

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 01/30/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society Howard		STREET ADDRESS, CITY, STATE, ZIP CODE 300 West Hazel Avenue Howard, SD 57349	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45683</p> <p>Based on observation, interview, record review, call light report review, resident council meeting, and policy review the provider failed to ensure that two of seven sampled residents (1 and 5) had their call lights answered in a timely manner. Findings include:</p> <p>1. Observation and interview on 1/27/25 at 2:56 p.m. with resident 1 while in her room revealed:</p> <p>*She was in bed.</p> <p>*Her call light was attached to a blanket within her reach.</p> <p>*Staff used a total lift (a mechanical lift and sling used to lift a person's full body) to transfer her in and out of bed.</p> <p>*She had chronic pain.</p> <p>*Staff would come in her room and turn her call light off and tell her they needed to get another staff member to help with her transfer.</p> <p>*She stated she had waited over an hour for staff to answer her call light.</p> <p>Review of resident 1's call light report for January 2025 revealed:</p> <p>*There were 22 call light response times over 20 minutes.</p> <p>*Three of those call lights were on for over an hour.</p> <p>Review of resident 1's electronic medical record (EMR) revealed:</p> <p>*She had a brief interview for mental status (BIMS) assessment score of 15 which indicated she was cognitively intact.</p> <p>*She had diagnoses of:</p> <p>-Quadriplegia.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Major depressive disorder, recurrent severe without psychotic features.</p> <p>-Unspecified intracranial injury with loss of consciousness of unspecified duration.</p> <p>-Chronic pain due to trauma.</p> <p>*Her revised 11/1/24 care plan stated she had a history of not allowing staff to turn the call light to answered/off knowing that the call light system tracked times of cares and that was empowering to resident.</p> <p>2. Observation and interview on 1/28/25 at 9:10 a.m. with resident 5 in her room regarding call light wait times revealed:</p> <p>*She was in bed.</p> <p>*Her call light was attached to a blanket within her reach.</p> <p>*She stated it took staff a long time to answer her call light at certain times of the day.</p> <p>*She had a BIMS assessment score of 15 which indicated she was cognitively intact.</p> <p>Review of resident 5's call light report for January 2025 revealed:</p> <p>*There were 13 call light response times over 20 minutes.</p> <p>*Two of those call lights were over an hour.</p> <p>Interview on 1/29/25 at 9:10 a.m. with administrator A and director of nursing (DON) B regarding call light times revealed:</p> <p>*They could review call light times by hallway, but not by individual resident room.</p> <p>*They were not able to print documentation for call light reports.</p> <p>*The DON reviewed and monitored call lights monthly, and it was very labor intensive.</p> <p>*Call light times were part of the quality assurance meetings.</p> <p>*They had created a performance improvement plan (PIP) in October for call lights</p> <p>*They had some high acuity residents that took a lot of time to care for.</p> <p>*They had increased staffing levels around mealtimes to try to meet the resident's needs.</p> <p>*Ancillary staff helped answer resident call lights, but they could not provide personal cares.</p> <p>*It was their expectation that resident call lights be answered in a timely manner.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*They agreed call lights should be answered within 20 minutes.</p> <p>Interview on 1/29/25 at 10:38 a.m. with agency certified nursing assistant (CNA) D regarding call lights revealed:</p> <p>*They monitored call lights in the hallways and were to answer them when they come on.</p> <p>*A white light meant a resident needed assistance.</p> <p>*A green light meant staff were already helping a resident.</p> <p>*A red light meant a resident needed assistance in the bathroom.</p> <p>*She carried a walkie-talkie to communicate with other staff members about resident care needs, including call lights.</p> <p>Interviews on 1/29/25 at 1:28 p.m. with residents in a group setting regarding call lights revealed:</p> <p>*They waited longer before and after meals for call lights to be answered.</p> <p>*Some staff would answer the call lights but they had to get another staff member to help them, which increased their wait times.</p> <p>Interview on 1/30/25 at 10:08 a.m. with business office manager/quality assurance performance improvement (QAPI) C regarding resident call lights revealed</p> <p>*The QAPI team met monthly.</p> <p>*Call light times were reviewed at the meeting by DON B for specific trends.</p> <p>*They had been completing call light audits since October.</p> <p>*The call lights were on longer around mealtimes and during morning and evening cares for residents.</p> <p>*They had added staffing hours to try to address the longer resident call light times.</p> <p>Review of the provider's 7/29/24 revised call light policy revealed:</p> <p>*Purpose: To ensure resident always has a method of calling for assistance.</p> <p>*To promptly answer resident's call light.</p> <p>*Procedure: 1. New admission- explain and demonstrate the use of call light system.</p> <p>*2. When resident's call light is observed/heard, go to resident's room promptly.</p> <p>(continued on next page)</p>

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