

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society New Underwood		STREET ADDRESS, CITY, STATE, ZIP CODE 412 South Madison New Underwood, SD 57761	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the South Dakota Department of Health (SD DOH) facility-reported incident (FRI), record review, interview, and policy review, the facility failed to ensure that an allegation of verbal abuse by a certified nursing assistant (CNA) A to a resident (1) was reported with the required time frame by CNA B. Findings include: 1. Review of the provider's 7/7/25 FRI revealed:*On 6/30/25, CNA B heard CNA A call a resident (1) a (profanity), while providing care to that resident.*CNA B asked CNA A to repeat what she said, CNA A said, Not you, [resident 1], then CNA A walked out of the room.*CNA B had not reported the incident to the provider until 7/7/25 at 10:00 a.m.-Resident 1 was assessed at that time and was unable to explain or report the occurrence.*CNA A was suspended pending investigation. 2. Review of resident 1's electronic medical record revealed:*She was admitted on [DATE].*Her 6/3/25 Minimum Data Set (MDS) assessment indicated she was rarely understood or able to understand others and was severely cognitively impaired.*Her diagnoses included: Alzheimer's Disease, cerebral infarction (stroke), and dementia with other behavioral disturbances. 3. Interview on 7/9/25 at 10:11 a.m. with administrator C regarding reporting of allegations of abuse revealed:*He expected allegations of abuse or neglect to be immediately reported to a supervisor so that an investigation could be initiated.*He was not aware of the alleged verbal abuse until 7/7/25 when director of nursing D reported it to him.4. Interview on 7/9/25 at 11:24 a.m. with licensed practical nurse E regarding the above incident revealed CNA B had reported the alleged verbal abuse toward resident 1 by CNA A to her on 7/6/25, and she had reported it to director of nursing D on 7/6/25.The provider implemented changes to ensure the deficient practice does not recur was confirmed after record review revealed the facility had followed their quality assurance process, including initiating a performance improvement project, education was provided to all staff regarding reporting of potential abuse incidents, and after staff interviews confirmed knowledge of the reporting of incidents policies and process.Based on the above information, non-compliance at F609 was determined on 6/30/25, and based on the provider's 7/7/25 implemented corrective actions for the deficient practice confirmed on 7/9/25, the non-compliance is considered past non-compliance.</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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