

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
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	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49238</p> <p>Based on observation, interview, and policy review, the provider failed to ensure seven bottles of one bulk medication that was expired were appropriately discarded. Findings include.</p> <p>1. Observation and interview on 6/13/24 at 8:00 a.m. of the medication cart for the city view residents and the second-floor medication storeroom with certified medication aide's (CMA) I revealed:</p> <p>*CMA I confirmed the hand written dates on the medication bottles indicated the dates the bottles were opened to administer to the residents.</p> <p>*There were three bottles of aspirin 325 milligrams (mg) in the medication cart, two of the three bottles were expired. One on 2/2024 (February) and one on 1/2024 (January).</p> <p>*CMA J stated all medications should be checked for the date they were opened and the date they would expire before administering the medications to the residents.</p> <p>*The storeroom cupboard on the second floor had eleven bottles of chewable aspirin 81 mg.</p> <p>*Four of the eleven chewable aspirins expired on 5/2024 (May).</p> <p>*CMA J stated, expired medications should be removed from the carts and everyone who administered medications was responsible for that.</p> <p>Interview on 6/13/24 at 9:00 with director of nursing B revealed:</p> <p>*She stated she was frustrated she missed these medications because she went through the stock medications monthly in the carts and storeroom cupboard and removed those that were close to their expired dates.</p> <p>*She stated everyone who administered medications is responsible for checking expiration dates before administering them to the residents.</p> <p>Review of the provider's 3/29/24 medication receiving, dispensing, and storage policy revealed:</p> <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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*6. The location will routinely check for expired medications and necessary disposal will be done in accordance with state/pharmacy regulations.</p> <p>*11. All the medications (including medication samples or other medications dispensed by the physician) are packaged in accordance with the location dispensing system and state pharmacy rules. These medications must be labeled according to state pharmacy regulations. Cautionary and accessory instructions, as well as the expiration date, will be included. New labels will be applied by the pharmacist or the pharmacist's agent as needed.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>26632</p> <p>Based on observation and interview, the provider failed to have available, prepare, and serve, resident preferred and selected menu items requested by four of four sampled residents (33, 46, 71, and 335) for two of two observed meals (breakfast and noon). Findings include:</p> <p>1. Interview on 6/11/24 at 11:45 a.m. with resident 335 revealed:</p> <p>*She state she was supposed to be on a heart-healthy diet. She was not sure if what she received for meals were heart healthy.</p> <p>*She had received macaroni and cheese, pork and beans, a bun, and dessert for the evening meal on 6/10/24. She did not think this was a heart-healthy meal.</p> <p>*She felt staff did not want to go upstairs to the main kitchen to get things that were forgotten and stated they often did not have ketchup available.</p> <p>2. Observation and interview on 6/11/24 from 12:10 p.m. to 1:00 p.m. with certified nursing assistant (CNA) O and dietary server H in the Sunrise Suites dining room revealed:</p> <p>*All residents received the same meal.</p> <p>*The meal included: Asian braised beef, fried rice, braised cabbage, and lemon poppyseed bread.</p> <p>*When asked how they ensured each resident received the correct diet CNA O removed dietary cards from an open area to the left side of the serving counter.</p> <p>*There were cards for each resident that included the residents name, diet ordered, food likes, and food dislikes.</p> <p>*They both stated the dietary cards were not used and the residents received the same meal or an alternative if they had requested one.</p> <p>3. Observation and Interview on 6/11/24 at 12:24 p.m. with resident 33 revealed:</p> <p>*He had ordered chicken strips, fries, and coleslaw. He was served the braised beef, fried rice, and braised cabbage. He told dietary server H he was not going to eat that. Dietary server told him they did not have what he had ordered, and they were out of chicken strips.</p> <p>*Resident 33 stated no staff had informed him prior to the meal of not having chicken strips. He was not offered any substitute.</p> <p>*Neither dietary server H and CNA O offered to go to the kitchen to get an acceptable substitute for him.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47416</p> <p>Based on observation, interview, and policy review, the provider failed to ensure:</p> <p>*Food items were appropriately labeled and stored in one of one observed walk-in cooler in one of one kitchen.</p> <p>*The minimum water temperature of the dishwashing machine was used for the cleaning and disinfecting of dishes.</p> <p>*Food was prepared and served in a safe and sanitary manner by two of two dietary staff (dietary director K and cook M) who did not perform appropriate hand hygiene during one of one observed meal service.</p> <p>Findings include:</p> <p>1. Observation on [DATE] at 8:01 a.m. of the kitchen revealed:</p> <p>*Metal storage shelves in the walk-in cooler which contained the following food items:</p> <ul style="list-style-type: none"> -One opened bottle of Mayonnaise with no open, or discard date, or printed use by date. -An opened bottle of BBQ sauce with an open date of [DATE] and a discard date of [DATE]. -An opened bottle of Dijon mustard with an open date of [DATE] and a discard date of [DATE]. -An opened bottle of coleslaw dressing bottle with ,d+[DATE] written on the top of it with no discard date on it. -There was an opened bottle of balsamic vinegar with no open or discard dates. -A container marked tuna salad with open ,d+[DATE] and discard ,d+[DATE] written on it. -An opened whipped topping piping bag with an exposed tip and no open or discard date on it. -An opened bag of crumbled blue cheese with no open or discard date on it. <p>2. Observation on [DATE] at 8:06 a.m. and 2:59 p.m. of the kitchen walk-in cooler revealed:</p> <p>*There was an opened half-full milk with no open or discard date on it.</p> <p>*An open cardboard container of heavy whipping cream with no open or discard dates on it.</p> <p>3. Observation on [DATE] at 8:20 a.m. and 11:10 a.m. of the kitchen's dishwashing machine and temperature documentation revealed:</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*The dishwasher utilized a low temperature wash and a chemical sanitizing process.</p> <p>*The manufacturer's information plate on the front of the dishwasher indicated the minimum wash and rinse temperatures were to have been 120 degrees F.</p> <p>*The posted June dishwashing machine log on the dishwasher revealed:</p> <p>-Wash Temp: 120 degrees [F].</p> <p>-Temperatures on the log ranged from 120 to 150 degrees F.</p> <p>-No dishwasher temperatures were documented on that log for [DATE], [DATE] or [DATE] for any meal services.</p> <p>*At 11:10 a.m. temperatures were noted to have been added to the log for [DATE], [DATE] and [DATE].</p> <p>4. Observation, testing, and interview on [DATE] from 11:37 a.m. through 11:55 a.m. with dietary assistants (DA) N and dietary server (DS) H revealed:</p> <p>*DS H put the breakfast dishes in the dishwasher to complete a dishwashing cycle.</p> <p>*DA N placed the digital thermometer in the protruding drain on the outside of the machine giving a temperature of 113 degrees F.</p> <p>*DS H plunged the digital thermometer into the liquid that was still in the dishwasher after a washing cycle was completed.</p> <p>*Neither was sure if there was a policy on how to obtain the temperature of the dishwasher.</p> <p>*Temperatures of the dishwasher via a digital holding thermometer was placed inside the dishwasher on a dish rack that indicated:</p> <p>-At 11:45 a.m. the wash cycle was 113 degrees F.</p> <p>-At 11:50 a.m. the wash cycle was 116 degrees F.</p> <p>-At 11:55 a.m. the wash cycle was 120 degrees F.</p> <p>5. Observation and interview on [DATE] at 8:21 a.m. with dietary director K revealed:</p> <p>*She wore gloves while cracking and handling eggs and used egg shells.</p> <p>*While wearing those same gloves she handled resident plates and placed toast on those plates.</p> <p>*She discarded those gloves and did not wash her hands before she put on a new pair of gloves.</p> <p>*She again cracked and handled eggs and egg shells, placed toast on another plate and then served that plated toast to a resident.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*She then stated, she should have performed hand hygiene when she changed her glove changes and should not have used the same pair of gloves when she cracked eggs and then touched residents' food items.</p> <p>*She was not sure if there was a policy on when to change gloves.</p> <p>6. Observation and interview on [DATE] at 8:21 a.m. with cook M revealed:</p> <p>*He wore gloves and cracked and handled eggs and egg shells.</p> <p>*With those same gloved hands he picked up a piece of bacon and placed it on a resident's plate.</p> <p>*With those same gloved hands he touched a fried egg and repositioned it on a resident's plate.</p> <p>*He stated that he had only been working at this facility for three days and had never cooked in a nursing home before.</p> <p>*Stated the dietary director said she would train with him.</p> <p>7. Interview on [DATE] at 4:20 p.m. with dietary director K and kitchen general manager L regarding food storage and dishwasher temperature revealed:</p> <p>*They would have expected staff to document the temperatures of the dishwasher on the log.</p> <p>*They were not aware of the expired foods in the cooler.</p> <p>*The walk-in cooler was to have been checked daily and weekly for expired items.</p> <p>*They stated that each item in the walk-in cooler should have an open and discard date on it.</p> <p>*They stated each item in the walk-in cooler should have had a sticker with the opened date and the discard date for three days later.</p> <p>*They had asked management for the dishwasher water temperature to be turned up.</p> <p>*They stated the dishwasher would have to have been run five to six times for the temperature to have reached 120 degrees F.</p> <p>*Kitchen general manager L stated he had never seen the temperature for the dishwasher reach 150 degrees F.</p> <p>*They would have expected items in the walk-in cooler to have been labeled with the open and discard dates and the dishes would have been washed in the dishwasher at the proper temperature of 120 degrees F.</p> <p>8. Review of the provider's [DATE] Food and Supply Storage policy revealed:</p> <p>*Procedures:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Foods past the use-by , sell-by, best-by, or enjoy-by date should be discarded.</p> <p>-Cover, label, and date the unused portions and open packages. Complete all sections on a [NAME] orange label or use the Medvantage/Freshdate labeling system. Products are good through the close of business on the date noted on the label.</p> <p>*Refrigerated Storage Life of Foods:</p> <p>-Use manufacturer's expiration date for products before they are opened. If there is no expiration date on the package, add the time listed here to the date the food is received. Add the time in the opened column to the date when the food is prepared or opened. Label when product is opened.</p> <p>9. Review of the provider's [DATE] Hand Hygiene policy revealed:</p> <p>*1. Gloves are never to be reused or sanitized.</p> <p>2. Hand hygiene should be performed after glove removal.</p> <p>10. Review of the provider's [DATE] Dishmachine Temperatures policy revealed:</p> <p>*Low Temperature Machine:</p> <p>-Wash Temperature 120 degrees F.</p> <p>*Director:</p> <p>-Confirms the wash and rinse temperatures listed on the manufacturer's data plate on the dishmachine. Modify the dishmachine temperature record as necessary.</p> <p>*Low Temperature dishmachine-record on Dishmachine temperature record form:</p> <p>-Wash temperature during each period of use.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>26632</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure infection control practices had been followed for:</p> <p>*One of two observed administrations of nutritional formula and fluids through a gastric tube (G-tube) feedings for one of one sampled resident (67) by one of two licensed practical nurse (LPN) (F) .</p> <p>*One of one sampled resident (333) tested for signs and symptoms of clostridium difficile (C-Diff) (bacteria that can infect the bowel and cause diarrhea).</p> <p>Findings include:</p> <p>1. Observation on 6/11/24 at 9:30 a.m. of LPN F during administration of resident 67's nutritional formula and fluids revealed LPN F:</p> <p>*Entered the room and had gloves and a gown on.</p> <p>*Had two unopened 500 cubic centimeter (cc) bottles of sterile water, a 60 cc tube feeding syringe, and an enteral (intestinal) nutrition feeding bag.</p> <p>*Opened the doors to the room and bathroom and filled two eight-ounce glasses with water from the bathroom sink with those same gloved hands.</p> <p>*Placed the syringe on the overbed table without sanitizing the surface of the table or placing a barrier on it.</p> <p>*Entered the bathroom a second time and retrieved several paper towels.</p> <p>*Lifted resident 67's shirt, unwrapped his abdominal binder, and took his G-tube out from under the binder.</p> <p>*Placed the paper towels under the end of his G-tube.</p> <p>*Moved a folding chair closer to sit on.</p> <p>*Wiped the end of the G-tube with alcohol.</p> <p>*Opened the door, took keys out of her pocket, and retrieved a different feeding syringe from the medication cart, all with those same gloved hands.</p> <p>*Removed the glove from her right hand, and without washing her hand, retrieved a new glove from the same pocket her keys were in and put that new glove on her unclean right hand.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Filled the syringe with water and administered 300 cc of water through the G-tube in 60 cc increments.</p> <p>*Opened the two bottles of the nutritional formula and poured then into the G-tube feeding bag.</p> <p>*Placed the bag on the pole and primed the tubing, connected the tubing to the G-tube, and started the gravity flow of nutritional formula.</p> <p>*Collected the garbage.</p> <p>*Went into the bathroom, removed her gloves, and washed her hands for approximately 10 seconds.</p> <p>*Came out of the bathroom and removed her gown, and left the room.</p> <p>Interview on 6/12/24 at 10:00 a.m. with LPN F confirmed she:</p> <p>*Should have checked for placement of the G-tube prior to starting the water administration.*Had not changed her gloves between tasks, such as going out to the medication cart and moving the folding chair.</p> <p>*Should have put down a barrier on the overbed table before placing the tube feeding supplies on it.</p> <p>*Should not keep extra gloves in her uniform pocket with the keys and pen she used frequently.</p> <p>2. Observation on 6/11/24 at 9:00 a.m. of resident 333's door revealed no signage had been placed after a physician's order had been received for precautions for C-Diff.</p> <p>Random observations on 6/11/24 from 1:00 p.m. through 5:00 p.m. revealed no contact precaution signage had been placed on resident 333's door. There were no specific trash or laundry bins in his room.</p> <p>3. Interview on 6/12/24 at 9:00 a.m. with registered nurse T regarding resident 333 revealed she was not aware he had been tested for C-Diff on 6/11/24. She was not aware of what type of hand hygiene or cleaning products were to have been used when a resident had tested positive for C-Diff.</p> <p>4. Interview on 6/12/24 at 10:29 a.m. with resident 333 revealed:</p> <p>*He had a colostomy that he cared for himself, which included emptying the bag and changing the appliance that holds the bag.</p> <p>*He had not been feeling well with abdominal cramps and his bowel movements had been very foul-smelling.</p> <p>*He was not aware the physician had ordered a test for C-Diff.</p> <p>*He had not been educated on what C-Diff was or what type of precautions should have been started.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Random observations on 6/12/24 from 8:00 a.m. through 5:00 p.m. revealed no contact precaution signage had been placed on resident 333's door. There were no specific trash or laundry bins in his room.</p> <p>6. Interview on 6/13/24 at 9:42 a.m. with laundry technician P regarding what would be done if a resident had C-diff revealed she explained all the proper steps to avoid cross-contamination. She had not been informed resident 333 had been tested for C-Diff.</p> <p>7. Interview on 6/13/24 at 10:17 a.m. with LPN Q regarding resident 333 revealed she was not aware he had been tested for C-Diff. It had not been passed on in shift report. She was not sure what type of precautions should have been put in place.</p> <p>8. Interview on 6/13/24 at 1:30 p.m. with LPN Q revealed she had read the policy regarding C-Diff precautions. She agreed contact precaution signage should have been put up when he had been tested and he was symptomatic.</p> <p>9. Interview on 6/13/24 at 2:30 p.m. with environmental services technician S revealed she had not been informed of resident 333's C-Diff. status. She showed the chemicals she would have used to clean the room. It was not a bleach product. She did not know she would have had to clean with a different product.</p> <p>10. Observation and interview on 6/13/24 at 4:40 p.m. with maintenance supervisor U regarding what product was used for sanitizing for C-Diff revealed:*The product to have been used was Rapid Multi Surface Disinfectant Cleaner.</p> <p>*This list of organisms it would have been effective against did not include C. Diff.</p> <p>*He stated the supplier had told him it was effective against C.Diff.</p> <p>11. Interview on 6/13/24 at 5:00 p.m. with DON B confirmed contact precautions should have been initiated when an order for testing C. Diff had been received for resident 333.</p> <p>12. Review of the provider's 5/3/23 Clostridium Difficile policy revealed:*When C. Diff infection was identified all department directors were to have been informed.</p> <p>*Contact precautions for residents with known or suspected C.Diff.</p> <p>*Gown and gloves would be worn prior to entering the room and removed before exiting the room.</p> <p>*Hand hygiene with soap and water would have been performed after removing gloves.</p> <p>*Cleaning of any shared medical equipment with appropriate sporicidal disinfectant or bleach solution would have been performed.</p> <p>*The resident's hand would be washed frequently with soap and water.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
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	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	13. Review of the provider's 4/2/24 Standard and Transmission Based Precautions policy for contact precautions revealed.*Clear signage on the door or wall outside the resident room indicated the type of precautions and personal protection equipment (PPE) to have been used. *Soap and water for hand hygiene when in the room and when leaving the room. *Linen was to have been placed in a bag linen prior before it was removed from the room. *Disposable resident care equipment was to have been used.		