

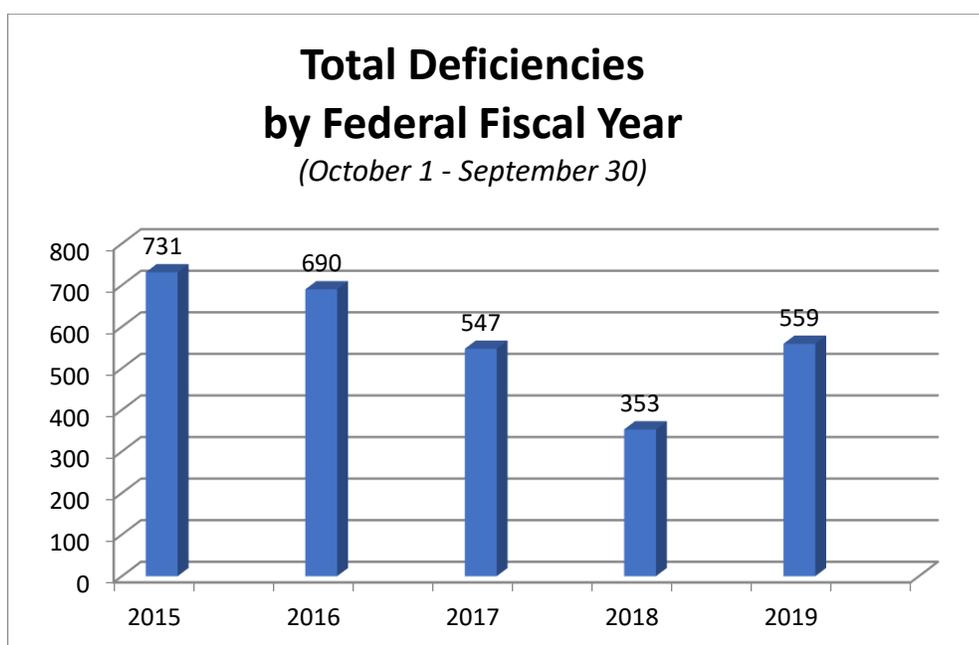
**SD Department of Health
Office of Licensure & Certification**

BIANNUAL NURSING FACILITY REGULATION REPORT

Federal Fiscal Year 2019

January 2020 Report

The purpose of this report is to provide statistics and information regarding the regulation of nursing facilities in South Dakota. The deficiency data includes all Long-Term Care health surveys. The report will be updated on a biannual basis and will be distributed directly to long term care providers and posted on the DOH website.



Number of Surveys Conducted

Federal Fiscal Year

(October 1 – September 30)

2015		2016		2017		2018		2019	
Standard	103	Standard	118	Standard	97	Standard	94	Standard	92
Complaint	61	Complaint	78	Complaint	69	Complaint	56	Complaint	19
Total Surveys	164	Total Surveys	196	Total Surveys	166	Total Surveys	150	Total Surveys	111

Long Term Care Health Survey Scope & Severity of Deficiencies

South Dakota Department of Health										
Long Term Care Health Survey (Standard & Complaint)										
Deficiency Report										
Federal Fiscal Year (October 1 - September 30)										
Scope & Severity	2015		2016		2017		2018		2019	
	Number	%								
A	0	0%	0	0%	0	0%	0	0%	0	0%
B	8	1%	7	1%	3	1%	0	0%	0	0%
C	12	2%	10	1%	4	1%	0	0%	1	0%
D	312	43%	347	50%	214	39%	178	50%	295	53%
E	248	34%	238	34%	205	37%	136	39%	187	33%
F	50	7%	29	4%	35	6%	10	3%	20	4%
G	55	8%	41	6%	39	7%	18	5%	30	5%
H	18	2%	8	1%	18	3%	4	1%	26	5%
I	2	0%	2	0%	0	0%	0	0%	0	0%
J	10	1%	7	1%	0	0%	7	2%	0	0%
K	4	1%	1	0%	14	3%	0	0%	0	0%
L	12	2%	0	0%	15	3%	0	0%	0	0%
Total	731		690		547		353		559	

Note: A, B, & C Tags = No harm. Minimal negative impact.
 D, E, & F Tags = No harm. Potential for more than minimal harm.
 G, H, & I Tags = Actual harm. Not immediate jeopardy.
 J, K, & L Tags = Immediate jeopardy to resident health or safety.

Informal Dispute Resolution (IDR) Summary

South Dakota Department of Health					
Long Term Care Health Survey					
Federal Fiscal Year 2015 - 2019					
(October 1 - September 30)					
Federal Fiscal Year	IDRs Requested	Deficiencies Appealed	Deficiencies		
			Removed	S/S Lowered	Upheld
2015	9	15	5	1	9
2016	10	21	3	3	15
2017	7	18	6	1	11
2018	10	20	5	4	13
2019	13	26	16	2	10
Average	10	20	7	2	12

Civil Money Penalties Summary

Civil Money Penalties to a facility					
2015 - 2019					
by Federal Fiscal Year					
Year	Number Imposed	Number Removed	Total Imposed	Total	Total Medicaid
2015	3	0	3	\$107,282.50	\$89,543.68
2016	9	1	8	\$113,850.65	\$88,559.49
2017	28	2	26	\$1,118,266.50	\$904,691.02
2018	7	0	7	\$319,626.55	\$267,532.28
2019	16	0	16	\$461,982.95	\$365,943.82
Total	63	3	60	\$2,121,009.15	\$1,716,270.29

Note: The first civil money penalty (CMP) was imposed on an SD nursing facility by CMS in 2015. Since then, approximately 33% of nursing facilities (36 facilities total) in the state have received a CMP. Fourteen facilities accounted for 70% of the 60 CMPs imposed. 81% of the total CMP funds collected have been transferred back to the State. CMS imposes stringent restrictions on how States can use CMP funds. All proposed expenditure of CMP funds must be pre-approved by the CMS Regional Office. To date, seven projects have been supported using CMP funds. Other projects are pending.

1. **\$8,586 to the South Dakota Health Care Association (SDHCA).** The purpose of the training sessions ensured Long Term Care Centers understand the person-centered care regulations in the new Requirements of Participation (ROPs).
2. **\$4,800 to the South Dakota Association for Healthcare Organizations (SDAHO).** This 6-hour seminar addressed the overarching view of person-centered care and choices by providing focused guidance on resident rights, resident councils, services and programming for residents with dementia, abuse and neglect, interventions to reduce antipsychotics, care planning and discharge planning, and behavioral services.
3. **\$402,500 to the Quality Improvement Network, South Dakota Foundation for Medical Care.** A project to improve Dementia Care in SD nursing homes using Music and Memory. The project was written and supported by SDHCA, SDAHO, Quality Improvement Organization (QIO), DOH, and DHS.
4. **\$19,345 to the South Dakota Health Care Association (SDHCA).** The training increased the understanding of Long-Term Care providers about quality measures and the impact on survey performance and quality measure programs in the center.
5. **\$20,630 to the South Dakota Association for Healthcare Organizations (SDAHO).** Implementation of a Pressure Injury Training Program. The proposed is to provide evidence-based training to long-term care professionals, which will lead to an overall improvement in the quality of care nursing home residents will experience. The project was written and supported by SDAHO, SDHCA, Quality Improvement Organization (QIO), DOH, and DHS.
6. **\$19,252.90 to the South Dakota Health Care Association (SDHCA).** This face-to-face training, titled Common Sense Approach to Challenging Behaviors and The Common-Sense Approach to Communicating with Elders Who Have Dementia, was instructed by Cat Selman, a well-

known and established educator in aging services. In addition, each facility was provided with 2 recorded training (DVDs).

7. **\$3,753.40 to the South Dakota Health Care Association (SDHCA).** Provide in-person educational sessions focusing on Retaining a Strong Staff in Long Term Care.

Questions about this report should be directed to Chris Qualm, Administrator of Licensure & Certification. Email: Chris.Qualm@state.sd.us. Telephone: (605) 773 – 3356.