At 12 noon she was in her gerichair without a cushion in dining room.</p> <p>Interview on 12/30/15 at 10:17 a.m. with the quality assurance/wound nurse revealed: *She stated "five out of seven days" she was repositioned every two to three hours. *She agreed they could do better at repositioning. *She agreed a pressure-relieving cushion or chair would not have replaced repositioning.</p> <p>Observation and interview on 12/30/15 at 12:45 p.m. with certified nursing assistant (CNA) B revealed she: *Had put resident 4 in her bed on her left side. *Stated she repositioned resident 4 while in her gerichair by adjusting the bar on the back of the chair to lower and raised head of the chair. *Agreed adjusting the back bar of gerichair would not have relieved pressure to her coccyx.</p> <p>Surveyor: 35237 Observation and interview on 12/30/15 at 1:00 p.m. with the quality assurance/wound nurse during resident 4's dressing change to her pressure ulcer revealed: *She stated it was currently a stage three pressure ulcer.</p>	F 314			

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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:  <b>435082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>		
(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 314	<p>Continued From page 20</p> <p>*There originally had been two stage two pressure ulcers. -One had healed and was now a scarred area. -The other was now the stage three pressure ulcer.</p> <p>*The treatment to the ulcer was recently changed to hydrogel with a foam dressing per AMT recommendation. -Prior to the hydrogel it was a duoderm dressing since the pressure ulcers had started in April 2015.</p> <p>Surveyor: 36413 Interview with the director of nursing (DON) on 12/30/15 at 4:30 p.m. revealed: *The standard of care was to reposition residents every two hours. *She did not know why resident 4's care plan stated to reposition every three hours since she had a pressure ulcer. *She agreed the protocol for healing the pressure ulcer needed to be evaluated if there had been no progress in healing in two weeks. *Staff had an inservice last week about wound care and repositioning residents. *She confirmed resident 4 should have had a pressure-relieving cushion in her gerichair.</p> <p>Surveyor: 35237 Review of the provider's revised September 2012 Pressure Ulcers policy revealed: *The purpose was "to provide appropriate assessment and prevention of pressure ulcers as well as treatment when necessary." **Based on the residents comprehensive assessment, the center [facility] will use prevention and assessment interventions to ensure that a resident entering the center without pressure ulcers does not develop a pressure</p>	F 314			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>		
(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 314	Continued From page 21 ulcer unless the individual's clinical condition demonstrates that this was unavoidable." **"A resident who has a pressure ulcer will receive the necessary treatment and services to promote healing, prevent infection and prevent new ulcers from developing."	F 314			
F 323 SS=D	Surveyor: 36413 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Surveyor: 22452 Based on observation, interview, label review, and material safety data sheet (MSDS) review, the provider failed to ensure hazardous chemicals and cleaning wipes were not accessible to residents in one of two hallways (100 wing). Findings include:  1a. Observation on 12/29/15 at 9:15 a.m. of the	F 323	<b>F-Tag 323</b> Chemical storage-The facility must ensure the chemicals such as; toilet bowl cleaners and Oxivar and other hazardous chemicals are locked at all times when the staff member is not present at the housekeeping cart. The licensed nurse will store chemical wipes such as; oxivar and sani-wipes in the medication cart where it is locked and secured and will not be stored on the top of the medication cart where it is accessible to residents <b>IN-SERVICE:</b> Re-education will be provided by the Infection Control Preventionist/Staff Development Nurse for all staff staff with GSS policy and		

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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>
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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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F 323	<p>Continued From page 22</p> <p>100 wing hallway revealed an unattended housekeeping cart with:</p> <ul style="list-style-type: none"> <li>*An opened bottle of toilet bowl cleaner</li> <li>*An opened canister of Oxivir TB disinfectant wipes sitting on top of it.</li> <li>*There were cognitively impaired residents in the hallway at that time.</li> </ul> <p>Surveyor: 22452</p> <p>b. Observation on 12/29/15 at 9:40 a.m. in the 100 wing hallway revealed:</p> <ul style="list-style-type: none"> <li>*An unattended housekeeping cart was setting unattended outside room 114.</li> <li>*On top of the housekeeping cart was:             <ul style="list-style-type: none"> <li>-A canister of Oxivir wipes with wipes sticking out of the lid.</li> <li>-A bottle of toilet bowl cleaner with the spicket of the bottle open.</li> <li>-There were warning labels on both containers they were harmful if swallowed, gotten on the skin, or in the eyes.</li> <li>-There were cognitively impaired residents walking in the hallway.</li> </ul> </li> </ul> <p>Surveyor: 35237</p> <p>Interview on 12/30/15 at 8:15 a.m. of housekeeper C in the 100 wing hallway revealed:</p> <ul style="list-style-type: none"> <li>*Hazardous chemicals should have been kept locked in the housekeeping cart or secured from the residents when not in use.</li> <li>*There was a risk to the resident safety if they had access to hazardous chemicals.</li> <li>*The housekeeping cart had an area to put the chemicals and wipes in that could have been locked.</li> </ul> <p>c. Observation and interview with licensed practical nurse A on 12/30/15 at 10:30 a.m. of the 100 wing hallway near the nurses station</p>	F 323	<p>procedure for storage of hazardous chemicals on January 28, 2016.</p> <p><b>AUDITS:</b> The Staff Development Nurse/designee will complete audits weekly x 4 weeks and monthly x 4 months. The audit will include appropriate storage and securing of chemicals on the housekeeping carts and med carts. The Staff Development nurse/designee is responsible to submit the audit findings monthly to the QAPI committee for further recommendations or root cause analysis if needed.</p>	1-28-16
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>		
(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 323	<p>Continued From page 23 revealed:</p> <ul style="list-style-type: none"> <li>*An unattended housekeeping cart with Oxivir TB disinfectant wipes sitting on top of it.</li> <li>*An unattended medication cart with Oxivir TB disinfectant wipes sitting on top of it.</li> <li>*She agreed hazardous chemicals and disinfectant wipes should have been secured and were a safety risk to cognitively impaired residents.</li> </ul> <p>d. Interview on 12/30/15 at 5:00 p.m. with the director of nursing (DON) revealed there was a risk to the resident safety if hazardous chemicals and disinfectants were not secured properly.</p> <p>Review of Oxivir TB disinfectant wipes and toilet bowl cleaner manufacturer labels revealed to "Keep out of reach of children."</p> <p>Review of the Oxivir TB MSDS revealed: *"Handle in accordance with good industrial hygiene and safety practice." *"KEEP OUT OF THE REACH OF CHILDREN." *First aid measures included for eye or skin contact to rinse with plenty of water.</p> <p>A chemical storage policy was requested from the DON and was not received by the end of survey.</p> <p>Surveyor: 35237</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY LENNOX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 EAST 6TH AVENUE LENNOX, SD 57039</b>	
(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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 25107 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 12/30/15. Good Samaritan Society Lennox 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		

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

*Lois M. Anderson*

TITLE

*Administrators*

(X6) DATE

*1-21-16*

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:  <b>10642 S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/30/2015</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GOOD SAMARITAN SOCIETY LENNOX****404 E 6TH AVE  
LENNOX, SD 57039**

(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	Compliance/Noncompliance Statement  Surveyor: 22452 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 12/29/15 through 12/30/15. Good Samaritan Society Lennox was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement  Surveyor: 22452 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 12/29/15 through 12/30/15. Good Samaritan Society Lennox was found in compliance.	S 000		

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

*Code M. Anderson*

TITLE

*Administrative*

(X6) DATE

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If continuation sheet 1 of 1

