



# Partnership News & Best Practice

Partnership News

October 2017

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## Our Focus — Health and Safety

Health and safety for the patients and residents is a key component in our office.

*The mission of the South Dakota Department of Health, Office of Health Facilities Licensure and Certification is to partner with consumers, families, healthcare providers, healthcare organizations, and other regulatory agencies to ensure the health, safety, and appropriate care of patients and residents in South Dakota.*

Our mission statement is our standard.

As providers, you lay hands on your patients and

residents on a daily basis. Your direct care is essential for the health and safety of the individuals you serve.

As the State Survey Agency, we see ourselves as another set of eyes in the care of our patients and residents. We willingly accept that responsibility and view it as an opportunity to care for others.

With everything we do and every decision we make, our eyes must be fixed on the Health and safety of the patients and residents.

Working together we can continue the quality care

expected by South Dakotans. Our unified approach should be one that focuses on the health and safety of the patients and residents we all serve.

We need to work together to care for those requiring your services.

As always, I welcome calls or emails from administrators with comments and suggestions.

My phone is 605-773-3356 and email address is [chris.qualm@state.sd.us](mailto:chris.qualm@state.sd.us)

Thank you. *Chris*

## South Dakota Prescription Drug Monitoring Program

South Dakota regulations require prescribers and dispensers of controlled substances to sign up for the South Dakota Prescription Drug Program. The following is an excerpt from the South Data controlled substance registration form.

**ATTENTION: After getting your controlled substance**

**registration number, register with the South Dakota Prescription Drug Monitoring Program (SD PDMP).**

The South Dakota Department of Health supports practitioner participation in the SD PDMP program to improve patient care and reduce the

misuse and abuse of controlled substances. Visit <http://doh.sd.gov/boards/pharmacy/pdmp.aspx> to learn how to register for an account in PMP AWARDx.E.

If you have any questions about the SD PDMP, please contact Melissa DeNoon at the South Dakota Board of Pharmacy (605) 362-2737.

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.

#### New LTC Provider Training

CMS is working on a specific web-based provider training that will be made available on the ISTW in the coming weeks. The main focus will be highlighting those areas of the process relevant for providers. The expected time for this training will be about an hour.

## New LTC Survey Process Training for State Surveyors

In preparation for the new Long Term Care survey process implementation November 28th, our office has received training to the new computer-based survey process.

The SD State Survey Agency sent four State Trainers to the CMS train-the-trainers in-person training in San Diego, CA, the week of August 7-11. It was a detailed training regarding the phase 2 regulation, Interpretive Guidance, new survey process, critical pathway use, and software information.

The SD LTC surveyors were trained on the new survey

process the week of September 18 by CMS. We have also sent two staff to the IT support training in Longmont, CO, to learn the new software program details, so they can assist with our new tablet computers concerns/issues.

The new computer-based LTC survey process means all states will be surveyed by the same process for consistency purposes.

We are excited about not having to juggle piles of forms and documents while on survey as most of the new process will be done on computer tablets.

## HOPE Waiver Participants Residing in an Assisted Living Center

The services listed below are available as add-on services for the Division of Long Term Services and Supports (LTSS) HOPE Waiver participants residing in an Assisted Living Center. Services are based on an assessment of needs completed by the participant's LTSS Specialist. If you have questions regarding the add-on services, please contact a HOPE Waiver Manager at 605-773-3656. If you would like to make a referral for a HOPE Waiver participant to receive any of these services, please contact the local LTSS Office.

- In-Home Nursing Services on a limited, temporary basis
- Adult Companion Services
- Adult Day Services
- Specialized Medical Supplies (e.g. diabetic, wound care, incontinence), not otherwise covered by South Dakota Medicaid
- Specialized Medical Equipment, not otherwise covered by South Dakota Medicaid

## Emergency Preparedness – Implementation November 15, 2017

### Plan

The core elements of an emergency preparedness are:

- All-hazards risk assessment and emergency planning
- Development and implementation of policies and procedures
- Communication plan
- Training and testing

Long term care (LTC) providers are expected to develop an emergency preparedness plan that is based on and includes a documented facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. The plan must be reviewed and updated at least annually. It should address resident population, persons at-risk, the type of services they have the ability to provide in an emergency, and, continuity of operations that include delegation of authority and succession plan. At a minimum, there should be a qualified person who is “authorized in writing to act in the absence of the administrator or the person legally responsible for the operation of the facility.”

When developing an emergency preparedness plan, providers are expected to consider the following:

- Identification of all business functions essential to their operations that should be continued during an emergency.
- Identification of all risks or emergencies that the provider may reasonably expect to confront.
- Identification of all contingencies for which the provider should plan.
- Consideration of the facility location – this will vary for every provider.

- Assessment of the extent to which natural or man-made emergencies may cause the provider to cease or limit their operations.
- Determination of what arrangements may be necessary with all other health care facilities, or other entities that might be needed to ensure that essential services could be provided during an emergency.

Policies and procedures must be developed and implemented based on the emergency plan. At a minimum the policies and procedures must address the following:

- ⇒ The provision of subsistence needs for staff and residents whether they evacuate or shelter in place, include, but are not limited to the following:
  - Food, water, medical and pharmaceutical supplies.
  - Alternate sources of energy to maintain the following:
    - Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions.
    - Emergency lighting.
    - Fire detection, extinguishing, and alarm systems.
    - Sewage and waste disposal.
- ⇒ Contact information for

federal, state, regional, and local emergency preparedness staff; State Licensing and Certification Agency; State Protection and Advocacy Agency; and other sources of assistance.

- ⇒ Primary and alternate means for communicating with facility staff and federal, state, tribal, regional, and local emergency management agencies.
- ⇒ A method for sharing information and medical documentation for residents under the facility’s care, as necessary, with other health care providers.
- ⇒ A means, in the event of an evacuation, to release resident information as permitted.
- ⇒ A means of providing information about the facility occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. Occupancy reporting is considered, but not limited to, reporting the number of residents currently at the facility or the facility’s occupancy percentage.
- ⇒ A method for sharing information from the emergency plan that the facility has determined is appropriate, with residents and their families or

Newsletters can be found on our listserv or on our website at <http://doh.sd.gov/providers/licensure/>

## Emergency Preparedness – Implementation *(continued)*

Use this link to find your local Emergency Manager  
<https://dps.sd.gov/emergency-services/emergency-management>

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/>  
The South Dakota Hospital Preparedness Program works with hospitals and other medical facilities to ensure that South Dakota's medical community is as prepared as we can be! For additional information, please contact [Andy Klitzke](#), HPP Coordinator, 605-773-4412.

representatives.

Emergency training and testing must be documented, reviewed, and updated on at least an annual basis. The training and testing must reflect the risks identified in the individual facility risk assessment. Training includes the provider's responsibility to provide education and instruction to staff, contractors, and volunteers to ensure all individuals are aware of the emergency preparedness program.

The LTC facility must conduct exercises to test their emergency plan at least annually. The following must be included in testing:

- Participation in a full-scale exercise that is a community-based event; if not available an individual facility-based exercise. If a facility experiences an actual natural or man-made emergency that requires activation of the

emergency plan, the facility is exempt from engaging in a community-based or facility-based full-scale exercise for one year following the onset of the actual event.

- Conduct an additional exercise that may include, but is not limited to a second community-based or facility-based full-scale exercise; a tabletop exercise that includes a group discussion led by a facilitator, using a narrative, clinically-relevant emergency scenario, with a set of problem statements, directed messaging, or prepared questions utilized to challenge an emergency plan.

The provider analyzes their facility's response to the situation and maintains documentation of all drills, tabletop exercises, and emergency events and reviews and revises their

emergency plan as necessary.

In the preparedness plan the LTC facility must implement emergency and standby power systems to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of food and provisions.

There are a lot of details and thought provoking items to determine if your facility would be able to maintain the ability in any emergency situation to continue operation. What may work in one facility may not work for your facility. Your plan needs to be based on your facility's assessment and resources.

All LTC facilities received an "evacuation kit" with supplies from the DOH in November 2011. **Have you maintained the kit and included it in your emergency plan?**

### CMS Emergency Preparedness Site

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

The Assistant Secretary for Preparedness and Response (ASPR) **Technical Resources Assistance Center and Information Exchange (TRACIE)** is a resource for developing emergency plans and can be found at: <https://www.asprtracie.hhs.gov>



## Delayed Egress Door

One of the most written Life Safety Code deficiencies is for improper delayed egress doors. Many facilities have delayed egress door locking systems. You may be using this type of door locking to help prevent egress or for overall building security. If you have delayed egress door locks they must meet all of the technical requirements of the Life Safety Code, and one of the most missed requirements is the required signage. The following signage requirements must be met for delayed egress locking doors:

- The signage must be located on the door leaf.
  - The signage must be located adjacent to the door release device.
  - The signage must have letters which are at least one inch high and on a contrasting background.
  - The signage must read ***PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.***
- have the minimum required signage. For example many doors with delayed egress locks also have the added signage which reads ***EMERGENCY EXIT ONLY. ALARM WILL SOUND.*** This is usually placed directly above the required signage and helps prevent people from setting off the alarm.

You may add other signage on the door as long as you

Please contact Todd McCaskell at 605-773-3356 if you have questions.



## Emailing Plans of Corrections (POC):

The emailing of POCs is now standard practice. We offer a few helpful hints to ensure the process moves along smoothly.

- Do not use Adobe Cloud when the POC is saved and then emailed to [doholcpoc@state.sd.us](mailto:doholcpoc@state.sd.us). Save the POC to your computer as an adobe file (.pdf) and attach that to the email.
- Please do not save the survey report/POC as another program document such as a Word document. The pages will split into two pages without all the information and become unreadable and does not have the required signature and date area.
- Provide the survey team with the administrator's email or a person in charge if it is anticipated the administrator will be gone when the survey report arrives. We understand not all administrators or providers have a business email; however, we would prefer the administrator address if at all possible.
- We do encourage providers to acquire an Adobe Acrobat software that permits writing on a pdf document. Editing or adding information to the POC is somewhat easier than using Adobe Acrobat Reader. There may be cost incurred by the provider for the license for that software. The Department of Health uses Adobe Acrobat Pro DC.

## New Long Term Care Survey Process

**Breathe...stay calm; stay positive; move ahead, and don't recycle the garbage. This is a new day!**

There will be many observable changes come November 28, 2017 in the LTC survey process. Once the survey teams have transitioned through training, the survey teams will be smaller. The survey team more than ever before will hit the ground running; the designated team coordinator will still conduct the entrance conference with the facility leadership. There will be no more sharing of CASPER 4 and QM reports. You will receive a copy of the CASPER 3 report. There will be more timelines for sharing information with the survey team.

### Immediately upon entrance the survey team will need to receive:

- Census number – this does not include bed hold.
- Complete Matrix for new admissions in the last 30 days who are still residing in the facility.
- An alphabetical list of all residents, noting any residents out of the facility.
- A list of residents who smoke, designated smoking times, and locations.

### During the entrance conference the team coordinator will:

- Ask for information regarding full time DON coverage (verbal confirmation is acceptable).
- Ask for the facility's emergency water source (verbal confirmation is acceptable).
- Ask for a copy of an updated facility floor plan if changes have been made.
- Ask for the name of the

Resident Council President.

- Provide signs announcing the survey to post in high visibility areas.
- Provide a copy of the CASPER 3 report.
- Provide the papers that need to be filled out, timelines for completion will vary.

### Within ONE hour of the entrance the survey team will need:

- Schedules of meal times, locations of dining rooms, copies of all current menus (including therapeutic menus) that will be served for the duration of the survey.
- Policy for food brought in from visitors.
- Schedule of medication administration times.
- Number and location of medication storage rooms and medication carts.
- Actual working schedules for licensed and registered nursing staff for the survey time period.
- List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
- List of the names of staff (including agency staff) who have successfully completed training for paid dining/feeding assistants if the facility employs paid dining/feeding assistants.
- State-approved training program by qualified professionals with a minimum of 10 hours of training.
- List of residents who are eligible for assistance and who are currently receiving assistance from paid dining/feeding assistants.

### Within FOUR hours of the entrance

**the survey team will need:**

- Complete Matrix for ALL other residents.
- Facility admission packet.
- Dialysis Contract(s), Agreement(s), Arrangement (s), and Policy and Procedures, if applicable.
- List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
- Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
- Does the facility have an onsite separately certified ESRD unit?
- Hospice Agreement, and Policies and Procedures for each hospice used (name of the facility designee(s) who coordinate(s) services with hospice providers).
- Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
- Influenza/Pneumococcal Immunization Policy and Procedures.
- QAA committee information (name of contact, names of members, and frequency of meetings).
- QAPI Plan.
- Abuse Prohibition Policy and Procedures.
- Description of any experimental research occurring in the facility.
- Facility assessment.
- Nurse staffing waivers.
- List of rooms meeting any one of the following

## New Long Term Care Survey Process *(continued)*

### Event reporting link:

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

The reporting of injuries of unknown and reasonable suspicion of a crime algorithm is located at the following link:

[https://apps.sd.gov/  
PH91HcOsr/Website/  
CompFormOnline.aspx](https://apps.sd.gov/PH91HcOsr/Website/CompFormOnline.aspx)

conditions that require a variance:

- Less than the required square footage.
- More than four residents.
- Below ground level.
- No window to the outside.
- No direct access to an exit corridor.

**By the end of the FIRST day of Survey the survey team will need:** access to ALL resident electronic health records – do not exclude any information that should be a part of the resident’s medical record, do include how surveyors can access the record outside of the conference room.

You will have been given a form titled “Electronic

Health Record Information” to complete.

**Within 24 hours of the entrance the survey team will need:**

- Completed Medicare/Medicaid Application (CMS-671).
- Completed Census and Condition Information (CMS-672).
- Completed form you will have been given titled “Beneficiary Notice – Residents Discharged Within the Last Six Months.”

Some of the “old” survey terminology will be replaced. There will no longer be Phases and Task 6, but Initial Pool,

Sample Selection, Investigation, Survey Activities, and Potential Citations.

**Remember to breathe...we are all in this together.**

Please feel free to contact Diana Weiland at 605-995-8057 with questions.



## Community Living Homes

Community Living Homes is a new provider type in South Dakota. We have currently completed the formal rules process.

We thank the provider community and the associations for your support and comments to this provider type and the rules. We greatly appreciate the association’s willingness to work constructively with us.

These administrative rules are part of a broader effort by the State to develop more home and community-based long

term care options for elderly South Dakotans.

We view this endeavor as complimenting and supplementing the existing long term care services in the State. And we strongly believe that a collaborative approach to developing these rules is truly the best approach.

In developing the proposed rules for this new type of long term care facility, we relied on South Dakota’s existing standards for long term care as a foundation for creating the set of proposed rules. In doing so, the proposed

rules have been largely modeled after our existing Adult Foster Care (AFC) rules, Assisted Living Center (ALC) rules, and Nursing Facility (NF) rules. We believe this is a prudent approach to ensuring that quality care and services will be provided in CLHs. The regulations and standards applied to CLHs will be consistent with the existing regulatory structure for long term care facilities.

It is also important to note that the set of proposed administrative rules

## Community Living Homes *(continued)*

represents a starting point in developing the regulatory framework for Community Living Homes in South Dakota. We expect the expansion of this new provider-type will take some time. The Department's intent is that revisions and adjustments to the rules will be made as necessary while this facet of the long term care industry develops. Rest assured, as issues arise they will be addressed.

Of course, the core mission of much of the regulatory work that the Department of Health (DOH) does is ensuring that quality health care services are being provided in our licensed facilities on a consistent basis. This absolutely involves actively working to protect all South Dakotans who access these facilities and services from any kind of abuse or exploitation.

Staff from both the Department of Health and Department of Human Services were directly involved in the deliberations and development of the recommendations from the South Dakota Elder Abuse Task Force in 2015. The Task Force recognized that with the existing regulatory structure in place, the mandated reporting requirements for both facilities and health care professionals, and the prohibition on employees with a history of abuse, licensed long term care facilities represent a relatively low-risk for elder abuse and exploitation when compared to other unregulated and unlicensed settings.

It is for this very reason why we've statutorily required Community Living Homes to be licensed health care facilities. As such, they will be regulated in a

similar fashion as with other licensed health care facilities which includes being subject to unannounced surveys, all of the mandatory reporting requirements, and a level of regulatory scrutiny consistent with other licensed health care facilities. It's also important to understand that with this new model of care most of the health care services required of CLH residents will be performed by outside health care providers (via home health agencies, etc.) which will further ensure that any potential for abuse or exploitation in a CLH will be minimized.

We look forward to our continued partnership with you in regards to CLHs.

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## Administrator Change Notification

The Office of Health Care 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. According to the Administrative Rules of South Dakota 44:73:04:03 for Nursing Facilities, 44:75:04:03 for Hospitals, 44:76:04:04 for Ambulatory Surgery Centers, and 44:70:04:02 for Assisted Living Centers, 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 Centers for Medicare and Medicaid Services (CMS) is now communicating strictly via email with providers, we would also like to request that the **administrator's email address** be included in the letter.

Acceptable forms of communication for this change are:

Send a written notice to:

Chris Qualm, Administrator,  
South Dakota Department of  
Health, 615 E 4th Street,  
Pierre, SD 57501;  
or email a notice 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 that 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.

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## The Role of the Team Coordinator during the Survey

The team coordinator (TC) of the survey team has many duties and responsibilities during the survey process.

The TC ensures the provider's management team has been introduced to the members of the team. All members of the survey team have given their business cards to the TC, and the TC will give them to either the administrator or the director of nursing upon entrance to the facility. The TC will request a private area for the survey team to set up and to have meetings as needed throughout the survey process.

The goal of the TC is to keep the survey process moving and to ensure the members of the administrative staff are kept informed of the process and given updates as needed.

The survey team will attempt to not cause any disruption with the normal day-to-day operations of the facility. We know that the survey team's presence does cause some unrest to the staff of the health care facility but

the TC and the survey team members will always attempt to put administration, staff, residents, and resident families at ease by explaining our process and why we are on-site.

Communication is a very important aspect of the survey process. We as the survey team will treat everyone in the facility with the utmost respect and dignity. If there is an issue or concern identified during the survey process the team coordinator would be the individual to notify. Every attempt will be made to come to a resolution. If at any time during the survey process the identified concern or issue does not reach an acceptable conclusion, the administrator or the assistant administrators of the Department of Health, Office of Licensure and Certification should be notified by the TC during the survey to ensure a resolution.

The TC is the liaison between the provider and the members of the survey team. The TC

will ask for required documentation during the survey process and will openly listen to management, staff, and will take all obtained information into consideration as a team.

The TC will ensure respectful and comprehensive communication between the survey team and the provider. If at any time during the survey process there would be questions in regards to rules and regulations both federal and state requirements please ask the TC; the goal of the survey process is to survey to the regulations of the Center for Medicare and Medicaid and the South Dakota Codified Laws; but to also ensure collaboration between the state agency and the provider.

The goal for both the state agency and the provider is to ensure resident's overall quality of care and quality of life. The state agency provides oversight and assistance to health care facilities to assure standards of care for all residents residing in health care facilities.

### Special points of interest:

- **Nursing Home Compare:** <http://www.medicare.gov/nursinghomecompare/?AspxAutoDetectCookieSupport=1>
- **CMS S&C's:** <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

We invite you to view the MDS Section Q Training webinar.

The webinar is archived on our website under the Provider Training Section at <http://doh.sd.gov/providers/licensure/>

*The mission of the South Dakota Department of Health, Office of Health Care Facilities Licensure and Certification is to partner with consumers, families, healthcare providers, healthcare organizations, and other regulatory agencies to ensure the health, safety, and appropriate care of patients and residents in South Dakota.*

## Interpretation on Home-Grown Produce

The South Dakota Department of Health Office of Healthcare Facilities Licensure and Certification (OLC) offer the following interpretation and their position on "Home Grown Produce". Please see the following guidelines.

Should you have any questions or concerns, please contact the OLC office at 605-773-3356.

The South Dakota Health Department OLC allows home-grown or home-raised produce consisting of fruit or vegetables to be used in a licensed food service. Home-grown produce should only be used in a fresh form and should not be canned, dried, or heat preserved for use at a later date.

Raw fruits and raw vegetables shall be thoroughly washed with potable water before cooking or serving. Any sink used to wash, prepare, store, or soak food shall be indirectly connected to the sewer through an airbreak. Also, as produce is a perishable food, it should be stored under refrigeration of 41°F or less after harvesting and throughout the shelf-life of the food.

Attention should be given to the possible contamination of these products via the use of herbicides and insecticides. One of the latest concerns is the use of wind-fallen fruit that may have been gathered in pastures or grazing areas where livestock have been present. Fruit such as apples gathered under these conditions may be contaminated with fecal bacteria and may cause a food borne illness.

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## Online Reporting

### Abuse/Neglect

A trend in the online reporting to our office has been noted. This summer, the reports of resident combativeness has increased along with resident neglect. From July 1 through July 25, 28 cases of resident-to-resident physical abuse were reported, in which at least one resident received harm. There were 33 reported cases of neglect by facility staff. This has triggered questions to ask the providers:

1. What is the building or room temperatures?
2. How is the resident dressed; is it appropriate for the season or the temperature?
3. Are the residents adequately hydrated?
4. Has there been drastic changes or turnover in the

staffing?

5. Have the extended shifts or overtime hours increased?
6. Are staff becoming burned out?
7. Is the staff adequately rested?
8. Is the staff adequately hydrated?

The *Hand in Hand* series provided to all Long Term Care Facilities by CMS is a great reference for handling difficult residents and/or residents with behaviors.

### Reporting Algorithm

The reporting department has received numerous telephone calls and emails wondering about what are and what are not reportable occurrences. The algorithm is on the South

Dakota Department of Health, Office of Licensure and Certification website. The web address is: <http://doh.sd.gov/documents/Providers/Licensure/Reporting.pdf>.

Please refer to the following algorithm listed on page 2 of the document. If you have further questions, please contact the reporting office at 605-773-3497.

### Informed Consumers

Consumers are more informed on their healthcare choices and or decisions. They are expecting open communication from their providers. When there are concerns/complaints voiced, listen closely to them. Have

## Online Reporting *(continued)*

are asking for? Most of the concerns/complaints that are submitted by the consumer are related to unmet needs from the resident, family, or significant other. It may be as simple as “listening,” really listening to them, and asking questions. They want to know what is going on, and why these changes are happening to them or their

loved one. They may be grieving about the changes that are occurring within their lifestyle or family. The power point presentation on the State of South Dakota, Department of Health, Office of Licensure and Certification website is useful in educating staff and administrative personnel to listen to all involved. The web address is:

<http://doh.sd.gov/documents/Providers/Licensure/CustomerRelationsPowerPoint.ppt>.

### Disasters

When a facility encounters a disaster, fire, or loss of utilities an online report needs to be completed. Refer to SDCL 44:73:01:07.

## Update on Hospital Discharge Appeal Notices — Important Message from Medicare (CMS-R-193) and the Detailed Notice of Discharge/DND (CMS 10066)

Hospitals are required to provide Medicare beneficiaries and Medicare Advantage plan enrollees the Important Message (IM), CMS-R-193 form from Medicare. CMS-R-193 informs inpatient beneficiaries of their hospital discharge appeal rights. Beneficiaries who choose to appeal a discharge decision must receive the DND CMS 10066 form. Hospitals and Critical Access Hospitals were required to begin using the updated IM and DND forms as of August 28, 2017.

Information on downloading the updated IM and DND forms and instructions for completing are located at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices.html>.

## Did You Know..... SD has a tip line related to drug abuse?

Attorney General Jackley launched Project Stand Up statewide on May 18, 2017 with these partners: Attorney General's Office, Sanford Health, South Dakota Sheriff's Association, South Dakota Police Chiefs' Association and the South Dakota Department of Public Safety. Project Stand Up is a coordinated effort amongst law enforcement officials and healthcare providers statewide to **standup to illegal drug use in South Dakota**. **Texting a tip is simple- just text 'drugs' to 82257**. The tipster will be asked a series of questions for additional information. The level of involvement lies with the citizen, **while always remaining anonymous**. Any communities interested in promoting the Stand Up Program locally are encouraged to call the Attorney General's Office at 605-773-3215. Read more: <http://atg.sd.gov/OurOffice/Media/pressreleasesdetail.aspx?id=1811>

## Assisted Living Centers — Top Ten Deficiencies Cited

### 44:70:04:11 Care policies.

Each facility shall establish and maintain policies, procedures, and practices that follow accepted standards of professional practices.

Examples:

- Are medications administered according to physician orders or the manufacturer's recommendations?
- Are medications signed off on the MAR after they have been administered?
- Was the insulin pen primed prior to dialing the dose?

### 44:70:04:13.01 Facility form.

The facility shall provide a form developed, by the department, to the resident's medical provider prior to admission, yearly and after a significant change. Ensure the form is completed accurately according to the optional services listed on your current license.

### 44:70:05:02 Resident care plans.

The nursing service of a facility shall provide safe and effective care from the day of admission through the ongoing development and implementation of written care plans for each resident. Ensure the care plan is individualized to address the needs of the resident.

**44:70:04:10 Tuberculin screening requirements.** Each facility shall establish policies and procedures for conducting Mycobacterium tuberculosis risk assessment that include the key components of responsibility, surveillance, containment, and education. Each new healthcare worker or resident shall receive the two-step method of TB skin test or blood assay test within fourteen (14) days of employment or admission to the facility.

**44:70:02:06 Food Service.** The facility shall meet the safety and sanitation procedures for food service in 44:02 Food Service Code.

**44:70:04:05 Employee health service.** All personnel shall be evaluated by a licensed health professional for freedom from a reportable communicable disease that poses a threat to others before assignment to duties or within 14 days after employment including an assessment of previous vaccinations and TB skin tests.

**44:70:04:13 Restricted admissions.** The facility shall ensure an evaluation of each resident's care needs is

documented at the time of admission, 30 days after admission, and annually thereafter. Specific requirements are to be addressed on the evaluation.

### 44:70:07:07 Medication

**administration.** A resident with the cognitive ability may self-administer medications. At least every three months the resident should be evaluated to determine the continued appropriateness of the residents' ability to self-administer.

### 44:70:02:05 Housekeeping cleaning methods and equipment.

Hazardous cleaning solutions, chemicals, poisons, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.

### 44:70:03:02 General fire safety.

The fire alarm shall be sounded each month. At least two staff members shall be on duty at all times. According to the various staffing exceptions if the provider had requested a staffing exception, then there may be one staff member present during sleeping hours.

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