



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

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# Partnership News & Best Practice

## Welcome

Thank you for your comments and suggestions for articles to include in this Newsletter. We welcome your feedback.

If you have questions or suggestions for topics, please email [chris.qualm@state.sd.us](mailto:chris.qualm@state.sd.us).

## License Renewal

The 2019-2020 annual medical facility license renewal process begins on May 1, 2019. Providers should watch their email on or shortly after May 1, 2019, for an email from [DOHOLCLicensing@state.sd.us](mailto:DOHOLCLicensing@state.sd.us). The email will include the website link along with the instructions on how to complete the renewal for each facility type. If you have not received an email by May 10, 2019, or are unable to access your renewal, please contact our office at 605.773.3356.

Your online renewal form needs to be completed and electronically submitted to the Department of Health (DOH) on or before May 31, 2019. Once your renewal has been submitted, please be patient. Several DOH staff will review the renewals to ensure all required information has been included on the application. We license approximately 400 medical facilities and the time it takes to make all necessary approvals can be lengthy. Below is a list of our office staff and the provider type(s) they will be reviewing and approving:

- Connie Richards: abortion facility;
- Deb Carlson: adult foster care, assisted living center, inpatient hospice, and residential hospice;
- Patricia Brinkley: ambulatory surgery center and hospitals (all types); and
- Diana Weiland: nursing facilities.
- Jim Bailey (Life Safety Code review): abortion facility, adult foster care, assisted living center, inpatient hospice, residential hospice, ambulatory surgery center, hospitals (all types), nursing facilities, and inpatient chemical dependency.

DOH staff look forward to working with you. Please do not hesitate to contact our staff at 605.773.3356 or via email at [DOHOLCLicensing@state.sd.us](mailto:DOHOLCLicensing@state.sd.us) with questions.

[http://doh.sd.gov/  
providers/licensure/](http://doh.sd.gov/providers/licensure/)

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## Communication within the Healthcare Setting

Communication is a lifelong learning process. Communication is the key to nurse-patient and/or nurse-resident relationship and the ability to deliver patient/resident centered care. Patient and resident safety also requires effective communication among members of the health care team as patients and residents move from one care setting to another. Good communication skills help to reduce the risk of errors. Those skills help to improve patient and resident outcomes. Effective team communication and collaboration skills are essential for patient and resident safety and optimum patient and resident care. Competency in communication maintains effective relationships within the entire sphere of professional practice and meets legal, ethical, and clinical standards of care.

Gaining expertise in communication requires both an understanding of the communication process and reflection about one's communication experiences as a nurse. Nurses who develop critical thinking skills are the best communicators. They form therapeutic relationships to gather relevant and comprehensive information about their patients or residents. Critical thinking attitudes and ethical standards of care promote effective communication. When you consider a patient's or resident's problem, it is important to apply critical thinking and critical reasoning skills to improve communication assessment and care of that individual.

You become more competent in the nursing process as your communication skills develop. You learn to integrate communication skills throughout the nursing process as you collaborate with patients/residents and health care team members to achieve goals. Use communication skills to gather, analyze, and transmit information and accomplish the work of each step of the process. Assessment, diagnosis, planning, implementation, and evaluation all depend on effective communication among nurse, patient/resident, family, and others on the health care team.

The nature of the communication process requires you to constantly decide what, when, where, why, and how to convey a message. Communication with other members of the health care team affects patient/resident safety and the work environment. Breakdown in communication, lack of patient/resident education, and poor health care provider accountability is a frequent cause of serious injuries in health care settings.

When patients/residents move from one nursing unit to another or from one provider to another, there is a risk for miscommunication. To address this risk, health care providers should ensure a detailed hand-off report at the end of shifts or when a patient/resident transfers to another health care provider to promote a safe and smooth transition. Communication is a powerful therapeutic tool and an essential nursing skill that influences others and achieves positive health outcomes. Effective team communication and collaboration skills are necessary to ensure safe patient/resident care. Critical thinking and critical reasoning skills promote more effective communication and patient/resident assessment. Communication is most effective when the receiver and sender accurately perceive the meaning of one another's messages via feedback loops and validation.

Culture influences thinking, feeling, communicating, and behaviors. Foreign born people do not always speak or understand English. Those who speak English as a second language often have trouble with self-expression or language comprehension. To practice cultural sensitivity in communication, understand people of different ethnic origins use different degrees of eye contact, personal space, gestures, loud voice, the pace of speech, touch, silence, and meaning of language. Make a conscious effort not to interpret messages through your cultural perspective but consider the communication within the context of the other individual's background. Language and culture barriers are not only frustrating but also dangerous, causing a delay in care. Patients or residents who speak little English present challenges for healthcare workers. Provide language access services such as onsite interpreters or a telephone interpreter service. Language is not the only barrier. Cultural differences also lead to misunderstanding. Developing cultural competence increases understanding. Incorporate the patient's or resident's communication methods or need into the plan of care.

A strong interdisciplinary team works together to achieve the best outcomes for patients and residents. Effective team development requires team building and training, trust, communication, and a workplace that facilitates collaboration. When collaborative team work and communication among healthcare workers is strong there are fewer reports and incidents of missed nursing care, leading to improved quality and safety of nursing care for patients and residents.

Providers interested in joining the 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.

## Are you a new administrator in a facility?

Are you a new administrator in a facility? Do you know if your “governing body” has reported this change in administration to our office?

The Office of Health Facilities Licensure & Certification would like to take this opportunity to remind our health care partners of their obligation to notify our office when a change in administrator occurs.

The Administrative Rules of South Dakota (various rules depending on provider type) state the “governing body” shall notify the department in writing of any change of administrator. We request this notification be sent prior to the departure of the current administrator to ensure we have adequate time to update our records appropriately.

Since the Office of Health Facilities Licensure & Certification and the Centers for Medicare and Medicaid Services (CMS) are now communicating strictly via email with providers, we would also like to request the **administrator’s email address** be included in the letter. Acceptable forms of communication for this change are:

- send a written request to Chris Qualm, Administrator, South Dakota Department of Health, 615 E 4th Street, Pierre, SD 57501;
- fax a written request to Chris Qualm, Administrator, South Dakota Department of Health, 605-773-6667;
- or email a request to [Chris.Qualm@state.sd.us](mailto:Chris.Qualm@state.sd.us).

Although there is no administrative rule governing the notification of changes in the Director of Nursing position, we would like to request the administrator, please notify our office of these changes as well. Please feel free to contact our office at 605.773.3356 if you have any questions.

## Promotion of Good Laboratory Practices for Waived Testing in Nontraditional Testing Sites

To promote quality testing, reduce testing errors and enhance patient safety in these nontraditional testing sites, the Centers for Disease Control and Prevention developed two booklets: 1. To Test or Not to Test? and 2. Read? Set? Test!. The booklets contain tips, reminders, and resources along with forms and examples for use. In addition, an online course has been developed to complement the Read? Set? Test! Booklet. Find the booklets and an online course at <https://www.cdc.gov/clia/resources/waivedtests/default.aspx>. Use any or all information as educational opportunities. Ensure the test results are of the high quality possibly by requiring the staff in your facility who perform the testing to read the booklets and complete the online an course.

One of the most important things with waived testing is to follow the manufacturer’s instructions throughout the entire testing process. Expect the individuals performing the test to know how to do the test the right way. Expect them to know and understand the intended use, precautions, limitations, quality control needs, and other sections of the test method. Any deviation from the manufacturer’s instructions is considered an off-label use. For example, doing a waived blood glucose test on a resident or patient whose hematocrit or oxygenation is above or below what is stated by the manufacturer in the package insert of the testing strips would be considered off-label use. Or using glucose testing strips or controls beyond their expiration date (often an opened expiration date). Off-label use and not following the manufacturer’s instructions causes the test method to become high complexity and cannot be performed under a Certificate of Waiver. All applicable federal regulations then become required. Waived means waived from the majority of the federal laboratory regulations per Clinical Laboratory Improvement Amendments (CLIA).

Contact Connie Richards at [connie.richards@state.sd.us](mailto:connie.richards@state.sd.us) for further information, obtaining a CLIA Certificate of Waiver, or questions.

### Artifacts of Culture change tool

There is a tool to help your “home” (formerly known as a NH facility) become more in line with person-centered care? It’s called the **Artifacts of Culture change tool**.

The tool can be found online by clicking on the following link:

[www.artifactsofculturechange.org](http://www.artifactsofculturechange.org)

This tool gives you great ideas to implement to improve the Quality of Care and the Quality of Life for those folks who are living and working in your home.

A few of the tips include:

- making sure your residents who are wheel-chair bound have access to a mirror in their room that is at the appropriate height.
- consistent assignment of staff (including CNA’S, LPN’S, and RN’S).
- allowing residents to decorate/ furnish their rooms using nails, tape, screws etc.
- staff are not required to wear uniforms or scrubs.

While many of you have already implemented some of the suggested items, there are several low-cost or no cost items to be found in the check list of 79 items! How does your home score?

## Home Health Agency CoP

Last year, the Centers for Medicare & Medicaid Services (CMS) released the Home Health Agency (HHA) Conditions of Participation (CoP) effective January 13, 2018.

In the Quality, Safety & Oversight Group letter dated January 23, 2019 CMS responded to Frequently Asked Questions (FAQs) for those HHA CoPs. In the memorandum, CMS responded to the FAQ ***“Can mid-level providers, such as nurse practitioners and physician assistants, write orders for home health services?”*** CMS’s response to this question was ***“No, only a physician can write orders for home health services.”***

The department previously inquired with CMS Regional Office if an out-of-state physician may direct patient care in South Dakota (SD). Their response indicated ***only a SD licensed physician may direct patient care.***

The FAQ memorandum with many more responses to question is posted on CMS’s website or may be downloaded from this link <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/AdminInfo19-07-HHA.pdf>.

## What is the Assisted Living Center Required to Provide for Their Resident?

44:70 Assisted Living Center regulations outline specific requirements the ALC must furnish or provide for safe resident care and to ensure the needs of the resident are met. We recommend the administrator and all key personnel conduct a periodic review of those regulations to ensure the intent and ability to meet all regulations. The provider is responsible to provide or furnish:

- The availability of linen equal to two times the licensed capacity.
- A bed, a bedside table or stand, and a chair.
- A sufficient number of qualified personnel to provide safe and effective care.
- An orientation and an ongoing staff training program to meet the needs of your residents and approved optional services. The staff training must be documented.
- Acceptance of diabetic residents with physician orders to monitor the resident’s blood sugars twice daily. Have

the staff been trained to assist with the testing and education related to diabetes?

- Acceptance for two person assist it would be the expectation of the facility to train the staff to use a mechanical lift with two individuals. The mechanical lift should be furnished/purchased by the facility, not purchased by a family member.
- Additional education based on the facility’s identified needs according to the current census.
- Provision of linens, equipment, and supplies for personal care and other activities of daily living to meet the resident’s individualized care i.e. shampoo, incontinence products, toilet paper, or adaptive eating utensils.
- Activity supplies and equipment according to the individualized resident’s interests.

If you have any questions, feel free to contact Deb Carlson at [Deb.carlson@state.sd.us](mailto:Deb.carlson@state.sd.us).

## Bedbugs

Bedbugs have a lifestyle that is cryptic in nature. They spend most of their time hiding where they will not be disturbed. Bedbugs are nocturnal insects and are typically active between midnight and 5:00AM. This is the most opportune time for bedbugs to feed, because this is the time their human host is in the deepest sleep. The bedbugs motility depends on its attraction to the carbon dioxide produced by exhalations and the body heat produced by the human host. However, bedbugs are only able to detect their hosts cue (carbon dioxide and heat) within a distance of 3 feet. Once a bedbug finds a host, it probes the skin with its mouthpart to find a capillary space allowing the blood to flow rapidly into its body. A bedbug may probe the skin several times before it starts to feed. This probing will result in the host receiving several bites from the same bug. Once the bedbug settles on a location, it will feed for 5 to 10 minutes. After the bedbug is full, it leaves the host and returns to a crack or crevice, typically where other bedbugs are aggregating. The bedbug will begin to digest and excrete its meal. Bedbugs usually feed every 3 to 7 days, which means the majority of the population is in the digesting state, and not feeding. Bedbugs are experts at hiding. Their slim, flat bodies permit them to stay in the tinniest of spaces and remain dormant without a blood meal.



Adult bedbugs are flat insects that do not jump, hop, or fly. They do not exist commensally with humans but commute to their host from a hiding place. Carpet beetles, adult fleas, and lice are sometimes confused with bedbugs.

For successful eradication of bedbugs, it is of utmost importance to (1) properly identify the bedbug species present; (2) educate people involved; (3) inspect areas affected; (4) implement control mechanisms, including chemical and nonchemical methods; and (5) monitor the success of the eradication methods.

Please contact Cindy Koopman-Viergets email [Cindy.KoopmanViergets@state.sd.us](mailto:Cindy.KoopmanViergets@state.sd.us) if you have questions.

## Life Safety Code Observations

During the 2018-2019 fiscal year, the life safety surveyors have tracked and noted observations during nursing home surveys. Below is a list of the top most items observed:

- **Sprinkler maintenance** – Examples would be annual backflow inspections, quarterly flow testing, bi-annual supervisor signal resting, missing ceiling tiles, missing sprinkler escutcheons, and missing hydraulic calculation signage.
- **Oxygen storage** – Examples are unsupported oxygen cylinder, and combustible storage within 5 feet in sprinklered rooms and 20 feet in un-sprinklered rooms.
- **Generator maintenance** – Examples of this observation would be no annual load bank testing for diesel supplied generators that do not run at 30% of the nameplate rating, monthly battery testing, and monthly load testing. Even if these activities are performed, documentation of these activities is required.
- **Illumination of the means of egress** – It is required that outside of every exit door the area is illuminated with a dual bulb fixture. This requirement is so that failure of one bulb will not leave the area in total darkness.
- **Hazardous area enclosures** – All hazardous area must have a self-closing door and all penetrations around pipes and conduits sealed with an approved fire rated material like red caulking.

Although not in the top 5 observations, it has also come to our attention facilities have installed wander management systems that will lock the door when a resident wearing a wander management bracelet is in the vicinity. ***Unless within a secured unit, exit doors may not be locked in the direction of egress even if for a short period of time.*** If the door is secured by a wander management system, the door must act as a delay-egress lock and the proper delay-egress signage posted on the door. The facility fire plan must contain language that specifies the evacuation of the smoke compartment if necessary, and the evacuation of the building if required. The fire alarm system must have a chart or map identifying the location of all devices that will specifically identify the location of the device within the building.

Hopefully the above list of items helps to keep your facility in better compliance during life safety code surveys. Any additional questions of concerns regarding life safety code compliance please feel free to contact Jim Bailey at phone 605.367.5434 or email [james.bailey@state.sd.us](mailto:james.bailey@state.sd.us).

## MDS Program Contact Update

The MDS program provides technical assistance for RAI questions. Please note the updates for our MDS program within the Office of Licensure and Certification.

Please contact Jean Koch or Maurine Lembke at 605.995.8985 or 605.995.8073. You may also submit your questions by email at [DOHOLCMDS@state.sd.us](mailto:DOHOLCMDS@state.sd.us).

### Special points of interest:

- **Nursing Home Compare:** <http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1>
- **Hospital Compare:** <https://www.medicare.gov/hospitalcompare/search.html>
- **Home Health Compare:** <https://www.medicare.gov/homehealthcompare/search.html>
- **CMS Memos:** <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>
- **Licensure and Certification website:** <https://doh.sd.gov/providers/licensure/>

# Protect Residents from Misappropriation of Property/Funds and Financial Exploitation



## What is exploitation and misappropriation of property?

**Exploitation** as defined at §483.5 means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

- Examples: Deceiving or coercing a resident to sign documents like a will or change in beneficiary form, using a resident’s credit card without their consent, stopping the resident from using his/her own money, and not placing a resident’s money in a separate interest-bearing account.

**Misappropriation of resident property** as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

- Examples: Stealing or embezzling a resident’s money or personal property like jewelry, electronic devices, or medications, forging a resident’s signature and attempting to cash or cashing a check, and using a resident’s personal property like their TV, phone, or computer/laptop, taking breaks in their room or apartment, and eating the resident’s food or drinking the resident’s beverages without their consent.

In the past two years, the Department of Health Licensure and Certification office saw a slight decrease in the number of the online mandatory reports submitted by all provider types for misappropriation of property/funds. During 2/12/17 through 2/12/18 the complaints department received 240 reports of misappropriation of property/funds and during 2/12/18 through 2/12/19 they received 231 reports of misappropriation of property/funds.

## What can providers do to protect the personal property of residents?

The following suggestions of prevention measures are intended as a guide only to decrease loss and theft within your facility:

- Ensure your facility has policies and procedures to address abuse, neglect, exploitation, and misappropriation of property.
- Ensure your facility is doing routine monitoring and conducting random audits on reconciliation of controlled substances and high alert medications.
- Screen or conduct background checks on all employees. Train employees on hire and annually on theft prevention, misappropriation of property, and reporting procedures.

- Provide resident and family education upon admit and annually on theft prevention, reporting theft, and replacement policies. One admits talking to them about the resident trust account for the money. Consider creating a loss and theft brochure to distribute to residents and families during the admission process.
- Establish and maintain a resident’s inventory list of all their personal property on admit. Identify and mark all resident’s clothing and personal items with tagging devices, labels, or marking pens. Take pictures of resident’s glasses and hearing aids for identification purposes. Provide a small container to hold dentures, glasses, hearing aids to prevent misplacement or loss. Encourage families to keep expensive jewelry in a safe or replace with costume jewelry. Take pictures of valuable items to provide to law enforcement if needed. Secure TV’s or other important furniture or items. Remind families during holiday times or on birthdays to have all gift items marked with the resident’s name.
- Provide a secure box, drawer, or cabinet for resident’s personal use.
- Require all employees to help with preventing lost or misplaced items. i.e. dietary staff scan all meal trays, laundry staff check all pockets, housekeeping staff check floors, and wastebaskets, etc.
- Do not allow staff to borrow one resident’s personal property for another. i.e. shavers, clothing, etc.
- Prohibit staff from accepting any gifts from residents.
- Install a surveillance system in main areas and hallways.
- Investigate all allegations of financial exploitation and misappropriation of property/funds no matter how big or how small. Notify law enforcement and the Department of Human Services. Report to Department of Health. Protect the resident during and after the investigation. Prohibit and prevent retaliation.

## OTHER RESOURCES:

Investigative Protocol for Misappropriation of Resident Property and Exploitation §483.12  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf)  
(found on page 92)

## SDDOH Office of Licensure and Certification

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

# Protect Residents from Misappropriation of Property/ Funds and Financial Exploitation (*continued*)

## Department of Human Services

- Dakota At Home <https://dakotaathome.org/>
- SD Long-Term Care Ombudsman Program <https://dhs.sd.gov/ltss/ombudsman.aspx>
- SD Adult Protection Services <https://dhs.sd.gov/ltss/adultprotective.aspx>

If you have any questions, please contact Shelly Walstead at 605.367.4640 or Jolene Hanson at 605.367.7499 or email

[DOHOLCComplaint@state.sd.us](mailto:DOHOLCComplaint@state.sd.us).

## Complaints and CNA Programs

Please note the changes to the contact information for our Complaints and CNA programs within the Office of Licensure and Certification. The phone numbers have changed to Jolene Hanson, RN 605-367-7499 and Shelly Walstead, RN 605-367-4640.

The online reporting system remains the same at <https://apps.sd.gov/PH91HcOsr/Website/CompFormOnline.aspx>.

## Is There A Difference?

The terms sanitizing and disinfecting are often used interchangeably which can cause confusion for the user. There is a difference between sanitizing and disinfecting surfaces:

- **Sanitizing:** Reducing germs on inanimate surfaces to levels considered safe by public health codes. The reduction of living germs to an acceptably low level. It is primarily a term applied to food utensils and equipment.
- **Disinfecting:** Destroying or inactivating most germs on any inanimate surface. A disinfectant is a chemical agent, which destroys germs capable of causing infection but which, does not necessarily kill all types of germs or spores.

The tests used to measure the effectiveness of a sanitizer or disinfectant on various organisms are called efficacy (the desired result) tests. To be a registered sanitizer or disinfectant with the EPA, the product must kill 100% of the targeted test organisms on the label.

The directions for most disinfectants typically instruct the user to allow the disinfectant to be left on the surface for 2 to 10 minutes. Typical sanitizing directions instruct the user to leave the sanitizing solution on the surface to anywhere from 30 seconds to 2 minutes. ALWAYS refer to the manufacturer's directions for use of the product!

Contact time or dwell time is the length of time a disinfectant's or sanitizer's label states that it must remain wet on a surface to achieve efficacy. However, a single application of a sanitizer or disinfectant may not leave the surface wet for the listed contact time. To meet the contact time of 2 minutes (as an example) additional applications of the product may be needed. Environmental factors such as temperature, humidity, and airflow will all influence the drying time. Also, the method of application (spray, pour, wipe), and the type of wipe used (cotton, microfiber, disposable) will affect how much product is delivered to the surface and how long it will stay wet.

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## Harm Prevention in Nursing Homes

A Change Package to Prevent Harm (adverse events, abuse, and neglect) for nursing home residents is now available. This information was provided by CMS/QIO in November 2018. It's an awesome resource on the QIO website (see the link below). The downloadable PDF on that page is the full guide with some great helpful hints and guidelines.

<https://qioprogram.org/all-cause-harm-prevention-nursing-homes>

## Emergency Preparedness in Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities (PRTF) are non-hospital facilities with a provider agreement to provide inpatient psychiatric service benefits to eligible individuals under the age of twenty-one. PRTF must comply with all applicable Federal, State, and local emergency preparedness (EP) requirements. This includes developing and implementing an EP program in accordance with the Centers for Medicare and Medicaid finalized State Operations Manual Appendix Z – Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance. The rules became effective on November 15, 2016, with an implementation date of November 15, 2017. The South Dakota Department of Health allowed one additional year (2018) for healthcare providers and suppliers to fully develop and implement their EP program. As of January 1, 2019, PRTF will be held accountable for compliance with Appendix Z emergency preparedness requirements.

The PRTF use of a risk assessment to identify and document potential hazards that affects their geographical area, community, facility, and the resident population will be an important part of developing the EP program. **The four main elements of an EP program include risk assessment and planning, policy and procedure, communication plan, and training and testing.** During the survey process facility non-compliance with Appendix Z requirements will be documented as a deficient practice, the facility will be required to submit a plan of correction, and a revisit survey to verify compliance will be conducted.

Appendix Z – Emergency Preparedness regulations can be accessed at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-17-29.html>. Updates were issued on February 1, 2019, and can be accessed at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/QSO19-06-ALL-EP.html>.

Located on the South Dakota Department of Health website is an Emergency Preparedness Checklist which outlines the requirements applicable to PRTF. The use of this checklist is not mandatory but is a great way to get acquainted with the PRTF regulatory requirements.

There are no set timeframes for emergencies, they can happen anywhere and anytime, and the scope and impact on the facility are unpredictable. Whether man-made or due to a natural disaster, the best plan of action is an effective comprehensive EP program which considers the health and safety of all residents and staff.

**Need help with planning?** Need to know how to connect with a **HealthCare Coalition in SD?**

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

The **South Dakota Hospital Preparedness Program (HPP)** works with hospitals and other medical facilities to ensure South Dakota's medical community is as prepared as we can be! For additional information about HPP, go to <http://doh.sd.gov/providers/Preparedness/Hospital-Preparedness/> or contact the HPP at 605.773.4412.

Use this link to find your **local Emergency Manager:**

<https://dps.sd.gov/emergency-services/emergency-management>

**CMS Emergency Preparedness Site:**

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

### Did You Know?

Did you know 43 states have reported deadly counterfeit pills made with fentanyl? Read more at <https://www.safemedicines.org/>.

## Avoid Opioid

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

South Dakota Opioid Resource Hotline 1.800.920.4343