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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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<td>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 provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.</td>
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<td>F 550</td>
<td>Resident Rights/Exercise of Rights</td>
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<td>R47 was assisted to the bathroom by staff following this incident. R47's care plan has been updated to reflect the resident is to be offered toilet training and assistance upon awakening in the morning, before and after meals, before bed, and throughout the day as needed. Staff has been instructed that when they change the bed the resident is again offered toilet training and assistance. The resident will be offered to wipe down the mattress and frame if it is wet.</td>
</tr>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Kelli Guyse  
Administrator  
9/11/2019

---

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 residents. In such cases, the provider will be advised in writing or telephoned. The above findings and plans of correction are disclosed 14 days following the date of survey or the provider will be advised in writing or telephoned. The above findings and plans of correction are disclosed 14 days following the date these documents are mailed to the institutional representative and/or the facility. An approved plan of correction is requisite to continued program participation.
Continued From page 1

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

This REQUIREMENT is not met as evidenced by:

Surveyor: 40788

Based on observation, interview, record review, and policy review, the provider failed to ensure dignity was maintained for one of one sampled (47) resident observed with incontinence concerns. Findings include:

1. Review of resident 47’s medical record revealed:
   * She was admitted on 2/8/19.
   * Her diagnosis included: dementia, hypertension, hyperlipidemia, thyroid disorder, arthritis, and chronic kidney disease.

   Review of resident 47’s 8/12/19 Minimum Data Set assessment revealed:
   * Her Brief Interview for Mental Status assessment score was three indicating her cognition was severely impaired.
   * She had required extensive assistance from staff for incontinent care.
   * She was frequently incontinent of urine.
   * She was not on a toileting program.

Review of resident 47’s care plan revised on
Continued From page 2
8/26/19 revealed:
**"Focus: The resident has bladder incontinence R/T [related to] activity intolerance, confusion, functional incontinence."**

-Interventions:
  --"Encourage resident to drink more fluids during morning and afternoon and limit fluids in the evening/night. Date initiated: 2/8/19."
  --"Monitor/document for s/s [signs and symptoms] UTI [urinary tract infection]: pain, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, changes in behavior, change in eating patterns. Date initiated: 2/8/19."

Review of resident 47’s 8/25/19 completed urinary continence charting revealed:
*Two recorded entries for that date.
-Incontinent at 2:29 p.m.
-Incontinent at 10:59 p.m.

Observation on 8/25/19 at 3:38 p.m. of resident 47 in the dining room revealed:
*She had sat at a dining room table with a cup of coffee in front of her.
*There was a strong smell of urine present three to four feet around her.

Interview with food service worker A at that same time revealed resident 47 had been at the dining room table since shortly after lunchtime that day.

Continued observation on 8/25/19 at 4:29 p.m. of resident 47 revealed:
*She had remained at the same table.
**GOOD SAMARITAN SOCIETY CANISTOTA**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
700 WEST MAIN ST
CANISTOTA, SD 57012

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| F 550         | Continued From page 3  
*Her chair was now turned away from the table, and she had one hand on her knee and the other under her chin.  
*There was still a strong smell of urine around her.  
Continued observation on 8/25/19 at 5:26 p.m. of resident 47 revealed:  
*She had been served supper and fed herself.  
*Registered nurse (RN) B had administered her medications.  
Interview with activity aide C at 5:37 p.m. revealed she had served resident 47 supper but had not noticed a urine smell.  
Continued observation and interview on 8/25/19 at 5:44 p.m. with RN B regarding resident 47 revealed:  
*She had not noticed a urine smell when she had given the resident her supper medications.  
*She had confirmed the urine smell after she was asked to re-check the resident.  
*She notified certified nurse aide (CNA) D and E of the urine smell.  
-Both CNAs had been assisting other residents at a different table with their suppers.  
Continued observation on 8/25/19 at 5:55 p.m. of resident 47 revealed:  
*She had gotten up from her dining room chair, walked with her walker across the dining room, and exited.  
-The entire backside of her pants were wet.  
The seat of her dining room chair showed a presence of moisture.  
*Another resident had pointed out resident 47 and commented she needed some help.  
*Staff outside of the dining room noticed resident | F 550 | | | |
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| F 550         | Continued From page 4  
47's wet pants and accompanied her to her room to be changed.  
Observation on 8/26/19 at 12:37 p.m. of resident 47's room revealed the inside of the room smelled strongly of urine.  
Interview with housekeeping assistant F at that same time revealed she:  
* Had just cleaned resident 47's room.  
* Confirmed the room still smelled like urine.  
* Stated in addition to routine room cleaning she also sprayed a heavy duty alkaline bathroom cleaner and disinfectant in and around the resident's bed where the odor had seemed to come from.  
* Said the resident was known to urinate heavily.  
  
Observation on 8/27/19 at 12:20 p.m. of resident 47's room revealed:  
* The urine smell was slightly less offensive but still present.  
  - A window in the room was opened.  
  
Interview on 8/27/19 at 1:16 p.m. with the director of nursing regarding resident 47 revealed:  
* It was not acceptable the resident had sat in a wet brief.  
* It was her expectation staff would offer residents toileting cues and assistance upon awakening in the morning, before and after meals, before bed, and throughout the day as needed.  
  - Urinary incontinency documentation should have been charted to reflect that expectation.  
  * It was not acceptable the resident continued to sit in a wet brief after staff had known she was incontinent.  
  - Staff carried radios and a request for assistance could have been made if the nurse or aides... | F 550 |
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<td>STREET ADDRESS, CITY, STATE, ZIP CODE: 700 WEST MAIN ST, CANISTOTA, SD 57012</td>
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<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION): Continued From page 5 feeding other residents were not able to promptly help resident 47. *The resident’s room odor was not new. -She had spoken with housekeeping staff about that concern previously. -Those staff had been instructed to clean both the resident’s mattress and bed frame when the room was cleaned. Review of the provider’s February 2017 revised Resident Dignity policy revealed: “Purpose: -To maintain the dignity of all residents. -To promote, encourage, support and enhance the resident’s self-esteem. -To promote a sense of self-worth. -To assist with respecting and abiding by resident rights.”</td>
<td>ID: PREMIX TAG: F 550</td>
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<td>CFR(6): 483.80(a)(1)(2)(4)(e)(f)</td>
<td>CNAs and RNs involved in the deficient observations will be educated by DNS or designee on Hand Hygiene and Handwashing Procedure by 10/4/2019. To ensure systemic change, all nursing staff will be educated on Hand Hygiene and Handwashing Procedure by DNS or designee by 10/4/2019. To monitor performance to ensure that solutions are sustained, observation audits for adherence to Hand Hygiene and Handwashing Procedure will be conducted by DNS or designee weekly x 4, bi-weekly x 4, and monthly x 3. The results of these audits will be reviewed and reported at the monthly Quality Committee Meeting.</td>
</tr>
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<td>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,</td>
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<td>F 880</td>
<td>Continued From page 6 staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.</td>
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**NAME OF PROVIDER OR SUPPLIER**

GOOD SAMARITAN SOCIETY CANISTOTA

**STREET ADDRESS, CITY, STATE, ZIP CODE**

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CANISTOTA, SD 57012

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| F 880              | Continued From page 7

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:
Surveyor: 40053
Based on observation, interview, and policy review, the provider failed to ensure hand hygiene was completed:
*During personal care for two of two sampled residents (25 and 39) by one registered nurse (RN) (G) and two certified nursing assistants (CNA) (H and I).
*During medication administration observation for one of one sampled resident (33) by one RN (B).
Findings include:

1. Observation on 8/26/19 at 10:18 a.m. of resident 39 with RN G and CNA H during a brief change and repositioning already in progress revealed:
*They both had on gloves.
*He was in his bed.
*He had been rolled onto his right side.
-CNA H was holding him at his hip and back to keep him from rolling back.
*RN G wiped his bottom.
*Without changing gloves she grabbed a wipe out of the package.
*She cleaned his front area.
*He was rolled onto his back.
*She removed her gloves.
*CNA H removed her gloves.
*Without washing their hands both RN G and
**Deprecated Documentation**

- **Date of Survey Completed:** 08/27/2019

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**Good Samaritan Society Canistota**

**ID Prefix Tag:** F 880

### Summary Statement of Deficiencies

- CNA H put on new gloves.
- RN G handed CNA H a tube of lotion.
- CNA H squeezed that lotion onto her gloved left hand.
- She was standing on the resident's right side.
- She rubbed her gloved hands together.
- She applied that lotion in the order of:
  - Legs, feet, arms, and then hands.
- RN G squeezed lotion onto her gloved left hand.
- She rubbed her gloved hands together.
- She applied that lotion in order of:
  - Feet, legs, and then arms.
- RN G removed her gloves.
- Without washing her hands she:
  - Put on a new pair of gloves.
  - Grabbed a green swab stick from the top of his nightstand.
  - Placed the swab into a green colored mouth wash.
  - Swabbed his mouth.
- CNA H removed her gloves.
- Without washing her hands she:
  - Covered him with a sheet.
  - Lowered the bed with the bed remote.
  - Went into the resident's bathroom and washed her hands.
- She grabbed the trash bags and left the room.
- RN G removed her gloves and without washing her hands:
  - Picked up the TV remote.
  - Switched channels.
  - Set the remote down.
  - Then washed her hands and left the room.

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*Observation on 8/25/19 at 12:45 p.m.*

- She was on her back laying in her bed.
- Her call light had been on.
- Without washing her hands RN B went into her...
F 880

Continued From page 9

*She turned off the call light.
*She had a discussion with her and stated she would be right back.
*Without washing her hands she left the room.
*She re-entered the room with an otoscope and vital sign equipment.
*Without washing her hands or putting on gloves she:
  - Used the otoscope to look into the resident's right ear then her left ear.
  - Removed the black tip cover from that otoscope into the garbage.
*Without washing her hands she picked up the stethoscope.
*She listened to her lungs.
*She left the room to inform the physician of the resident's condition.

Continued observation on 8/25/19 at 2:25 p.m. of resident 33 with RN B revealed:
*Without washing her hands or putting on gloves she:
  - Went into her room.
  - Had an inhaler in her hand.
  - Instructed the resident to take in a deep breath.
  - Gave her one puff from the inhaler.
  - Went into her bathroom.
  - Picked up an emesis basin.
  - Placed two paper towels into that basin.
  - Gave that basin to the resident.
*She told the resident to spit any phlegm into that basin.
*Instructed the resident to take in a deep breath.
*Gave her one puff from the inhaler.
*Went into the bathroom:
  - Washed off the inhaler.
  - Washed her hands.
  - Put on gloves.
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| F 880 | Continued From page 10 | | *Returned to the resident's bed.  
-Moved the paper towels in the basin around.  
-She stated she was getting a description of the phlegm.  
*She removed her gloves.  
*Without performing hand hygiene she left the room.  
3. Observation on 8/27/19 at 8:05 a.m. of resident 25 with CNA I during a catheter (cath) bag change revealed:  
*Without washing her hands she went into the resident's room.  
*The resident got onto the bed.  
*CNA I put on gloves.  
-Placed a cath leg bag onto her right leg.  
-Unattached the tubing from the cath night bag that was hanging from the bed.  
-Cleaned the cath leg bag tip with alcohol.  
-Attached the cath tubing to the leg bag.  
*She took the cath bag into the bathroom.  
-Drained it into the toilet.  
-Placed that cath bag into a pink mesh bag hanging on the inside of the bathroom door.  
*She removed her gloves.  
*Without washing her hands she took that mesh bag out of the room and down the hallway and she:  
-Went into the soiled utility room.  
-Washed her hands and put on gloves.  
-Removed the cath bag and tubing from the mesh bag.  
-Removed a mixture of one-third vinegar and two-thirds water from an above cabinet.  
-Poured approximately one-half cup of that mixture into the tubing of the cath bag.  
-Held the tubing up allowing that mixture to flow into the cath bag.  
-Stated that mixture would sit in that cath bag for | F 880 | | | | | | |
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<td>at least ten minutes.</td>
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<td>-Set that cath bag on the counter next to the sink.</td>
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<td>-Washed her hands and left the room.</td>
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<td>*She stated that was her usual way of changing cath bags.</td>
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<td>*She agreed she had missed opportunities for hand hygiene.</td>
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<td>Interview on 8/27/19 at 1:38 p.m. with the assistant director of nursing revealed:</td>
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<td>*They completed handwashing education all the time.</td>
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<td>-They went over that again and again.</td>
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<td>*They should have been washing their hands before going into a room and after removing their gloves.</td>
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| | **"Everyone knows handwashing is something that needs to be done even at home."

Review of the provider's revised January 2018 Hand Hygiene and Handwashing Procedure revealed:

"Regular handwashing with soap and warm not hot water is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others."

2. If hands are not visibly soiled or contaminated with blood or body fluids, use an alcohol-based hand rub for routinely cleaning hands:
   a. Before having direct contact with residents, patients and children.
   b. After having direct contact with another person's skin.
   c. After having contact with body fluids, wounds or broken skin.
   d. After touching equipment or furniture near the resident/patient.
   e. After removing gloves."
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**  

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<td>A. BUILDING</td>
<td>08/27/2019</td>
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<td>B. WING</td>
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Surveyor: 18560  
A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities, was conducted from 8/25/19 through 8/27/19. Good Samaritan Society Canistota was found in compliance.

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**  
Kelli Guyse  
Administrator  
9/11/2019

Any deficiency statement ending with an asterisk (*) indicates that the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to patients. (See Attachment 3) In the case of nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not related to a condition in provider. 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.

**SELDOM CLC**
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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<tr>
<td>Surveyor: 27198</td>
<td>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/26/19. Good Samaritan Society Canistota was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.</td>
<td>Number of Exits - Story and Compartment CFR(s): NFPA 101</td>
<td>Number of Exits - Story and Compartment</td>
<td>Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4</td>
</tr>
<tr>
<td>K 241</td>
<td>K 241</td>
<td>This REQUIREMENT is not met as evidenced by: Surveyor: 27198 Based on observation and record review, the provider failed to maintain at least two conforming exits from each floor of the building. One of two floors (basement) did not have two conforming</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Kelli Guyse  
Administrator  
9/12/19

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 facility. (The regulations 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 90 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.)

SD DOH-OLC
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 241</td>
<td>Continued From page 1 exits. Findings include:</td>
<td></td>
</tr>
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</table>

1. Observation at 11:10 a.m. on 8/26/19 revealed there was only one exit provided from the basement boiler room. The only exit was a stair enclosure that discharged into the vestibule on the main level. Review of previous survey data also identified that condition.

The building meets the FSES. Please mark an F in the completion date column to indicate the provider's intent to correct deficiencies identified in K000.

That deficiency would only affect one or two maintenance personnel if in the basement during a fire emergency.

K 374 | Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 |

Subdivision of Building Spaces - Smoke Barrier Doors

2012 EXISTING

Doors in smoke barriers are 1-3/4 inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.

19.3.7.6, 19.3.7.8, 19.3.7.9

This REQUIREMENT Is not met as evidenced by:

Surveyor: 27198
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| K 374             | Continued From page 2  
Based on measurement and document review, the provider failed to maintain at least thirty-two inches of clear width for two of two smoke barrier doors (100 and 200 wings). Findings include:  
1. Measurement at 11:50 a.m. on 8/26/19 revealed the cross-corridor doors to the 100 wing measured thirty-one inches of clear width. Further measurement revealed the cross-corridor doors to the 200 wing adjacent to the nurses' station measured thirty inches of clear width. Review of the previous life safety code survey confirmed those findings.  
The building meets the FSES. Please mark an F in the completion date column to indicate the provider's intent to correct deficiencies identified in K000. | K 374             | | |
**GOOD SAMARITAN SOCIETY CANISTOTA**

**700 W MAIN STREET**
**CANISTOTA, SD 57012**

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<tr>
<td>S 000</td>
<td>Compliance/Noncompliance Statement</td>
<td>S 000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surveyor: 27198 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/25/19 through 8/27/19. Good Samaritan Society Canistota was found in compliance.</td>
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</tr>
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<td>S 000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surveyor: 18560 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 8/25/19 through 8/27/19. Good Samaritan Society Canistota was found in compliance.</td>
<td></td>
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</tr>
</tbody>
</table>

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

Kelli Guyse

**TITLE**

Administrator

**DATE**

9/11/2019