STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435101	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society Canton	1022 North Dakota Avenue Canton, SD 57013

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51370 Based on observation, interview, record review, and policy review, the provider failed to ensure there was documentation to support interventions had been implemented or offered to treat clinical signs of depression for one of one sampled resident (36) who had a diagnosis of major depression and recently lost a loved one. Findings include: 1. Observation and interview on [DATE] at 1:43 p.m. with resident 36 revealed: *He was in his room, sitting in his recliner, and his head facing down towards his chest. *His affect (observable expression of emotion) was expressionless, and his tone of voice was unanimated when responding to questions. *He answered questions but did not initiate any further conversation from them. *When conversing with him he: -Stated; No, I am not depressed. -Started to cry and stated, My wife died a few years ago. -Stated, I take some meds [medication] for depression but feel like I should feel better. *He did not confirm if he had received or been offered any counseling services to help with his depression and grief regarding the loss of his spouse. 2. Interview on [DATE] at 2:00 p.m. with social services designee (SSD) C regarding resident 36 revealed: *His wife's death had been unexpected, and he was not able to attend the funeral service in person. *She had sat with him during his wife's telephone bedside service that was provided. (continued on next page)

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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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*She had not offered or implemented any other interventions to assist the resident with his grief and the loss of his wife. *She: -Was not sure, but thought he had taken an anti-depressant medication. -Stated, Oh, does he? when the surveyor commented on how sad the resident had appeared. -Thought they had offered counseling services to him or his family but they had declined. -Was not able to locate any documentation to support they had offered to assist him with counseling services or initiated interventions to further support his grief process from the loss of his spouse. 32355 3. Continued interview on [DATE] at 2:25 p.m. with SSD C regarding resident 36 revealed: *She confirmed he had a diagnosis of major depression and that his spouse had passed away on [DATE]. *She stated: -He had always refused to take anything [medication] for his depression. -He did have weepy episodes after his wife passed away and I believe we asked him and his family about an anti-depressant [medication] at that time. -He had refused and medication and so did his family. -His daughter said he had always been sensitive with mental issues and that behavior was not abnormal for him. -I'm pretty sure we've offered him counseling services too and that was declined also. *She had no documentation to support those conversations with the resident or his family had occurred. *She stated: We talk about these things all the time and it's discussed in our care conference meetings. *She agreed that if those conversations were not documented, there was no evidence to support that they had occurred. *She was not a licensed social worker (LSW) and required oversight by one. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*The LSW worked in another sister facility, and she had traveled to meet with the LSW every three months. Those meetings were confirmed as having been scheduled on her Outlook calendar. *She had no documentation to support: -What was reviewed and discussed at those meetings with the LSW. -What guidance and education the LSW had provided for her during those meetings. -If resident charts had been reviewed to ensure appropriate processes had been followed to support their emotional well-being. 4. Review of resident 36's electronic medical record (EMR) revealed: *He had a diagnosis of recurrent major depressive disorder. *His [DATE] Brief Interview for Mental Status (BIMS) assessment score was 8, which indicated he had moderate cognitive impairment. *He had been on an anti-depressant in the past, but it was discontinued on [DATE] by the medical director based on a gradual dose reduction (GDR) recommendation by the pharmacist and was never resumed. *There were no orders that indicated he took any medications to help with his depression. *From [DATE] through [DATE] there was no documentation that indicated the interdisciplinary team had discussions with both the resident and his family regarding his depression and the capability for counseling or oral medication to assist him with his weepy episodes and the loss of his spouse. *The IDT had scheduled care conferences every three months from [DATE] through [DATE]. -He had declined to attend those meetings. -On [DATE] the IDT documented, Res [resident] wife passed this quarter and has had some tearful days. Resident has been opting to eat meals in his room more often but does still eat some meals in the dining room. -On [DATE] the IDT documented, Res does get tearful after outings when visiting his wife but doesn't last for long periods.-There was no documentation that indicated the resident had been offered counseling services or follow-up with the physician to evaluate and possibly resume his anti-depressant medication for his continued weepy and tearful episodes. 5. Review of resident 36's physician progress notes from [DATE] through [DATE] revealed: *On [DATE] the physician had documented, Nurses notes in PCC [point click care] reports resident was weepy (his spouse passed away 1 week ago). He reports [he is] tired, but feeling pretty good. *On [DATE] the physician had documented, Nursing staff notes that he has good and bad days. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*There was no documentation that indicated the physician had visited with the resident about possibly resuming his anti-depressant medication or offering to order him counseling services to assist him with his depression and grieving process regarding the recent passing of his spouse. 6. Review of resident 36's [DATE] revised comprehensive care plan revealed: *A focus area initiated on [DATE] and revised on [DATE] indicated the resident had a potential for psychosocial well-being deficit related to recent confusion, change in his functional ability, and the loss of his wife on [DATE]. *A goal that the resident would have no indications of psychosocial well-being deficit by/through the next review date. -The interventions had not been updated since [DATE] to support how the provider would have helped him to achieve that goal. *There was no documentation that indicated he had been offered and refused assistance with his depression and weepy episodes through counseling, medication, or methods of supportive interventions. 7. Interview on [DATE] at 2:30 p.m. with registered nurse (RN)/Minimum Data Set (MDS) coordinator D regarding resident 36 revealed: *She was not able to locate any further documentation in the resident's chart to support: -The IDT or the nursing staff had visited with his family, the practitioner, or him about the possibility of resuming his anti-depressant medication to help with his weepy and tearful episodes. -Counseling services had been offered to the resident to help him with the grieving process from the recent loss of his spouse. *She stated they had talked to him and his family about his offered counseling and possible resumption of his depression medication, but they had refused. *She agreed that was an important piece of his care that was not documented but should have been. 8. Interview on [DATE] at 3:00 p.m. with director of nursing B regarding resident 36 revealed: *She was aware that resident 36 had recently lost his spouse, but was unaware about his diagnosis of major depression. *Most of her information that she received on the residents came from the 24 hour notes. -The leadership team reviewed those notes during morning huddle meetings. -She could not recall if they had discussed a concern with his mood and behaviors. *Most of the nursing documentation on a resident's mood and behavior was directed from [SSD name] and those assessments that she had done. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*She would have expected whoever discussed these things with him or his family to have documented on it. *She agreed that if those conversations had not been documented there was no evidence to support that it occurred. 9. Interview on [DATE] at 3:15 p.m. with administrator A revealed: *He would have expected documentation of any conversation that occurred between resident 36 or his family regarding his mood and increase in his weepiness and the refusal of counseling or the potential use of an antidepressant medication. *He confirmed: -The SSD had oversight from an LSW from a sister facility. *He had no documentation of what the SSD and LSW had reviewed, what educational support was provided, or any guidance that SSD needed related to those meetings. 10. Review of the provider's revised [DATE] Documentation, Social Services - Rehab/Skilled policy revealed: *The purpose was to systematically and continuously collect information about the psychosocial status of the resident and to furnish documentary evidence of the care and services provided during a resident's stay. *Frequency of documentation will be determined depending on the condition and the plan of care of the resident. *When social work personnel provide intervention, evidence of the intervention will be documented. The provider was unable to find a mood/behavior or psychosocial policy by the survey exit date of [DATE].

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 32355 Based on observation, interview, document review, and policy review, the provider failed to ensure appropriate infection control practices were followed by one of one observed housekeeper/laundry aide (E) when cleaning one of one sampled resident's (37) room who was on contact precautions for a highly infectious disease that had the potential to spread to others. Findings include: 1. Observation on 5/6/25 at 11:05 a.m. with housekeeper/laundry aide E revealed: *She had prepared to clean resident 37's room. *There was a sign on the resident's door that indicated she was on contact precautions and everyone must wear gloves and a gown when entering her room. Staff were to wash their hands with soap and water after assisting the resident. *The resident had been isolated to room for a diagnosis of Clostridium Difficile (C-DIFF) (a highly infectious disease that can easily spread to others). *Housekeeper/laundry aide E: -Sanitized her hands, put on gloves and a gown, and then entered the resident's room. -Took a spray bottle of toilet bowl cleaner and a container of bleach sanitary wipes into the resident's room and placed them onto the resident's dresser. *After housekeeper/laundry aide E finished cleaning the resident's room she: -Removed her gloves and gown, and placed the toilet bowl cleaner and the container of bleach wipes on top of an opened box of clean gloves. The box of clean gloves was on top of the housekeeper's cleaning cart that was located outside of the resident's room. *Housekeeper/laundry aide E: -Had not cleaned the toilet bowl spray bottle or container of bleach prior to taking it out of the resident's room and placing it on the opened box of clean gloves. -Left the resident's room without washing or sanitizing her hands. -Went to the soiled utility room that was approximately 25 feet from the resident's rooms, touched the door handle to open the door, and washed her hands. Interview on 5/6/25 with housekeeper/laundry aide E right after the observations above revealed: *She was not sure if supplies could have been brought out of the resident's room who was on contact precautions for an infectious disease. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*She stated, I probably should have cleaned them with bleach wipes before I did that. *She had not realized that placing the supplies on top of the open box of clean gloves had contaminated them. *She stated: -Well, I can't wash my hands in the resident's room because we have to wear gloves and a gown in there. She's on contact precautions. -I guess I could sanitize my hands before I leave the room, but we were told to wash our hands. -I'm not sure what her actual diagnosis is, all I know is that she is on contact precautions, I have to use bleach, and she is last for cleaning [her room] on my list of rooms. *The housekeeping director had reviewed the process for cleaning resident 37's room which had included washing their hands with soap and water. -She was unsure, but thought they were supposed to leave the resident's room to wash their hands. *No one had watched them clean resident 37's room to ensure the correct processes were followed. *During the interview an unidentified staff person was observed going into the soiled utility room. *She stated, Well, I suppose I better go clean that door handle now. Interview on 5/7/25 at 10:00 a.m. with housekeeper/laundry aide F regarding the cleaning process of rooms for residents contact precautions revealed: *She would have put on a pair of gloves and gown prior to entering the resident's room. *The cleaning of that room would have been last to do on her list. *She would have taken the spray bottle of toilet bowl cleaner into the resident's room, it could not be left in the room, and she needed it to use in other residents' rooms. *She would have sanitized the spray bottle with a bleach wipe before taking it out of the room. *She would have left the room to wash my hands. *She stated: -Actually, I'm not sure how else I would do that. -I'm pretty sure that is what we were told to do. Interview on 5/7/25 at 10:20 a.m. with environmental services supervisor G regarding the above observation and interviews revealed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*She could not recall the last time that she had completed audits on the housekeeping staff while cleaning a room for a resident with an infectious disease. *She would have reviewed the process with the staff prior to them cleaning those rooms. *The housekeepers take the toilet bowl cleaner out of the residents' rooms because they could not leave chemicals in them. *She stated: -They should sanitize it [the cleaner] with a bleach wipe before bringing it out and they shouldn't be setting it down in the room. -This is why I have them park the carts right in front of the entrance, that way they are not leaving the rooms. -They are to wash their hands before leaving the [resident] rooms, not go down the hall to do it. *She could not recall the last time competencies had been completed on the housekeepers related to IC. *She stated, I think it was during COVID. That was the last time I did any competency checks. *She agreed the above processes were infection control concerns and had the potential to spread an infectious disease to others. Interview on 5/7/25 at 12:40 p.m. with director of nursing B regarding the above observation and interviews revealed: *She had been the previous infection control (IC) nurse and was still assisting the current IC nurse with some IC things. *She could not recall the last competencies that had been completed on all the staff related to IC. *She stated: -I believe it was with COVID. -I didn't do competencies on the housekeeping staff. I've always left that up to the director [housekeeping]. -But, yes, as the IC nurse, we probably should be involved with other departments to make sure they are following the correct processes. *The staff should not have taken anything into the resident's room that could not have been left in there. *Chemicals were not to be stored in resident rooms for safety purposes. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Any item that was brought out of a room where the resident had C-DIFF or an infectious disease, it should have been sanitized with bleach wipes. *Her expectations had been for the staff to wash their hands prior to leaving a resident's room where a resident was isolated with an infectious disease such as C-DIFF. -C-DIFF required hand washing versus sanitizing to kill the bacteria and stop the infectious disease from spreading to others. *She agreed the housekeeper's process observed above had created the potential for the infectious disease to spread to other residents. 2. Review of the provider's undated Housekeeping Resource packet revealed: *Role and Responsibilities of Environmental Cleaning in the Infection Control Program: -Environmental cleaning plays an important role in an infection control program.the spread of infections from contaminated surfaces is significant and supports the need for good procedures and practices related to cleaning and disinfecting of surfaces. -All staff members play a role and should be aware of the general principles of environmental cleaning and safety. *Procedure: If working in a resident room with a recent known infectious disease or if cleaning supplies or equipment have been used to clean blood or body fluids, the .cleaning equipment should be properly cleaned before storing. Review of the provider's October 2017 Clostridium Difficile (C-DIFF) policy revealed: *The staff should perform hand hygiene after removing gloves. Alcohol does not kill Clostridium difficile spores; therefore, the use of soap and water is more effective than alcohol-based hand rubs. *Refer to Environmental Services policies and procedures on the Web Portal regarding cleaning processes.