

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

ORIGINAL

PRINTED: 01/19/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435089 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/13/2016 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CORSICA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 455 NORTH DAKOTA CORSICA, SD 57328 | | |
| (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: 35121 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 1/11/16 through 1/13/16. Good Samaritan Society Corsica was found in compliance. | F 000 | | | |

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

TITLE

(X6) DATE

[Handwritten Signature]

Administrator

2-4-16

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.

FEB 05 2016

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435089 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 01/20/2016 |
| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CORSICA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 455 NORTH DAKOTA CORSICA, SD 57328 | |
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| K 000 | INITIAL COMMENTS Surveyor: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 1/20/16. Good Samaritan Society Corsica 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 deficiencies identified at K062 and K072 in conjunction with the provider's commitment to continued compliance with the fire safety standards. | K 000 | * Addendums noted with an asterisk per 2/16/16 per telephone with facility administrator. LF/SDDOH/EL | |
| K 062 SS=C | NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation, record review, and interview, the provider failed to ensure the automatic sprinkler system was tested properly (missing annual backflow test) and ensure it was continuously maintained in reliable operating condition (missing sprinkler head escutcheons in chapel). Findings include: 1. Record review at 9:30 a.m. on 1/20/16 of the sprinkler system inspection report prepared by Building Sprinkler Inc. dated 9/30/15 revealed no | K 062 | *1. Building Sprinkler was contacted on 2/3/2016 and they confirmed that a backflow test will be added to their next quarterly inspection in March. The Environmental Services Supervisor will install escutcheons around sprinkler heads in chapel on 2/4/2016. 2. To maintain compliance, Environmental Services Supervisor will ensure that building sprinkler will include backflow testing annually. 3. The Environmental Services Supervisor will ensure that escutcheons will be reinstalled immediately to meet the compliance requirements. | *2/24/16 LF/SDDOH/EL |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER-REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 2-4-16

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FEB 05 2016
SD DOH L&C

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| K 062 | Continued From page 1 annual backflow test had been conducted. A double-check valve backflow assembly was installed on the fire sprinkler riser. Per NFPA 25 Standard for the Inspection, Testing and Maintenance for Water Based Fire Sprinkler System, that backflow valve assembly should have been tested on an annual basis. Interview with the environmental services supervisor at the time of the exit interview at 1:15 p.m. on 1/20/16 revealed he was aware backflow testing was required. He had been advised during the last survey on 2/4/15 that a backflow test was required. He indicated he had talked to Building Sprinkler Inc. and asked to ensure that test was conducted. The test had yet to be conducted at the time of this survey. 2. Observation at 10:15 a.m. on 1/20/16 of the provider's automatic sprinkler system revealed three of the many sprinkler heads on the vaulted ceiling in the chapel area had escutcheons missing. Those escutcheons needed to be in place to properly seal the ceiling lid and to aid in radiating heat towards the sprinkler release system. Those escutcheons were designed in correlation with the sprinkler head and should have been in place. Interview with the environmental services supervisor at the time of the above observation indicated he was aware those escutcheons were missing. He indicated he was unaware of the requirement they needed to be in place. | K 062 | *4. The environmental services director will report the testing and sprinkler corrections at the quarterly QA committee meeting. LF/SDDO/HJL | |
| K 072 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant | K 072 | | |

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| K 072 | <p>Continued From page 2</p> <p>use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to maintain the width of corridors (clear and unobstructed of a soiled linen cart, a clean linen cart, chairs, a medication cart, and resident lifts in the south wing. Findings include:</p> <p>1. Observation on 1/20/16 at 9:30 a.m. revealed a soiled linen cart, a clean linen cart, chairs, a medication cart, and resident lifts were located within the means of egress corridor width in the south wing. Further observation at 12:45 p.m. during a fire drill conducted as part of the survey revealed those items were not moved from the corridor. The egress corridor should have been maintained free of obstructions that were not in use.</p> <p>Interview with the environmental services supervisor at the time of those observations confirmed those conditions. He did not indicate why those items were not moved as part of the fire drill procedure. He agreed they should have been moved.</p> | K 072 | <p><i>LF/SDDOW/EL</i></p> <p><i>*1. Environmental Services Supervisor and Administrator will conduct Fire drill on all shifts and educate staff on need to ensure corridors are clear during the drill.</i></p> <p>2. To maintain compliance, Environmental Services Supervisor will educate all staff monthly on importance of keeping corridor clear during fire drills.</p> <p>3. The Administrator will ensure that this topic will be brought up in our emergency plan in-service.</p> <p><i>*4. The environmental services director will report fire drill observations at the quarterly QA committee meeting.</i></p> <p><i>LF/SDDOW/EL</i></p> | <p><i>*2/24/16</i></p> <p><i>LF/SDDOW/EL</i></p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10609 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/20/2016 |
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| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CORSICA | STREET ADDRESS, CITY, STATE, ZIP CODE 455 N DAKOTA AVE CORSICA, SD 57328 |
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| S 000 | <p>Compliance/Noncompliance Statement</p> <p>Surveyor: 35121 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 1/11/16 through 1/13/16 and on 1/20/16. Good Samaritan Society Corsica was found not in compliance with the following requirement: S157.</p> | S 000 | <p>*Addendums noted with an asterisk per 2/16/16 per telephone with facility administrator LF/SDDOH/EL</p> | |
| S 157 | <p>44:73:02:13 Ventilation</p> <p>Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Surveyor: 32334 Based on observation, testing, and interview, the provider failed to ensure electrical powered exhaust ventilation was provided in one randomly observed location (physical therapy [PT] unit public bathroom). Findings include:</p> <p>1. Observation on 1/20/16 at 9:30 a.m. revealed a public use bathroom in the PT unit. Upon opening the bathroom door a sewer odor was present. Testing of the exhaust with a toilet tissue against the exhaust grille revealed the exhaust system was not functioning correctly. The tissue should have sucked up against the grille indicating the exhaust was functioning. The tissue revealed no suction was available.</p> <p>Interview with the environmental services supervisor at the time of the exit interview at 1:15 p.m. revealed that exhaust system was on a lone ventilation system. He indicated the exhaust fan</p> | S 157 | <p>[REDACTED]</p> <p>Environmental Services Supervisor identified that a fuse had went out in the fuse box for the exhaust and replaced it immediately</p> <p>2. To maintain compliance Environmental Services Supervisor will check all fuse boxes monthly to meet the compliance requirements.</p> <p>3. The Environmental Services Supervisor will ensure compliance by also checking all exhausts on a scheduled maintenance check monthly.</p> <p>*4. The environmental services director will report exhaust fan correction at the quarterly QA committee meeting. LF/SDDOH/EL</p> | *2/24/16 LF/SDDOH/EL |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jacky Nelson</i> | TITLE Administrator | (X6) DATE 2-4-16 |
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South Dakota Department of Health

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| S 157 | Continued From page 1 might have had a belt slip off in the time since it was last checked. The ventilation system was checked on a monthly preventative maintenance schedule. | S 157 | | |
| S 000 | Compliance/Noncompliance Statement Surveyor: 35121 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 1/11/16 through 1/13/16. Good Samaritan Society Corsica was found in compliance. | S 000 | | |