



Partnership News

& Best Practice

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Survey and Certification— We all understand the importance of keeping up to date with information, resources, and new processes. It can be difficult to put an adequate amount of time into reading, studying, and training because of the many duties we have and the hats we wear. Our time is precious, and so are the people we care for.

Updates to CMS regulations and CDC guidelines are no exception and change frequently. You want to ensure the quality of care to our patients and residents, and told you must always be ready for a survey.

CMS maintains a website with all new Policies & Memos to States and Regions at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Recent CMS guidance has been announced involving; [CLIA Proficiency Testing, Reinforcement of EMTALA Obligations, Infection Prevention and Control and Antibiotic Stewardship](#), and [Revised Long-Term Care Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and Psychosocial Outcome Severity Guide](#).

New and updated information from the CDC is located at <https://www.cdc.gov/>

We encourage you to take time out to visit the CMS and CDC websites to keep up with the most recent CMS federal guidance and information.

A sincere thank you for all of the great work you do!!

Please visit our website at:



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Assisted Living Center Update

Jennifer Maeschen, RN

Insulin Administration in the Assisted Living Center

Question: Is insulin administration allowed in an assisted living center?

Answer: Yes. The resident can self-administer the insulin, or a licensed nurse can administer it. When a licensed nurse is unavailable, a registered nurse may delegate subcutaneous insulin administration to a South Dakota Board of Nursing (BON) registered unlicensed diabetes aide (UDA) according to a Board approved protocol.

An unlicensed medication aide (UMA) should complete the required diabetes aide training and registration process before performing any delegated insulin administration task.

Note – Use of insulin pens, including priming, dialing the dose, and assisting with administering an injection, is considered part of the insulin administration process and, therefore, would not be appropriate to delegate to a UMA.

UDA training and protocol information can be accessed at: <https://doh.sd.gov/boards/Nursing/uda.aspx>.

If there are questions regarding the scope of practice, please contact the SD BON by phone at (605) 362-2760 or email at sdbon@state.sd.us. Additional information is also available on the SD BON website at: <https://doh.sd.gov/boards/nursing/>.

Healthcare Licensing Update

Julie Jenssen

Our office is working diligently to approve the 2022-2023 medical facility license renewals. We are working hard to ensure licenses are issued appropriately with accurate information. Please be patient if you have not received an email from donotreply@sdhls.org to print your license. Please note that some email approvals have been going to the provider's junk email folder. Please check this folder before contacting our office regarding your renewal.

Reviewing several renewals, the facility name and the DBA name seemed to have caused some confusion. We continue correcting licenses where the 'issued to' name does not match the license owner we have on record. Providers will need to access their license at the following link to ensure they have the most up-to-date version of their license: <https://www.sdhls.org/renew/>

If you have any questions or concerns regarding licensing, please don't hesitate to contact our staff at 605.773.3356 or via email at DOHOLCLicensing@state.sd.us.

Ambulatory Surgical Centers

Updated Guidance and Changes Made to Appendix L

Jean Koch, RN, Acute Care Advisor

The Centers for Medicare and Medicaid Services (CMS) have made major changes to Appendix L per the QSO-22-16-ASC; dated June 3, 2022. The current online version of Appendix L has several citations that state “Guidance pending.” Those regulations have been waiting for further clarification and supporting guidance since December 20, 2019. The State Operations Manual (SOM) has been updated to provide guidance on those citations and provide additional guidance for existing regulations. Below you will find a brief summarization of the changes.

- **Q-0042; 416.41(b)(3) – Hospitalization (transfer to a hospital)**
 - (3) New Periodic Written Notice requirement – CMS recommends that a written notice be provided to the hospital upon opening and at a minimum of every 24 months. The written notice must include information on the ASC’s operation and the population that they serve. A transfer agreement is no longer required, but communication between the two providers is. The written notice can be provided electronically or through the mail.
- **Q-0061; 416.42(a) and 416.42(a)(1) – Anesthetic Risk & Evaluation**
 - Regulation changes have been made to allow either a physician or anesthesiologist to examine the patient to evaluate their risk of anesthesia.
- **Fire and Building Safety** – Several citations were updated in this area of the regulations. This aligns them with the regulatory changes and the 2012 editions of the Life Safety Code and Health Care Facilities Code.
- **Infection control** – Clarification was added on the reporting of IC breaches that could potentially expose patients to bodily fluids or blood of another patient.
- **Q-0261; 416.52(a) – Patient Assessment and admission**
 - The provider must develop and maintain a policy that identifies those patients who require a H&P prior to surgery and the timeframe for completion prior to surgery. The policies must include characteristics that support the need for an examination and testing prior to the procedure. Such as age, diagnosis, type and number of procedures scheduled, comorbidities, and the planned anesthesia level. This information must be placed in the patient’s medical record prior to the procedure(s).
- **Q-0262; 416:52(a) – Admission & Pre-surgical Assessment**
 - The pre-surgical assessment must be completed upon admission for each patient and is separate from the H&P assessment.

Two changes or edits have been made to the form Exhibit 351. Updates were made to the list of CMS-recognized ASC accreditation organizations and the injection practices section. Those questions in that section do not apply to multi-dose eye drop bottles.

It is recommended the provider’s review Appendix L to get more details on these changes.

What's Next for Facilities Using 1135 Waiver for Training and Certification of Nurse Aides?

Diana Weiland, RN

During the federal Public Health Emergency (PHE) COVID-19 pandemic, to help nursing homes address staffing shortages, CMS provided a blanket waiver for the nurse aide training and certification requirements.

The waiver allowed the facilities to employ individuals beyond four months even though they may not have completed a state approved Nurse Aide Training and Competency Evaluation Program (NATCEP). The waiver did not remove the requirement that the individual employed as a nurse aide be competent to provide care.

In South Dakota, in March of 2020, our office prepared and provided the Skills Performance Checklist for those hired or asked to work in a temporary role as a nurse aide. On April 7, 2022, CMS QSO-22-15-NH, CMS announced the end of this specified waiver 60 days from the issuance of the memorandum.

On June 6, 2022, the waiver ended. Facilities will need to have those transitioning from the temporary role to a certified nurse aide role before October 6, 2022. If additional time is required to complete the transition process, this office (Diana Weiland) should be contacted and a request for extension discussed.

In moving forward, CMS acknowledged that training on many topics included in the federal training requirements can be obtained in the nursing home setting through onsite observation and working as a nurse aide under the blanket waiver.

Therefore, our office has evaluated our NATCEP and has made the determination having met the following criteria an individual/candidate may complete the competency evaluation process for certification and registry status:

- Individual has been employed in the temporary nurse aide role for six months or more and has a minimum of 80 hours of documented temporary nurse aide role on-the-job working alongside certified nurse aides while under the supervision of a licensed nurse,
- Individual completed 8-hours of documented online training offered by the American Health Care Association and the National Center for Assisted Living, or a comparable online or in-person education program.
- Individual has completed a review with a current date of the Skills Performance Checklist.
- Individual received documented ongoing educational opportunities throughout the period of their work during the PHE.
- Individual has documented opportunity to review any of the full training course materials they choose to prior to testing.

We have prepared a Temporary Nurse Aide Role to Certified Nurse Aide in South Dakota ATTESTATION LETTER to be completed by the facility's director of nursing or administrator to upload with the initial application enrollment verification form.

What's Next for Facilities Using 1135 Waiver for Training and Certification of Nurse Aides? *(Continued)*

EVF information link: https://doh.sd.gov/boards/nursing/CNA_Initialregistration.aspx

Should the individual not be successful after the first attempt, there should be a documented remediation plan that may include completion of the full training course. The provider facility should maintain documentation of all education.

The Temporary Nurse Aide Role to Certified Nurse Aide (CNA) in South Dakota Attestation Letter and Skills Performance Checklist are located on our website at <https://doh.sd.gov/providers/licensure/nurse-aide.aspx>

Please contact Diana Weiland at email Diana.Weiland@state.sd.us if you have any questions.

Role of the Certified Nurse Aide

Shelly Walstead, RN

A certified nurse aide (CNA) is vital in many healthcare facilities. The CNA will assist with many activities of daily living and promptly communicate any concerns or changes in conditions to the nurse. In a busy health care environment, all parties must understand what care can and cannot be provided by the CNA.

Task	Can a CNA complete this task? Yes/No
Take and record vital signs	Yes
Obtain a blood sample to be sent to lab	No
Bathing	Yes
Grooming and oral care	Yes
Obtain a telephone/verbal order from a physician or mid-level provider	No
Dressing	Yes
Administer medications	No
Assist with eating and hydration	Yes
Change a wound dressing	No
Transfers and repositioning	Yes
Complete neurological checks	No
Measure height and weight	Yes

Role of the Certified Nurse Aide *(Continued)*

A CNA provided care outside of their scope. Now what happens?

Example: RN John Smith arrived at the resident's room as CNA Jane Doe was completing a resident's routine morning cares. CNA Jane noticed the wound care supplies in the RN's hands and stated, "I already changed the dressing on his leg before he got dressed. It was draining and needed to be changed so it did not get on his clothes."

CNA Jane Doe will need to be reported to the South Dakota Department of Health. This is the agency that provides oversight and determines disciplinary action for nurse aides. The report submitted to the SD Department of Health is completed through the online mandatory reporting module. This is the same program that you would use to report a resident fall or elopement.

Prevention and Education

Review job descriptions with staff upon hire and on a regular basis through staff meetings or individual conferences. Should an incident occur, additional education will likely be needed.

Educate the staff that if they are asked to complete a task known to be outside of their scope or are unsure if they can complete the task – speak out! Identify one or more individuals in leadership that they can reach out to if needed.

South Dakota Department of Health contacts

If there are any questions regarding the role of CNA in the healthcare setting, please contact:

- Diana Weiland at diana.weiland@state.sd.us or 605-995-8057
- Nancy Recker at narcy.recker@state.sd.us or 605-367-4499
- Shelly Walstead at shelly.walstead@state.sd.us or 605-367-4640

Providers interested in joining the OLC listserv can subscribe at

<https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC>

Click on the **Subscribe** function found on the right side of the page. Receive newsletters as well as updates and information on licensing, survey, certification, rules, and regulations.

Resources

Emergency Preparedness

Emergency Preparedness Regulations for all Provider and Certified Supplier Types: Interpretive Guidelines: Appendix Z <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/downloads/advanced-copy-som-appendix-z-eps-igs.pdf>

Need help with you Emergency Preparedness planning? Need to know how to connect with a HealthCare Coalition in SD?

Go to <http://doh.sd.gov/providers/preparedness/hospital-preparedness/system/>

CMS Emergency Preparedness Site:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

Health Alert Network:

<https://doh.sd.gov/providers/preparedness/SDHAN.aspx>

COVID Resource Links

- ◆ [South Dakota Department of Health](#)
- ◆ CMS [QSO-20-39-NH](#) 9 revised 11.12.21) - Visitation
- ◆ CMS [QSO-22-11-All](#) (revised 04.05.22) - Vaccination
- ◆ CMA [QSO-20-38-NH](#) (revised 09.10.21) - Testing
- ◆ [Vaccination Mandate Frequently Asked Questions \(FAQ\)](#)
- ◆ [Centers for Disease Prevention and Control](#)
- ◆ [COVID-19 Nursing Home Data](#)
- ◆ [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (Updated 02.02.2222)
- ◆ [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (Updated 01.21.2022)

CLIA Requirements for Competency Assessment

Denise Broadbent, MT (ASCP)

Recently there has been an increase in the number of deficiencies cited related to competency assessment, including the failure to include all 6 procedures in the assessment, failure to have qualified personnel perform the assessment, and failure to have a competency assessment policy/procedure. Competency assessment is used to ensure that the laboratory personnel are fulfilling their duties as required by the CLIA regulations and ensuring the laboratory is reporting accurate patient test results promptly and proficiently.

CLIA provides a brochure with information on competency assessment, available at https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/clia_compbrochure_508.pdf. This brochure will walk you through the basics of competency assessment, the 6 required procedures that need to be included, the personnel who need assessments, and who can perform the assessments.

CLIA does not require documentation of competency assessment of personnel performing waived testing. You do need to ensure that testing personnel are correctly following all manufacturers' instructions when performing waived testing.

All staff, performing moderate to high complexity testing, require an annual competency assessment for each non-waived test the individual is approved to perform by the Laboratory Director. Delegations of duty must be documented in writing and available for review at the time of survey. This includes nurses and providers who perform non-waived laboratory testing. If the test methodology or instrumentation changes, an individual's competency must be reevaluated to include the use of the new test methodology or instrumentation before the reporting of patient results.

Competency assessments for laboratory staff fulfilling the responsibilities of the Clinical Consultant, Technical Consultant, Technical Specialist, and General Supervisor will also need to include an assessment of their delegated duties by the laboratory director. This includes contracted technical consultants/specialists. The Laboratory Director can use the delegation of duties documentation to assist in the performance of the annual competency assessment of these individuals.

Competency assessment can be documented over the course of the year by coordinating it with routine practices and procedures.

The laboratory must have a competency policy/procedure that documents the frequency of assessments, methods used for the assessments, and who is qualified to perform the assessments.

CLIA Requirements for Competency Assessment (continued)

Competency assessments must include the following 6 procedures-

1. Direct observation of routine patient test performance, including patient preparation, if necessary, specimen handling, processing, and testing.
2. Monitoring the recording and reporting of patient test results.
3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance.
4. Direct observations of performance of instrument maintenance and function checks.
5. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples.
6. Assessment of problem-solving skills.

New laboratory personnel will need to have two competency assessments in their first year of employment. Training is not considered a competency assessment. The initial competency assessment should be performed after the new employee has completed their training.

The laboratory director can delegate the duty of performing the competency assessments to the Technical Consultant in a moderate complexity laboratory. The Laboratory Director can delegate this duty to the Technical Specialist or General Supervisor in a high-complexity laboratory. Please be aware though, the General Supervisor can only perform annual assessments. The Laboratory Director or the Technical Specialist must perform the initial assessment for new laboratory staff.

Peer testing personnel who do not qualify as a technical consultant, technical specialist, or general supervisor cannot be designated to perform competency assessments.

Please refer to the CLIA regulations regarding personnel qualifications- Technical consultant CFR 493.1411 (a-b), Technical Specialist CFR 493.1449 (a-q), and General Supervisor CFR 493.1461 (a-e).

You should consult your accrediting organization's standards if your laboratory is accredited.

Ultimately the Laboratory Director is responsible for ensuring all testing personnel are competent and maintain their competency to perform and report accurate and reliable patient test results.

If you have questions regarding competency assessments and or the personnel requirements for performing the assessments, please contact Denise Broadbent (denise.broadbent@state.sd.us) or Connor McVay at (connor.mcvay@state.sd.us).

Did You Know?

Bob Coolidge, RPh

Did you know Institute of Safe Medication Practices (ISMP) has a free newsletter for nurses?

The monthly ISMP Medication Safety Alert!® Nurse AdviseERR® newsletter is available at no charge to nurses, nurse educators, and nursing students. Subscribe for FREE to keep current on emerging concerns and valuable prevention strategies. Check with your facility to see if it is already receiving the newsletter and can add you to the distribution list. Visit: [Nurse AdviseERR | Institute For Safe Medication Practices \(ismp.org\)](https://www.ismp.org/nurse-adviseerr)

Did You Know the CDC and ACIP Updated Adult Recommendations for Pneumococcal Vaccine?

The Centers for Disease Control and Prevention (CDC) recommends all adults 65 years of age or older and adults 19-64 years with certain underlying medical conditions or risk factors should take one of the pneumococcal vaccines. CDC and the Advisory Committee on Immunization Practices (ACIP) recommend these adults either take the 20-valent pneumococcal conjugate vaccine (PCV20) or the 15-valent pneumococcal conjugate vaccine (PCV15) in series with the 23-valent pneumococcal polysaccharide vaccine (PPSV23). This is the first time CDC and ACIP have recommended any pneumococcal conjugate vaccine for certain at-risk populations, such as those with diabetes or asthma, for ages 19 to 64 years. The vaccines can be administered with quadrivalent inactivated influenza vaccines as well. Read more: [Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6812a1.htm) Courtesy of the National Association of Board of Pharmacy

Did You Know the United States Surpassed a Record of 100,000 Overdose Deaths in 2021?

Up 15% from 2020, the CDC National Center for Health Statistics . Read more: [Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data \(cdc.gov\)](https://www.cdc.gov/nchs/pressroom/2022/s081822.htm)

[Pocket Guide: Tapering Opioids for Chronic Pain - Opens in a new window](#) : Quick-reference tool for when and how to taper and important considerations for safe and effective care.

[CDC Opioid Prescribing Guideline Mobile App - Opens in a new window](#) : Apply the recommendations in clinical practice, including a morphine milligram equivalent calculator, key recommendations, motivational interviewing techniques, resources, and glossary.

[Applying CDC's Guideline for Prescribing Opioids Series - Opens in a new window](#) : Interactive, web-based training featuring 11 self-paced learning modules with case-based content, knowledge checks, and integrated resources.

Avoid Opioid

<https://www.avoidopioidsd.com/>

South Dakota Opioid Resource Hotline 1.800.920.4343

CDC Updates Guidance on Enhanced Barrier Precautions for Nursing Homes

Leah Bomesberger MPH, BSN, RN

Coinciding with a new report on antimicrobial resistance, the CDC has updated its guidance on enhanced barrier precautions (EBP) for nursing homes. **Please note, the CDC guidance has not been adopted by CMS and is not currently required by CMS regulations.**

The EBP guidance expands to residents that trigger the use of EBP and indicates it should be followed for any resident in the facility with:

1. An open wound requiring a dressing change
2. Has an indwelling catheter for the duration of their stay
3. Is colonized with multi-drug resistant organisms (MDROs), and contact precautions do not apply

The EBP requires the use of gown and gloves during high-contact resident care activities that provide opportunities for the transfer of MDROs to staff hands and clothing. Use of eye protection may be necessary when splash or spray may occur but is not necessary in other situations.

Examples of high-contact resident care activities requiring gown and glove use among residents that trigger EBP use include:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Gown and gloves are not required for resident care activities other than those listed above, unless otherwise necessary for adherence to standard precautions. **Residents on EBP are not restricted to their rooms or limited from participation in group activities.**

The CDC provides the following considerations for use of EBP in nursing facilities:

- MDRO transmission is common in skilled nursing facilities, contributing to significant morbidity and mortality for residents and increased costs for health care systems.
- EBP is a targeted gown and glove use approach during high-contact resident care activities, designed to reduce transmission of *S. aureus* and MDROs.
- Effective implementation of EBP requires staff training on the proper use of PPE and the availability of PPE with hand hygiene products at the point of care.

CDC Updates Guidance on Enhanced Barrier Precautions for Nursing Homes (continued)

It also clarified that, in most situations, EBP is to be continued for the duration of a resident's admission.

Facilities should consider that EBP is one of a continuum of infection prevention interventions. EBP implementation requires increased use of gown and gloves, ongoing competency with PPE use and hand hygiene, and the current nursing home and pandemic environment.

Additional information and supplemental resources to support the implementation of EBP are available at the below links.

Guidance:

- [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](#)

FAQs:

- [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#)

Resources:

- [Implementation of Enhanced Barrier Precautions in Nursing Homes Presentation](#)
- [Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers](#)
- [Enhanced Barrier Precautions Letter to Nursing Home Staff](#)

Please contact Leah Bomesberger, COVID-19 Corps Infection Prevention Expert at South Dakota Department of Health ,at email Leah.Bomesberger@state.sd.us with questions.

Special points of interest:

- ***Medicare.gov: Find and compare nursing homes, hospitals, & other providers: <https://www.medicare.gov/care-compare/?providerType=NursingHome&redirect=true>***
- ***CMS Memos: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>***
- ***CMS State Operations Manuals & Appendix: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984>***
- ***Licensure and Certification website: <https://doh.sd.gov/providers/licensure/>***
- ***Public Health Statutes and Rules: <https://doh.sd.gov/resources/statute-rules/>***

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<https://doh.sd.gov/providers/licensure/StaffContacts.aspx>

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