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

PRINTED: 09/27/2022 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				10. 0938-03	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	, ,	PLE CONSTRUCTION G		TE SURVEY MPLETED	
		B. WING_			9/15/2022		
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SCOTLAND				STREET ADDRESS, CITY, STATE, ZIP 130 6TH STREET SCOTLAND, SD 57059	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	6	F0	00			
	with 42 CFR Part 48 for Long Term Care	Ith survey for compliance 3, Subpart B, requirements facilities, was conducted from 5/22. Good Samaritan Society in compliance.					
			LIDE	TITLE		(X6) DATE	
		R/SUPPLIER REPRESENTATIVE'S SIGNAT	UKE	IIILL		10/05/202	
y deficienc	rds provide sufficient protect date of survey whether or n g the date these documents	asterisk.(*) denotes a deficiency which to tion to the patients. (See instructions.) of a plan of correction is provided. For are made available to the facility. If de	ursing homes, th	ne above findings and plans of corrections	on are disclosable 14		
	67(02-99) Previous Versions O	OCT 0.5 2022 L/) bsolete Event ID: D	FVV11	Facility ID: 0078	If continuation	n sheet Page	

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CENTER	O I OIL MILDIOAIL &	INEDIO/ ND CERTIFICE			(VO) DATE	E CLIDVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435095	B. WING_			09/15/2022	
	ROVIDER OR SUPPLIER	DTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
	Initial Comments A recertification surv CFR Part 482, Subpatemergency Prepared Term Care Facilities,	ey for compliance with 42 art B, Subsection 483.73, dness, requirements for Long was conducted from 9/13/22 and Samaritan Society	TAG	CROSS-REFERENCED TO THE APPR	OPRIATE	DATE	
LABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE		(X6) DATE 10/05/2022	

Julie Ramey Administrator

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.

program participation. FORM CMS-2567(02-99) Previous Versions Obsolet OCT 0 5 2022 Even ID: DFVV11 Facility ID: 0078

SD DOH-OLC

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

PRINTED: 09/27/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01				(X3) DATE SURVEY COMPLETED	
435095			B. WING			0:	09/13/2022	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SCOTLAND				STREET ADDRESS, CITY, STATE, ZIP CODE 130 6TH STREET SCOTLAND, SD 57059				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	((E CRC	PROVIDER'S PLAN OF CORRECTION SHO DSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 000	Life Safety Code (LS occupancy) was cond Samaritan Society So	ey for compliance with the C) (2012 existing health care ducted on 9/13/22. Good cotland was found in CFR 483.70 (a) requirements	K	000				
		SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X8) DATE 10/05/202	
Julie Ra	ımey Administrat	or					10/00/202	

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 Instruction S.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plant or 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. Indeficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

SD DOH-OLC

Facility ID: 0078

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South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 09/15/2022 B. WING. 10675 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 130 6TH ST GOOD SAMARITAN SOCIETY SCOTLAND SCOTLAND, SD 57059 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) 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 9/13/22 through 9/15/22. Good Samaritan Society Scotland 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 9/13/22 through 9/15/22. Good Samaritan Society Scotland was found in compliance.

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

TITLE

(X6) DATE

Julie Ramey Administrator

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10/05/2022
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