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

PRINTED: 06/28/2023 FORM APPROVED OMB NO. 0938-0391

CENTER	S FUR WEDICARE &	MEDICAID SEKVICES	1		1			
	IDENTIFICATION AND MARKED		1	LE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED		
	ADEDAG R WING		B. WING			C		
		435046	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	1 06	/22/2023		
NAME OF P	ROVIDER OR SUPPLIER			401 WEST SECOND STREET				
GOOD SA	MARITAN SOCIETY SIO	UX FALLS CENTER		SIOUX FALLS, SD 57104				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
			1	DETICIENCY				
F 000	INITIAL COMMENTS		F 00	0		TO A TO THE TOTAL THE TOTA		
LABORATORY	with 42 CFR Part 483 for Long Term Care fa 6/20/23 through 6/22/ Sioux Falls Center was A complaint health su CFR Part 483, Subpa Term Care facilities w through 6/22/23. Area resident neglect and r Samaritan Society Sidin compliance.			TITLE		(X6) DATE		
LABORATORY I		1		Administrator		6-2023		
	Inh h					6-2023		
other safeguar	ds provide sufficient protections of survey whether or not	on to the patients. (See instructions.) Exce a plan of correction is provided. For nursing	ept for nursing l	e excused from correcting providing it is determ homes, the findings stated above are disclosab above findings and plans of correction are discl an approved plan of correction is requisite to co	le 90 days osable 14			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/28/2023 FORM APPROVED

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			Olvid	140, 0936-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION		DATE SURVEY COMPLETED
		435046	B. WING			06/22/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 401 WEST SECOND STREET SIOUX FALLS, SD 57104	, ZIP CODE	VOILLIEUZU
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETIO DATE
E 000	Initial Comments		E	000		
	CFR Part 482, Subpa Emergency Prepared Term Care facilities w	ey for compliance with 42 rt B, Subsection 483.73, ness, requirements for Long as conducted from 6/20/23 d Samaritan Society Sioux d in compliance.				
P. V.						Alleria de la companya de la company
OF THE PARTY OF THE BEST SERVED SHEET SHEET SERVED						
NASA ANJAKA ANJA						
med militaria disconvenza della dell						
AND						
DRATORY F	DIRECTOR'S OR PROVIDER'S	UPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE
		4		Administ	ator	7-6-20:
y deficiency	statement ending with an as des provide sufficient protection ate of survey whether or not a the date these documents ar	UPPLIER REPRESENTATIVE'S SIGNATUR terisk (*) denotes a deficiency which the no to the patients. (See instructions.) E a chan of corresion is provided. For pur e made available to the facility. If defid	institution may	AdminiStr be excused from correcting providing homes, the findings stated above	ing it is determined that are disclosable 90 days	
M CMS-256	7(02-99) Previous Versions Obso	olete JUL 0 6 2023Event in CSB	611	Facility ID: 0005	If continuation	n sheet Page

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

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		435046	B. WING_	3. WING			/21/2023
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER				40	TREET ADDRESS, CITY, STATE, ZIP CODE 01 WEST SECOND STREET IOUX FALLS, SD 57104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
К 000 К 226 SS=C	A recertification surve Life Safety Code (LSG occupancy) was cond Samaritan Society Signot in compliance with requirements for Long The building will meet 2012 LSC for existing upon correction of the K226 in conjunction was commitment to continuately standards. Horizontal Exits CFR(s): NFPA 101 Horizontal Exits Horizontal exits, if use 7.2.4 and the provision	ey for compliance with the C) (2012 existing health care lucted on 6/21/23. Good bux Falls Center was found a 42 CFR 483.90 (a) g Term Care Facilities.		2226	Preparation and execution of this Response and plan of correction does not constitute an admission agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The pof correction is prepared and/or executed solely because it is required by the provisions of fed and state law. For the purposes any allegation that the center is in substantial compliance with federal requirements of participathis response and plan of correct constitutes the center's allegation compliance in accordance with section 7305 of the State Opera Manual.	n or e lan eral of not ation, tion	
	by: A. Based on observarecord review the profire-resistive design of exit and building separate building 01 [the origin building 04 [the 2000 doghouse). Findings in 1. Observation and te	addition] outside of the			On 6-23-23 horizontal exit and building separation walls (between building 01 [the original 1957 build and building 04 [the 2000 addition] outside of the doghouse), between building 02 [1965 addition] and building 03 [the 1972 addition] between the therapy room and roo 105, separation wall between build 01 and building 03 were fixed to ensure doors are latched properly.	ing] m ling	6/23/2023
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
	1 st	Wand			Administrator	7-6-	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.

Event ID: CSP021

FORM CMS-2567(02-99) Previous Versions Obsolete 0 6 2023

Facility ID: 0005

If continuation sheet Page 1 of 4

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

PRINTED: 06/28/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION 11 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		435046	B. WING		06/21/2023	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER		4 S	TREET ADDRESS, CITY, STATE, ZIP CODE 01 WEST SECOND STREET SIOUX FALLS, SD 57104			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
K 226	ninety-minute, fire-rat latch. The pair of crosswollen to close compwest leaf would strike fail to completely closs. Interview with the masame time confirmed believed it was the hut they installed followin issue. He further state those doors for the yebuilding were sensitively levels. Record review the previous required facilities fire doors had 21st of the previous y. B. Based on observation the provider failed to a design of one of sevel building separation was [1965 addition] and but at the dining room entant. Observation and tea.m. revealed the two wall between the build ninety-minute, fire-rate The pair of doors were completely. When tes strike the south leaf of close and latch. Interview with the mais same time confirmed he believed it was the	ding 01 and building 04 had ed wood doors that did not as corridor doors were too obletely. When tested the the east leaf causing it to e and latch. Intenance supervisor at that that condition. He stated he smidity and the smoke seal g a previous survey was the ed they had not yet tested ear and that the doors in the e to changes in humidity that same day confirmed annual inspection of the doccurred on November ear. Ion, testing, and interview maintain the fire-resistive in horizontal exit and alls (between building 02 uilding 04 [the 2000 addition] trance). Findings include: sting on 6/21/23 at 10:55 -hour, fire-rated separation ding 02 and building 04 had ed doors that did not latch.	K 226	All residents have the potential to affected by the deficient practice. To ensure deficient practice does recur, on 6-23-23 the TELS prog was checked to ensure a task is added to our preventative maintenance schedule for month monitoring to ensure fire-rated w doors are latched properly. To monitor compliance, Environm Services Supervisor or designee complete random audits for fire-rated was and monthly x 2. Environmental Services Supervisor will report fire to the QAPI Committee monthly. QAPI committee will determine on-going interventions and monit Substantial compliance will be achieved on 6-23-23.	s not ram lly ood mental will ated eekly x al ndings The	

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

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STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE COMP	SURVEY PLETED
		435046	B. WING _		06/	21/2023
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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 226	the provider failed to design of one of seve building separation w. [1965 addition] and be at the nurse station of Wing). Findings included the two walls between building ninety-minute, fire-rat when tested the west close and latch. Fire-rat automatically close are restive rating. Interview with the maisame time confirmed was unaware both learnot completely closing. D. Based on observation the provider failed to design of one of seve building separation w. [the original 1957 buil 1972 addition] between months of the provider failed to design of one of seve building separation w. [the original 1957 buil 1972 addition] between the provider failed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severation and the p.m. revealed the two wall between building ninety-minute, fire-rational design of one of severat	tion, testing, and interview maintain the fire-resistive in horizontal exit and alls (between building 02 uilding 03 [the 1972 addition] utside room 215 (City View de: sting on 6/21/23 at 11:32 e-hour, fire-rated separation 02 and building 03 had ed doors that did not latch, at leaf would not completely rated door are required to end latch to maintain their fire sintenance supervisor at that that condition. He stated he exes of that set of doors was grand latching. tion, testing, and interview maintain the fire-resistive in horizontal exit and alls (between building 01 ding) and building 03 [the en the therapy room and	K 2	26		

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAGS (EACH DEFICIENCY MUST BE PRECEDED BY FILL SENTER SIOUX FALLS, SD 57104 (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAGS (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAGS (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) K 226 Continued From page 3 Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not completely closing and latching. E. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 02 [1965 addition] and building 03 [the 1972 addition] between the therapy room and room 105. Findings include: 1. Observation and testing on 6/21/23 at 1:58 p.m. revealed the two-hour, fire-rated separation wall between building 03 and an intery-minute, fire-rated soors that did not latch. When tested the east leaf would strike the west leaf and it would fail to completely close and latch. Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not completely closing and latching.		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION 01 - MAIN BUILDING 01		SURVEY
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X5) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 226 Continued From page 3 Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not completely closing and latching. E. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 02 [1965 addition] and building 03 [the 1972 addition] between the therapy room and room 105. Findings include: 1. Observation and testing on 6/21/23 at 1:58 p.m. revealed the two-hour, fire-rated separation wall between building 02 and building 03 had ninety-minute, fire-rated doors that did not latch. When tested the east leaf would strike the west leaf and it would fail to completely close and latch. Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not			435046	B. WING			06	121/2023
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCE TO THE APPROPRIATE COMPLETION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE			JX FALLS CENTER			401 WEST SECOND STREET	1 00	2112023
Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not completely closing and latching. E. Based on observation, testing, and interview the provider failed to maintain the fire-resistive design of one of seven horizontal exit and building separation walls (between building 02 [1965 addition] and building 03 [the 1972 addition] between the therapy room and room 105. Findings include: 1. Observation and testing on 6/21/23 at 1:58 p.m. revealed the two-hour, fire-rated separation wall between building 02 and building 03 had ninety-minute, fire-rated doors that did not latch. When tested the east leaf would strike the west leaf and it would fail to completely close and latch. Interview with the maintenance supervisor at that same time confirmed that condition. He stated he unaware both leaves of that set of doors was not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION
	K 226	Interview with the mai same time confirmed unaware both leaves completely closing and E. Based on observation the provider failed to design of one of seven building separation with [1965] addition] and between the therapy in Findings include: 1. Observation and tep.m. revealed the two wall between building ninety-minute, fire-rationally with the east leaf and it would fail to latch. Interview with the mai same time confirmed unaware both leaves	intenance supervisor at that that condition. He stated he of that set of doors was not d latching. ion, testing, and interview maintain the fire-resistive in horizontal exit and alls (between building 02 uilding 03 [the 1972 addition] from and room 105. sting on 6/21/23 at 1:58 -hour, fire-rated separation 02 and building 03 had ed doors that did not latch. leaf would strike the west or completely close and intenance supervisor at that that condition. He stated he of that set of doors was not	K	226			

FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 06/22/2023 10679 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 401 W 2ND ST **GOOD SAMARITAN SOCIETY SIOUX FALLS CENTER** SIOUX FALLS, SD 57104 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 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 6/20/23 through 6/22/23. Good Samaritan Society Sioux Falls Center was found in compliance.

(X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Administrator If continuation sheet 1 of 1 W3BK11 STATE FORM JUL 0 6 2023 SD OCH-OLD