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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431512	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avera @ Home	800 East Dakota Avenue , PIERRE, South Dakota, 57501

(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 survey for compliance with 42 CFR Part 418, Subparts C-D, requirements for hospice, was conducted from 6/10/25 through 6/12/25. Avera @ Home was found not in compliance with the following requirements: L579, and L647.	L0000		
L0579	PREVENTION CFR(s): 418.60(a) The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This STANDARD is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to follow standard infection prevention practices when transporting reusable supplies and equipment in a nursing bag for one of four sampled hospice patients (1) during a home visit. Findings include: 1. Observation on 6/10/25 at 2:10 p.m. of registered nurse (RN) D during a hospice home visit at an assisted living center conducted in the community room with patient 1 revealed: *She greeted patient 1 who was sitting in a chair in front of the television in the community room with several other residents, family members, and staff present. She removed the backpack style nursing bag from her back, sat in a chair next to the patient, placed the nursing bag on her lap, removed and placed a disposable square piece of wax paper as a barrier on a foot stool located in front of her and next to the patient, removed her laptop computer from the nursing bag and placed it on top of the wax paper barrier on the foot stool. She then placed her nursing bag on the floor in front of her next to the foot stool without a barrier under it.	L0579	L0579 Prevention CFR(s): 418.60(a) The agency has ensured that all visits are performed according to the policy titled "Bag Technique"and "Hand Hygiene" including, but not limited to the following components:all supplies and equipment are placed upon a clean barrier and that clean equipment does not come in contact with existing or other unclean surfaces. Plan: The agency policy "Bag Technique" has been reviewed with all agency staff visiting patients. Each agency staff performing visits will have a documented supervised visit with the either the agency manager, clinical coordinator or patient care coordinator to review infection control and policy compliance. Any staff noted to violate policy on the first supervised visit will have subsequent supervised visits performed until compliance is achieved. The first set of supervised visits and any revisits needed for all applicable staff will be performed by July 27, 2025. All ongoing patient visits will be performed in accordance with the Agency policy titled, "Bag Technique" by July 27th, 2025. Education: Avera@Home Pierre 's Agency Manager will educate on the policy and process for the approach to infection control in regards to the "Bag Technique" policy with emphasis on barrier technique; documentation of attendance will be noted. Education of all staff will occur by July 27th, 2025. Audit: The agency manager, clinical coordinator or patient care coordinator will audit 100% of all agency staff performing patient visits at least one time via supervised visits by July 27th, 2025. Supervised vists of staff will then reduce to 3 random visits per quarter for a period of one year. Results will be reported to the Quarterly Quality Advisory Committee.	July 27, 2025

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Mercer RN	Agency Manager	7/7/2025

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L0579	Continued from page 1 *She completed hand hygiene, opened the nursing bag, and removed the following reusable equipment items: stethoscope, thermometer, and an oximeter (a non-invasive device that measures the percent of oxygen in the blood). She placed the stethoscope around her neck and placed the thermometer and oximeter items on the keyboard of the open laptop computer. *She then picked the equipment items up off the open laptop computer and used them on the patient to obtain the patient's temperature, pulse, and oxygen saturation (level of oxygen in the blood), and then sat them back down on the open laptop computer. She then removed the stethoscope from around her neck and listened to the patient's heart, lungs, and bowel sounds with the stethoscope. *When her visit was completed, she cleaned those equipment items with an alcohol wipe before returning them to her nursing bag and disposed of the wax paper barrier that her laptop computer had been placed on. 2. Interview on 6/10/25 at 2:30 p.m. with RN D regarding infection prevention after the hospice home visit with patient 1 revealed: *She had worked at the hospice agency for approximately one year and four months. *She was trained on infection prevention and proper bag technique to maintain infection control during new hire orientation and received additional infection prevention training from the agency. *She agreed that placing her nursing bag on the floor without a barrier and then using it to transport reusable supplies and equipment into other patients' homes did not follow standard infection prevention practices. 3. Interview on 6/11/25 at 2:45 p.m. with nursing manager A regarding infection prevention revealed: *Nurses received infection prevention and nursing bag technique/infection control training as part of their new hire orientation and ongoing during their employment with the agency. *The agency had a Home Health/Hospice RN Orientation Competency Check List form that was completed and signed off by a preceptor/trainer during a nurse's new hire orientation, that included nursing bag technique/infection control.	L0579	Person Responsible: Agency Manager, Clinical Coordinator, and Patient Care Coordinator Date of Substantial Compliance: July 27, 2025.	

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L0579	Continued from page 2 *RN D had received the nursing bag technique/infection control training and completed a validation competency with a preceptor/trainer during her orientation. *She agreed that the nursing bag placed on the floor without a barrier by RN D during the observed hospice home visit had not followed infection prevention standards, or the provider's Bag Technique policy and posed an infection risk to patients. 4. Review of RN D's employee file with training revealed: *Her hire date was 1/8/2024. *Her Avera@Home Registered Nurse-Hospice & Home Care Orientation Skills Check List, dated as completed between 1/8/24 and 4/5/24, included the nursing bag technique/infection control training as completed with her and her preceptor's initials on 1/13/24. 5. Review of the provider's Bag Technique Policy with a 7/1/2013 origination date, a 9/18/19 last revised date, and a 5/20/25 last approved date revealed: *"PURPOSE: Describe the procedure for maintaining a clean nursing bag/computer bag and preventing cross-contamination. *POLICY: As part of the infection/exposure control plan, Avera@Home personnel will consistently implement principles to maximize efficient use of the patient's care supply bag when used in caring for patients." "Bag Technique: 1. The bag needs to be placed on a barrier between the surface in the patient's home and the computer, bag, or any other equipment that goes from home to home. The barrier is to be disposed of after each use. The barrier can be any of the following approved items: wax paper, newspaper, plastic bag, or a disposable chux [underpad]."	L0579		
L0647	LEVEL OF ACTIVITY CFR(s): 418.78(e) Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient	L0647	L0647 Level of Activity CFR(s): 418.78(e)	July 27, 2025

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L0647	Continued from page 3 care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked. This STANDARD is NOT MET as evidenced by: Based on interview, record review, and policy review, the provider failed to ensure that volunteers are providing administrative and direct patient care hours equal to or exceeding 5% of the total patient care hours provided by paid hospice employees and contract staff as required by Medicare Condition of Participation at 42 CFR Part 418 (§418.78). Findings include: 1. Interview on 6/11/25 at 2:45 p.m. with Nurse Manager A revealed: *The provider was well below the required 5% of volunteer hours. *They had tried to recruit volunteers last fall by putting up posters, making a brochure, and asking at churches. *She felt that the amount of required volunteer training hours kept people from being interested in volunteering, as it included eight hours of online modules as well as tasks and tests before they could begin one on one training with Social Worker C. *Social Worker C was responsible for volunteer coordination, and was also responsible for bereavement coordination, admissions, and the social work role. *She stated that Social Worker C "wore a lot of hats" which did not leave much time for recruitment activities. 2. Interview on 6/11/25 at 3:30 p.m. with Social Worker (MSW) and Volunteer Coordinator C revealed: *She was responsible for social work, bereavement, and volunteer coordination duties for the agency. *They were not near the 5% requirement for volunteer hours and thought they had been at about 0.5% "pretty much forever". *They had tried to recruit volunteers last fall with a	L0647	The agency has ensured that efforts to recruit volunteers according to the policy titled "Hospice Volunteer Staff" policy has been followed, including but not limited to active and ongoing efforts to recruit, train and retain volunteers. Plan: The agency policy "Hospice Volunteer Staff" has been reviewed with the agency Manager, agency Volunteer Coordinator and all agency staff involved in patient care. The agency will implement the following activities to increase volunteers at the agency: the agency will develop an information sheet to provide to potential volunteers that explains the volunteer process, the agency will create a tracker to document recruitment touch points by all staff as they occur, the agency will distribute brochures to waiting rooms, churches and storefronts in the agency's service area, the agency social worker and patient care coordinator will schedule presentations at local facilities and senior centers by July 27th, 2025. Education: Avera@Home Pierre 's Agency Manager will educate on the policy "Hospice Volunteer Staff" policy with all agency staff providing patient care, including the agency Volunteer Coordinator, with emphasis on efforts to increase volunteer activity by the new information sheet, the volunteer recruitment tracker, the brochure distribution and agency volunteer presentations by July 27th, 2025. Audit: The agency manager, volunteer coordinator, and support specialist will schedule touch points to meet together to occur no less frequently then monthly for the next year to review ongoing volunteer recruitment efforts and progress towards the 5% volunteer hour goal by July 27th, 2025. Results will be reported to the Quarterly Quality Advisory Committee. Person Responsible: Agency Manager Date of Substantial Compliance: July 27, 2025.	

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L0647	Continued from page 4 brochure and in church bulletins, and a Certified Nurse Aide with the provider had made and posted some bulletin board posters around town but she would have to look back in her records to find the date that occurred. *Her job duties did not allow her time to complete many volunteer recruitment activities. *Following the interview, she provided a copy of the bulletin board poster and brochure with October 2024 handwritten at the top. *She confirmed they tried to recruit volunteers in October 2024, but had no documentation of further recruiting after that time. 3. Review of the provider's monthly volunteer hour data collection form for the Medicare Condition of Participation 5% match revealed: *For calendar year 2023, monthly percentages ranged from 0.63% to 2.81%. *For calendar year 2024, 11 of 12 monthly percentages ranged from 1.16% to 2.12%. The month of June had a percentage of 4.71% as they held their annual remembrance ceremony. *For January 2025 through May 2025, monthly percentages ranged from 0.00% to 0.65%. *No months met the required volunteer hours equal to a minimum of 5% of staff hours. 4. Review of the provider's Volunteer Information Sheet revealed a total of four volunteers: *One started in 2020. *One started in 2023. *Two started in 2024. 5. Review of the provider's Hospice Volunteer Staff policy last approved on 8/16/23 revealed: *Purpose: Ensure that qualified volunteers are available to assist with the provision of hospice services.	L0647		

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L0647	Continued from page 5 *Policy: Volunteers will be utilized in defined roles to support ancillary, administrative, and/or patient care services. *There will be active and ongoing efforts to recruit, train, and retain volunteers. *All efforts will be documented.	L0647		

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E0000	Initial Comments A recertification survey for compliance with 42 CFR Part 418, Subpart B, Subsection 484.113 Emergency Preparedness, requirements for hospice, was conducted from 6/10/25 through 6/12/25. Avera @ Home was found in compliance.	E0000		

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Jennifer Mercer, RN	Manager	7/3/2025