

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

PRINTED: 03/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY HOWARD	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST HAZEL AVENUE HOWARD, SD 57349
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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 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 41088 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 3/10/20 through 3/12/20. Good Samaritan Society Howard was found in compliance.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Krista Swoboda* ADMINISTRATOR 3/26/2020 TITLE _____ (X6) DATE

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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E 000	Initial Comments	E 000		
E 001 SS=E	<p>Surveyor: 41088 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 3/10/20 through 3/12/20. Good Samaritan Society Howard was found not in compliance with the following requirement: E001.</p> <p>Establishment of the Emergency Program (EP) CFR(s): 483.73</p> <p>The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>*[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>*[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The</p>	E 001	<p>All residents have the potential to be affected by the facility's incomplete emergency preparedness plan. The facility will ensure Emergency Management Plan addresses Chain of Command including assignment of duties in the event of emergency Communication plan including names and contact information for staff, residents, and physicians, other facilities, and volunteer information will be included. Facility will develop tracking system for staff and residents in the event of a relocation. Facility will ensure plan includes alternate way of communication if the phone lines and cell towers are not functioning. Facility Emergency Management team will review Emergency Management Plan monthly x4 months to ensure adequate and up to date policies are in place. Audits will be completed and taken to QA Committee for further recommendations.</p>	May 1, 2020

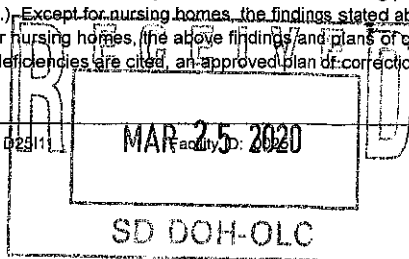
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Krista Swoboda Administrator 3/25/2020

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY HOWARD			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST HAZEL AVENUE HOWARD, SD 57349		
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E 001	<p>Continued From page 1</p> <p>emergency preparedness program must include, but not be limited to, the following elements: This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 41088</p> <p>Based on interview, record review, and policy review, the provider failed to develop and establish a comprehensive emergency preparedness program. Findings include:</p> <p>1. Interview on 3/12/20 at 1:34 p.m. and review of the provider's emergency preparedness program documentation with administrator A revealed: *They did not have a complete emergency preparedness program. *They had not:</p> <ul style="list-style-type: none"> -Developed a chain of command with contact information and list of duties. -Developed and maintained a clear communication plan that had included names and contact information for staff, residents, physicians, other long term care facilities, and volunteers. -Developed a tracking system for staff and residents if relocated from the facility. -Developed an alternate way of communication if the phone lines and cell towers had not functioned. <p>Administrator A admitted they had work to do to get the plan better developed. She agreed the plan should be well organized in the event of an emergency so their staff would know what to do and could use the plan for guidance.</p> <p>Review of revised 7/1/19 provider Emergency Management Plan policy and procedure revealed: **Good Samaritain Society policy and procedure requires that all locations have a comprehensive</p>	E 001			

Krista Swoboda

Administrator 3/25/2020

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E 001	Continued From page 2 emergency and disaster management plan in place for all service lines provided at a locations."	E 001			

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY HOWARD	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST HAZEL AVENUE HOWARD, SD 57349
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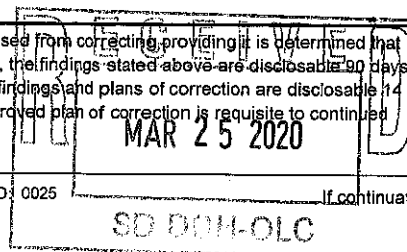
K 000	INITIAL COMMENTS Surveyor: 18087 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 3/10/20. Good Samaritan Society Howard was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K281, K916, and K923 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 281 SS=D	Illumination of Means of Egress CFR(s): NFPA 101 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Surveyor: 18087 Based on observation and interview, the provider failed to ensure adequate illumination of means of egress was provided at two randomly observed locations (boiler room and exit stair enclosure). Findings include: 1. Observation at 1:05 a.m. on 3/10/20 revealed the stair enclosure from the basement boiler room had a double lamp fixture that was not lit. Interview with the maintenance supervisor	K 281	All residents have the potential to be affected by facility failing to provide adequate illumination of means of egress. An electrician hard wired the lamp fixture so it was not able to be turned off on March 17, 2020. Environmental Services or designee to audit monthly x1 to ensure lamp fixture is working.	May 1, 2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Krista Swoboda Administrator 3/25/2020

TITLE
ADMINISTRATOR

(X6) DATE
3/25/2020

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 30 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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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY HOWARD			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST HAZEL AVENUE HOWARD, SD 57349	
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K 281	Continued From page 1 revealed the two compact florescent lights in the fixture were burned out and needed replacement. He further stated the entire building was run by the generator, but the lights in the stair enclosure and the basement boiler room were run by a switch in the main corridor. Lighting for emergency egress can not be switched. Lighting shall be provided such that minimum lighting is still provided in the event a single lighting source is lost. That lighting shall also be capable of providing one and one-half hours of emergency lighting upon loss of normal power. Interview with the maintenance supervisor at the time of the above observation confirmed that condition. He was not aware that egress lighting was not in compliance with the minimum lighting requirements. This deficiency affected two of numerous requirements for emergency lighting.	K 281		
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum	K 923	All residents have the potential to be affected by the facility failing to protect medical gas storage in oxygen cylinder storage room. Oxygen concentrators were removed from the room immediately and a self-closing hinge was placed on the door as of 3/19/2020. Environmental Services to audit Oxygen room weekly x4 and monthly x3 to ensure proper oxygen storage.	May 1, 2020

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K 923	<p>Continued From page 2</p> <p>1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 18087 Based on observation and interview, the provider failed to protect medical gas storage in one of one oxygen cylinder storage room (combustible storage and concentrators). Findings include:</p> <p>1. Observation at 1:25 p.m. on 3/10/20 revealed combustible materials were found stored within five feet of oxygen cylinders in the oxygen cylinder storage room. The minimum five feet of separation between combustibles and oxygen storage was not maintained. The room also contained seven oxygen concentrators which cannot be stored with oxygen cylinders. Interview with the maintenance supervisor at the time of the</p>	K 923		

Krista Swoboda Administrator 3/25/2020

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K 923	Continued From page 3 observation confirmed those findings. Ref: 2012 NFPA 99 Section 11.3.2.3 The deficiency affected one of four smoke compartments.	K 923		

Krista Swoboda Administrator 3/25/2020

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 435075	MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	DATE SURVEY COMPLETE: 3/10/2020
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY HOWARD	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST HAZEL AVENUE HOWARD, SD		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
K 916	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 18087 Based on observation, interview, and record review, the provider failed to perform preventive maintenance for the remote annunciator at one of one location (nurses station). Findings include:</p> <p>1. Observation at 1:25 p.m. on 3/10/20 revealed the annunciator for the generator was mounted in the corridor outside the nurses station. Interview with the maintenance supervisor at the time of the observation revealed the Onan diesel generator provided emergency power to 100 percent of the nursing home. Record review revealed there was no documentation showing the alarm functions on the annunciator had been tested. Further interview with the maintenance supervisor revealed there was no documentation available to show the annunciator could be tested to function as required.</p> <p>This deficiency has the potential to affect 100% of the occupants of the building.</p> <p>All residents have the potential to be affected by facility failing to perform preventative maintenance for the remote annunciator at facility. The facility has contacted Butler Cat to provide preventative maintenance to remote annunciator along with annual generator inspection. Environmental Services or designee will audit completion of preventative maintenance annually x1 and bring findings to the QA Committee for further Recommendations. Date of Completion: May 1, 2020</p>		

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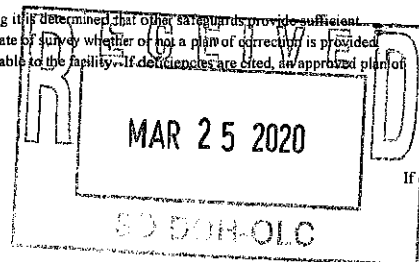
The above isolated deficiencies pose no actual harm to the residents

Krista Swoboda

Administrator 3/25/2020

031099

Event ID: D25I21



South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2020
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY HOWARD	STREET ADDRESS, CITY, STATE, ZIP CODE 300 W HAZEL AVE HOWARD, SD 57349
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S 000	Compliance/Noncompliance Statement Surveyor: 41088 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/10/20 through 3/12/20. Good Samaritan Society Howard was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 41088 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 3/10/20 through 3/12/20. Good Samaritan Society Howard was found in compliance.	S 000		

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

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Krista Swoboda Administrator 3/26/2020

STATE FORM

