

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

PRINTED: 12/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/27/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST SECOND STREET SIOUX FALLS, SD 57104		
(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 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 12/20/22 through 12/22/22 and on 12/27/22. Good Samaritan Society Sioux Falls Center was found in compliance.	F 000			

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

Lab Wang

TITLE

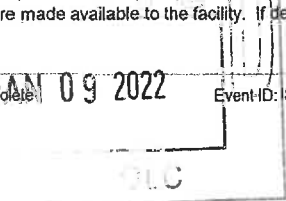
Administrator

(X6) DATE

1/9/2023

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.

JAN 09 2023



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST SECOND STREET SIOUX FALLS, SD 57104		
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E 000	Initial Comments 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 12/20/22 through 12/22/22 and on 12/27/22. Good Samaritan Society Sioux Falls Center was found in compliance.	E 000			

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

1/9/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST SECOND STREET SIOUX FALLS, SD 57104	
(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	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing healthcare occupancy) was conducted on 12/20/22. Good Samaritan Society Sioux Falls Center was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing healthcare occupancies upon correction of the deficiency identified at K325 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 325 SS=E	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with	K 325	It is the policy of the facility to ensure alcohol-based hand rub (ABHR) dispensers are installed properly per NFPA code requirements. Corrective Action will include: The Maintenance Director and or designee will reduced / relocated amount of stored ABHR supplies within the first-floor, building one housekeeping storage room not to exceed the combined total amount of 10 gallons beginning 1/9/2023. The Environmental Services Director and/or designee will conduct annual storage room audits to ensure all ABHR locations meet NFPA (ABHR) requirements beginning 1/9/2023. Assurance of On-going Compliance The facility safety and QAPI committee will review and oversee documentation that shows that the aforementioned inspections	

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

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(X6) DATE

[Signature]

Administrator

1/9/2023

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST SECOND STREET SIOUX FALLS, SD 57104	
(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 325	<p>Continued From page 1</p> <p>Section 18.3.2.6(11) or 19.3.2.6(11)</p> <p>* ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the provider failed to safely store alcohol-based hand rub (ABHR) in one room (housekeeping storage, the first floor of building one). Findings include:</p> <p>1. Observation on 12/20/22 at 3:00 p.m. revealed the housekeeping storage room on first floor of building one had a combined total of approximately 22 gallons of boxed ABHR stored. The flammable liquids code does not allow over ten gallons of alcohol in a single smoke compartment.</p> <p>Interview with the environmental safety and health systems consultant at the time of the observation confirmed that finding.</p> <p>The deficiency affected one of numerous requirements for ABHR use.</p>	K 325	<p>are performed annually as required for a period of 12 months.</p> <p>The facility administrator will monitor and verify inspections are completed and documented per assigned scheduling.</p> <p>Maintenance director or designee will conduct audits weekly x4, every other week x2, monthly x1 and quarterly x1. Maintenance director or designee will report audit findings to QAPI committee monthly, and the QAPI committee will determine ongoing monitoring and interventions.</p>	1/9/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 - 1965, 1972, AND 2000 ADDITION B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST SECOND STREET SIOUX FALLS, SD 57104	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 12/20/22. Good Samaritan Society Sioux Falls Center building 02 (1956, 1972, and 2000 additions) was found in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.	K 000		

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

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(X6) DATE

Carla Wang

Administrator

1/9/2023

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South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/27/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 401 W 2ND ST SIOUX FALLS, SD 57104		
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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 12/20/22 through 12/22/22 and on 12/27/22. Good Samaritan Society Sioux Falls Center was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement 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 12/20/22 through 12/22/22 and on 12/27/22. Good Samaritan Society Sioux Falls Center was found in compliance.	S 000		

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

Luke Wang

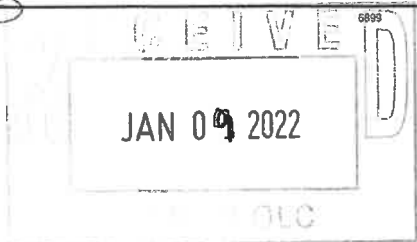
TITLE

Administrator

(X6) DATE

1/9/2023

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