

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Sioux Falls Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3901 S Marion Rd Sioux Falls, SD 57106	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>51094</p> <p>Based on South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, policy review, observation and interview, the provider failed to ensure the safety of one of one sampled resident (1) who received a burn from a hot coffee. The citation is considered past non-compliance based on a review of the provider's corrective actions following the incident. Findings include:</p> <p>1. Review of provider's 11/5/24 DOH FRI revealed:</p> <ul style="list-style-type: none"> *Resident 1 received a burn was on her abdomen on 10/31/24. -The origin of the burn is suspected to be caused from hot coffee. -Coffee machines and dispensers were found to be above the temperature per the facility's policy guidelines. -The coffee machine vendor was to calibrate the machines on 11/1/24. -All coffee machines temperatures were being regulated by staff prior to the vendor's service. <p>2. Review of resident 1's record revealed:</p> <ul style="list-style-type: none"> *Resident 1's admitted was 2/14/24. *Her diagnoses included Alzheimer's disease, and dementia. *She had a Brief Interview of Mental Status (BIMS) score of 9 which indicated she had moderate impairment. *A wound assessment was completed on 11/13/24 that indicated: -The area is healed, and scarring is noted. -She denies any pain. <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Treatment of the wound is discontinued.</p> <p>*Resident 1's care plan indicated:</p> <p>-It was revised on 10/31/24 to include impaired ability to manage hot beverages and soups.</p> <p>*She has a difficult time remaining seated in the dining room.</p> <p>-She tends to enter the serving area.</p> <p>-Assist of one [staff]PRN [as needed] at the assisted dining room table for closer monitoring.</p> <p>-Supervision is needed at all times while drinking hot beverages.</p> <p>-She is encouraged to drink hot liquids from a cup with a lid.</p> <p>-She is encouraged to drink hot liquids while sitting.</p> <p>3. Review of the providers hot liquids - Food and nutrition services policy dated 4/19/24 revealed:</p> <p>*When self-service hot liquids are available in the dining room:</p> <p>-Liquids should be at or below 150 degrees Fahrenheit.</p> <p>-The area of self-service hot liquids should be supervised.</p> <p>-When possible, hot liquids should be pre-poured for residents.</p> <p>4. Observation of the Sells dining room on 11/13/24 at 5:00 p.m. revealed:</p> <p>*Dining room staff temperature checking all foods and hot beverages prior to service.</p> <p>*Self service coffee machine was monitored by staff during mealtime.</p> <p>5. Interview on 11/14/24 at 9:30 a.m. with dietary service assistant C revealed she stated:</p> <p>*She worked in the Sells dining room.</p> <p>*She has worked in the facility since March 2024.</p> <p>*Hot liquids are temperature checked prior to being served to residents.</p> <p>*If temperatures were found to be over 150 degrees Fahrenheit, liquids were not served until the temperature decreased to 150 degrees or below.</p> <p>*The self-service coffee machines were monitored during mealtimes and were not available to residents outside of mealtimes.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*She had received hot liquid training since resident 1's burn on 10/31/24.</p> <p>*She received and read an email about it sent to staff by the administrator B.</p> <p>*Dietary service assistant C demonstrated how to check the temperature of the coffee to this surveyor.</p> <p>Immediately following the above observation, this surveyor checked the temperature of the self-serve coffee machine, and the temperature was found to be 142 degrees Fahrenheit.</p> <p>6. Interview on 11/14/24 at 10:48 a.m. with administrator A revealed:</p> <p>*All coffee machines were being temperature-regulated daily and prior to serving hot liquids to residents.</p> <p>*Coffee machines were calibrated on 11/1/24.</p> <p>*A hot beverage handling training was completed with staff on 10/31/24.</p> <p>-Training included How to take the temperature of hot beverages and what to do when the temperature is found to be higher than 150 degrees Fahrenheit.</p> <p>*An email was sent to all staff from administrator B which included the following education:</p> <p>-When hot liquids are available in the dining room, temperatures should be at or below 150 degrees Fahrenheit.</p> <p>-The area should be supervised.</p> <p>-Do not overfill carafes or service containers.</p> <p>-Pre-pour liquids whenever possible into drinking cups with lids.</p> <p>*All coffee machine temperature log audits were planned to be shared at the upcoming December 2024 Quality Assurance and Performance Improvement [QAPI] meeting for further review.</p> <p>The provider implemented action on 10/31/24 to ensure the deficient practice does not recur and was confirmed on 11/14/24 after record review revealed the facility had followed their quality assurance process, education was provided to all direct care staff regarding temperature regulation of hot liquids, observations and interviews revealed staff understood how to correctly check hot liquid temperatures, the resident's care plan was updated to include interventions to avoid hot liquid burns and audits are being performed to ensure hot liquids do not exceed the provider's policy guidelines.</p> <p>Based on the above information, non-compliance at F689 was determined on 10/31/24, and based on the provider's implemented corrective actions for the deficient practice confirmed on 11/14/24, the noncompliance is considered past non-compliance.</p>		