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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435075 | A. BUILDING _____ B. WING _____ | 08/25/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOOD SAMARITAN SOCIETY HOWARD | 300 WEST HAZEL AVENUE HOWARD, SD 57349 |

| (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<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 8/23/22 through 8/25/22. Good Samaritan Society Howard was found in compliance. | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jody Becker Administrator 9/7/22

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<br><br>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 8/23/22 through 8/25/22. Good Samaritan Society Howard was found in compliance. | E 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jody Becker Administrator 9/7/22

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|---|---|---|---|
| | 435075 | A. BUILDING **01 - MAIN BUILDING 01** B. WING _____ | **08/24/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **GOOD SAMARITAN SOCIETY HOWARD** | **300 WEST HAZEL AVENUE HOWARD, SD 57349** |

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| K 000 | INITIAL COMMENTS<br><br>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/24/22. Good Samaritan Society Howard was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities.<br><br>The building will meet the requirements of the 2012 LSC for existing health care occupancies and the Fire Safety Evaluation System (FSES) dated 8/25/22.<br><br>Please mark an F in the completion date column for K233 and K241 deficiencies identified as meeting the FSES.<br><br>The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of the deficiencies identified at K223 and K363 in conjunction with the provider's commitment to continued compliance with the fire safety standards. | K 000 | | |
| K 223 SS=D | Doors with Self-Closing Devices<br>CFR(s): NFPA 101<br><br>Doors with Self-Closing Devices<br>Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:<br>* Required manual fire alarm system; and<br>* Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and | K 223 | All doors with self -closing devices have been adjusted to close properly, maintenance director or desginee will check self-closing doors 1 time per week for 4weeks, then monthly, then will make adjustments as warranted for any negative findings | 9/2 /2022 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jody Becker Administrator 9/7/22

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| | 435075 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/24/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **GOOD SAMARITAN SOCIETY HOWARD** | **300 WEST HAZEL AVENUE**<br>**HOWARD, SD 57349** |

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| K 223 | Continued From page 1<br>* Automatic sprinkler system, if installed; and<br>* Loss of power.<br>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, testing, and interview, the provider failed to ensure one randomly observed horizontal exit door (Door to Physical Therapy) would automatically close and latch upon activation of the buildings fire alarm system.<br>Findings include:<br><br>1. Observation and testing on 8/24/22 at 2:25 p.m. revealed a 90-minute fire rated self-closing door did not latch into the door frame at the following location:<br>*physical therapy<br><br>That door is required to automatically latch into the frame when released by the fire alarm controlled magnetic hold-open device.<br><br>Interview with the maintenance supervisor at the time of the testing and observation revealed he was not aware that door was not properly closing and latching into the frame when released by the magnetic hold-open device. | K 223 | | |
| K 233 SS=C | Clear Width of Exit and Exit Access Doors<br>CFR(s): NFPA 101<br><br>Clear Width of Exit and Exit Access Doors<br>2012 EXISTING<br>Exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. | K 233 | | |

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| | 435075 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/24/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **GOOD SAMARITAN SOCIETY HOWARD** | **300 WEST HAZEL AVENUE**<br>**HOWARD, SD 57349** |

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| K 233 | Continued From page 2<br>19.2.3.6, 19.2.3.7<br>This REQUIREMENT is not met as evidenced by:<br>Based on measurement and document review, the provider failed to maintain proper exit access door widths for two of two randomly observed sets of cross-corridor doors (north and east of the nurses station). Findings include:<br><br>1. Measurement on 8/24/22 at 11:00 a.m. revealed each leaf in the pair of one-hour fire-rated cross-corridor doors to the north of the nurses station measured 30 inches in clear width. That clear opening width did not provide the minimum requirement of 32 inches. Review of the previous survey report confirmed that condition was part of the original construction.<br><br>2. Measurement on 8/24/22 at 11:10 a.m. revealed each leaf in the pair of one-hour fire-rated cross-corridor doors east of the nurses station measured 31.5 inches in width. That clear opening width did not provide the minimum requirement of 32 inches. Review of the previous survey report confirmed that condition was part of the original construction.<br><br>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 233 | | F |
| K 241 SS=C | Number of Exits - Story and Compartment CFR(s): NFPA 101<br><br>Number of Exits - Story and Compartment<br>Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke | K 241 | | |

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| K 241 | Continued From page 3<br>compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment.<br>18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and document review, the provider failed to ensure at least two conforming (basement) exits existed from each floor of the building. Findings include:<br><br>1. Observation on 8/24/22 at 10:51 a.m. revealed the basement did not have a conforming exit. The primary exit was the basement stairway that discharged onto the main level corridor system. The second basement exit was through a window to an area well equipped with a fixed ladder. Review of the previous survey report confirmed the condition had existed since the original construction.<br><br>The building meets the FSES. Please mark an "F" in the completion date column to indicate the provider's intent to correct the deficiencies identified in K000. | K 241 | | F |
| K 363<br>SS=C | Corridor - Doors<br>CFR(s): NFPA 101<br><br>Corridor - Doors<br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors | K 363 | | |

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| K 363 | Continued From page 4<br>to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.<br><br>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485<br>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, testing, and interview, the provider failed to ensure four randomly observed corridor doors (Pantry, room 404, PT storage, and activities office) were equipped with positive latching hardware. Findings include:<br><br>1. Observation and testing beginning on 8/24/22 at 11:17 a.m. revealed corridor doors that did not latch into the door frame at the following | K 363 | Rm 404 positive latching hardware on door was adjusted to close properly.<br><br>PT storage positive latching hardware on door was adjusted to close properly.<br><br>Pantry door had new spring loaded hinges installed to close properly.<br><br>activities office door had new spring loaded hinges installed to close properly.<br><br>maintenance director or designee will check all positive latching hardware doors weekly for 4weeks and then monthly, will make adjustments as warranted for any negative findings. | 9/2/22 |

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| K 363 | Continued From page 5<br>locations:<br>*Pantry<br>*Room 404<br>*PT Storage Room<br>*Activities office<br><br>Those doors are required to latch into the frame to resist the passage of smoke.<br><br>Interview with the maintenance supervisor at the time of the testing and observations revealed he was not aware those doors were not properly latching into their frames. | K 363 | | |

South Dakota Department of Health

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|---|---|---|---|
| | 10631 | A. BUILDING: _____ B. WING _____ | 08/25/2022 |

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| GOOD SAMARITAN SOCIETY HOWARD | 300 W HAZEL AVE HOWARD, SD 57349 |

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|---|---|---|---|---|
| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 8/23/22 through 8/25/22. Good Samaritan Society Howard was found in compliance. | S 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jody Becker Administrator 9/7/22

TITLE

(X6) DATE