STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0000	INITIAL COMMENTS A recertification health survey for compliance to 42 CFR Part 418, Subparts C-D requirements for hospice care, was conducted from 4/30/24 through 5/2/24. Huron Regional Medical Center was found not in compliance with the following requirements: L530 and L650.	L0000		
L0530	CONTENT OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(c)(6) [The comprehensive assessment must take into consideration the following factors:] (6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following: (i) Effectiveness of drug therapy (ii) Drug side effects (iii) Actual or potential drug interactions (iv) Duplicate drug therapy (v) Drug therapy currently associated with laboratory monitoring. This STANDARD is NOT MET as evidenced by: Based on record review, interview, and policy review the provider failed to ensure drug regimen and medication reviews were completed, and the physician was notified of a severe drug interaction for four of four sampled patients (1, 2, 3, and 4) records reviewed with a severity level two severe drug interaction. Findings include: 1. Review of patient 1's electronic medical record (EMR) revealed: *He was admitted to hospice on 9/7/23.	L0530	The clinician will complete a medication review to identify actual and potential drug interactions and complete physician notification and follow up as warranted. The Medication Control in Home Care policy was revised to include that as a part of the medication review process the clinician will review and acknowledge level 3 adverse interactions. The clinician will report Level 1 and 2 adverse interactions to the patient's provider, follow up with the recommendations, and document in the patient's chart. Department members will complete education on the Medication Control in Home Care Policy and on medication screening process by 6/16/2024. Monitoring and QAPI: The Hospice Director and designated employees will be responsible for weekly monitoring of hospice medication lists to ensure medication screening for adverse reactions is completed until 9/30/2024. At this time if implementations are adhered to the monitor will be quarterly for 1 year. The Hospice Director will report finding to the Quality Director. The Quality Director will report finding to the board. Patient 1: Medication screening for adverse interactions unable to be completed.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Erick Carson	CEO	05/23/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0530	Continued from page 1 *He had omeprazole 20 milligrams (mg) twice daily and phenytoin sodium extended 200 mg daily dated 9/7/23 on his medication profile. *There was a severity level 2 severe drug interaction [potentially harmful and unsafe combinations of prescription medications] alert between the omeprazole and the phenytoin highlighted in red on his medication profile. *There was no documentation of the severe drug interaction being addressed or that the physician was notified. 2. Review of patient 2's EMR revealed: *He was admitted to hospice on 1/11/23. *He had gabapentin 300 (mg) twice daily dated 1/11/23, promethazine 6.25 mg-codeine 10 mg/5 milliliters (ml) every four hours, and lorazepam 0.25 to 1 ml every four hours as needed dated 4/26/23 on his medication profile. *There were two severity level 2 severe drug interaction alerts between the gabapentin, promethazine, and lorazepam highlighted in red on his medication profile. *There was no documentation of the severe drug interaction being addressed or that the physician was notified. 3. Review of patient 3's EMR revealed: *He was admitted to hospice on 10/16/23. *He had citalopram 20 mg daily and ondansetron 4 mg twice daily dated 10/16/23 on his medication profile. *There was a severity level 2 severe drug interaction alert between the citalopram and the ondansetron highlighted in red on this medication profile. *There was no documentation of the severe drug interaction being addressed or that the physician was notified. 4. Review of patient 4's EMR revealed: *She was admitted to hospice on 3/17/23. *She had escitalopram 10 mg daily and ondansetron 8 mg	L0530	Patient 2: Medication screening for adverse interactions unable to be completed. Patient 3: Patient's primary provider updated on potential interactions between ondansetron 4mg and citalopram 20mg. The primary provider had no changes to plan of care and the chart was updated on 05/01/2024. Patient 4: Medication screening for adverse interactions unable to be completed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0530	Continued from page 2 twice daily dated 3/17/23 on her medication profile. *There was a severity level 2 severe drug interaction alert between the escitalopram and the ondansetron highlighted in red on her medication profile. *There was no documentation of the severe drug interaction being addressed or that the physician was notified. 5. Interview on 5/1/24 at 3 p.m. with director A, and registered nurse (RN) case manager and resource nurse B revealed: *A drug regimen and medication review were completed at admission and with new medications. *Severity level 1 and 2 drug interactions were faxed to the physician. *They had no process to track if the physician was sent or received the fax. *They had no process to follow up with the physician for orders regarding the severity level 1 and 2 drug interactions. *They felt the process had been overlooked for the hospice program. *They confirmed no evidence existed to support that the reviews were completed, or the physician was notified for the above patients. 6. Review of the provider's 5/2024 Medication Control in Home Care [hospice] policy revealed: *"The home care computer system checks for drug interactions. When level 1 or 2 interactions are found they are faxed to the prescribing physician by the home care staff." *"Documentation is made in the nurse's notes and/or care plan of patient education in the safe and appropriate use of the drugs."	L0530		
L0650	SERVING THE HOSPICE PATIENT AND FAMILY CFR(s): 418.100(a) §418.100(a) Standard: Serving the hospice patient and family. The hospice must provide hospice care that- (1) Optimizes comfort and dignity; and Is consistent with patient and family needs and goals, with patient needs	L0650	The hospice patient will be educated on options to remain on hospice with hospice contracting with another provider and revocation when planning to travel out of the service area; this will include risks versus benefits. Hospice Patient Travel policy was developed to include guidance on the process of a patient traveling out of the service area. The Hospice nurses and social worker will review the policy and new process by 06/16/2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0650	Continued from page 3 and goals as priority. This STANDARD is NOT MET as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure there was documentation of education related to the continuation of hospice services versus revocation of hospice benefits for a planned out-of-state trip that occurred for one of one closed patient (14) records reviewed for revocation. The provider had three total patients who had been discharged due to the revocation of their hospice benefits during the period of 3/30/23 through 4/30/24. Findings include: 1. Review of patient 14's closed electronic medical records (EMR) revealed: *He elected hospice services on 8/18/23 with a primary diagnosis of pleural effusion. -His initial certification period was from 8/18/23 through 11/15/23. *His 8/18/23 hospice certification of terminal illness form included a physician's note of: -"Patient has end stage CHF [congestive heart failure], pleural effusion and pneumonia. I am advising against any further treatment as patient is refusing any further treatment." *His 8/18/23 Plan of Care included the following: -He was going to have skilled nursing visits twice weekly for 12 weeks and then weekly for 1 week. -Skilled nursing staff would monitor his respiratory status, pain management, nutrition, anxiety, and skin integrity. -He was to receive hospice care in his own home with assistance from his family through the certification period for end-of-life cares. *A 9/21/23 hospice routine visit note by the registered nurse (RN) stated: -"...Pt [patient] talks of going to Branson Missouri in the next couple weeks, upon speaking to daughter she thinks it is Oct 1st. Daughter [name] agrees with pt revoking hospice for now as he is traveling out of the area. She will explain to him the revocation and forms will be taken to him next visit."	L0650	Monitoring and QAPI: The Hospice Director and designated employees will be responsible to audit all hospice discharges, travel outside of service area, and revocations for 1 year to verify the patient was provided education and risks versus benefits of benefit changes. The Hospice Director will report finding to the Quality Director. The Quality Director will report finding to the board. Patient 1: unable to correct	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0650	Continued from page 4 -There was no documentation to support the patient or daughter were educated on potential options of potential continuation of hospice care versus revocation of his hospice benefits during the planned trip. *A 9/25/23 hospice routine visit note by the RN stated: -"Pt signed revocation form d/t [due to] traveling out of the HRMC [provider abbreviation] hospice area, daughter aware, meds ordered at Lewis Drug by Dr. [name]. Pt understands that he gives up current certification period but may apply to hospice again upon return…" *A Hospice Benefit Revocation form included the following: -His 8/18/23 election date. -A 9/25/23 revocation date. -A statement indicating he understood he was revoking his hospice benefits for the remainder of the current benefit period and could elect hospice in the future. -Another statement indicated he was no longer covered by hospice but may resume regular insurance benefits that were previously waived. -It was signed by the patient and an RN on 9/25/23. *There was no further evidence to support what had been done to educate the patient regarding the potential risks or options of continuing his hospice services for his planned trip out of state versus revocation of his hospice benefits. *He was later readmitted to hospice from 10/16/23 through his death on 10/24/23. Interview and record review on 5/1/24 at 1:15 p.m. with RN/case manager B regarding patient 14 revealed: *She confirmed the notes above and the rationale for the revocation of his hospice benefits was related to his planned trip out of the state and their service area. -The notes indicate the plan was for him to revoke the benefits while out of state and then re-elect hospice after he returned home.	L0650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0650	Continued from page 5 *She was unsure if there was any additional documentation related to this patient's revocation. Interview and record review on 5/1/24 at 2:05 p.m. with director A regarding patient 14's revocation revealed: *She confirmed the clinical notes indicated a plan for the patient to revoke his hospice benefits when he traveled out of state and then re-elect hospice upon his return home. *The patient revoked his benefits on 9/25/23 and then re-elected hospice on 10/16/23 through his death on 10/24/23. *She had discussed the options related to revocation with his daughter but had not documented that in his EMR. *There was no evidence to support they had attempted continuation of his hospice benefits during his planned out-of-state trip. Review of the provider's revised May 2023 Discharge from Hospice Policy revealed: *"The election of the hospice benefit is the beneficiary's choice rather than the hospice's choice, and thus, the hospice cannot revoke the beneficiary's elections. Therefore, when a hospice agency admits a beneficiary to hospice, it may not automatically or routinely discharge the beneficiary at its discretion, even if the care promises to be costly or inconvenient." *Circumstances for discharge included: -"A. The beneficiary decides to revoke the benefit to seek treatment or no longer desires the service; -B. The beneficiary moves out of the service area or into a nursing home with which the hospice has no agreement to provide care; -C. The beneficiary transfers to another hospice; -D. The hospice is unable to recertify the patient because the beneficiary's condition improves and he/she is no longer terminal; or -E. The beneficiary dies."	L0650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	**530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
L0650	Continued from page 6 --There was no category related to traveling out of the service area.	L0650		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431506	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HURON REGIONAL MEDICAL CENTER	530 IOWA AVE SE STE 107 110 4TH ST SE, HURON, South Dakota, 57350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments A recertification health survey for compliance with 42 CFR Part 418.113, Subpart D, Emergency Preparedness requirements for hospice was conducted from 4/30/24 to 5/2/24. Huron Regional Medical Center was found in compliance.	E0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Eric Carlson	CEO	05/23/24

RECEIVED
MAY 23 2024
SD DOH-OLC