PRINTED: 12/05/2017 FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES					X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _	JILDING:		ETED		
10564 AB		10564 AB	B. WING		11/22/2017			
· · · · · · · · · · · · · · · · · · ·								
TO WILL OF TH	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1305 W 18TH STREET							
SANFORD	USD MEDICAL CENTER	₹	LS, SD 57117	,				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	ULD BE COMPLETE			
S 000	In compliance/Noncompliance		S 000	Correction for S000, S001, S002, and S003 The procedure completed without following	SDCL			
	An off-site statistical of	data review for compliance		34-23A was reviewed at Sanford Medical C	-			
		erformance of Abortions,		all departments involved. This was a mater	nai life-			
	was conducted on 11	/22/17. Sanford USD		threatening condition that involved multiple specialties, OB/GYN, Perinatology/Maternal Fetal				
		ound not in compliance with		Medicine (MFM), and ENT. The communic				
	• .	nents: S001, S002, and		the termination of pregnancy happened between				
	S003.			perinatology and OB/GYN physicians after				
S 001	34-23A-10.1 Voluntary/informed consent required		S 001	consultation with Ethics Committee, but wa communicated to the Maternal Fetal Medic				
0 001	34-23A-10.1 Voluntai	y/informed consent required	0 001	nursing staff. This nursing staff supports the	ne process			
				to obtain the required documentation and o				
				Department of Health (DOH) website address for				
		odified Law is not met as		"Information on Fetal Development, Birth, Abortion				
	evidenced by: Based on facility reports, the facility failed to			and Adoption" as required by SDCL 34-23/ Leadership of the OB/GYN Clinic, Maternal				
		d informed written consent		Medicine Clinic, Labor and Delivery, Surgio				
	for a procedure performed on 5/31/16 that was determined to be not a medical emergency by the physician. Findings include: 1. Review of information provided by the facility			Services, Risk Management and Accreditation met to				
				discuss this omission in reporting on Septe				
				2017. The process for termination of pregr	-			
				to fetal life threatening conditions is hardwing gaps have been identified. That process income				
	revealed:			MFM nursing staff completing the required				
	*On 5/23/16 discussion	on between physician and		documents and education as identified in S	DCL			
		commendation of termination		34-23A. The decision was made to utilize t				
		ment of a medical condition.		process for fetal abnormality related termin the rare maternal life threatening conditions				
	*On 5/26/16 the abort debulking of a tumor l	had been scheduled for		Education was provided on November 16, 2				
	5/31/16.	200000000		OB/GYN providers, on December 5, 2017 t				
	*Abortion procedure of	only had been completed on		Maternal Fetal Medicine providers, and to r	-			
	5/31/16.			staff of both clinics on November 26, 2017 Director of the Clinics. Education included a	-			
	*Informed consent as 34-23A-10.1 had not			the Medical Staff Rules and Regulation, SE				
	0-1-20/1-10.1 Hau Hol	been obtained.		34-23A and the process to obtain required				
	Review of the Report	of Induced Abortion dated		documentation and consent utilizing the MF	FM RN			
	11/21/17 revealed 'No	o' written in by the five		clinic staff.				
		g informed consent: SDCL						
		3A-10.1(2), 34-23A-10.3,						
		ffering of the DOH website ion on Fetal Development,		•				
	Birth, Abortion, and A	•	L					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

auchauson

Breather Vice President

(X6) DATE 12/15/17

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S 002 SDCL 34-23A-35 Submission of physician's information report By January fifteenth of each year, each physician who performed or treated an induced abortion during the previous calendar year or the physician's agent, shall submit to the department a copy of the physician's linformation report described in §34-23A-34 with the requested data entered accurately and completely. This South Dakota Codified Law is not met as evidenced by: Based on notification from facility and record review, the facility failed to ensure a physician's information report had been filed by 1/15/17 for a procedure performed on 5/31/16. Findings include: 1. The department received verbal notification on 11/21/17 regarding an abortion procedure that had been performed on 5/31/16 but had not been reported by 1/15/17.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLE		
SANFORD USD MEDICAL CENTER SIOUX FALLS, SD 57117 CALID SUMMARY STATEMENT OF DEFICIENCIES SOUTH ALLS, SD 57117 SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF DEFICIENCY D PREFIX CRORNECTIVE ACTION SPOULD BE COMPLETED A PROPRIATE DEFICIENCY D PREFIX CRORNECTIVE ACTION SPOULD BE COMPLETED A PROPRIATE DEFICIENCY D PREFIX TAG	10564 AB		B. WING		11/22/2017			
(24) ID PREFEX TAG SUMMARY STATEMENT OF DEFICIENCIES BY FULL TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUBMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAG SUBMARY STATEMENT OF DEFICIENCY SHOULD BE (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG SUBMARY STATEMENT OF DEFICIENCY) S 002 SDCL 34-23A-35 Submission of physician's information report By January fifteenth of each year, each physician who performed or treated an induced abortion during the previous calendar year or the physician's agent, shall submit to the department a copy of the physician's information report described in §34-23A-34-3with the requested data entered accurately and completely. This South Dakota Codified Law is not met as evidenced by: Based on notification from facility and record review, the facility failed to ensure a physician's information report had been filed by 1/15/17 for a procedure performed on 5/31/16. Findings include: 1. The department received verbal notification on 11/21/17 regarding an abortion procedure that had been performed on 5/31/16 but had not been reported by 1/15/17. The notification also indicated: "The procedure had been performed in a Surgery department of the facility and not in the Labor & Delivery department. "The Labor & Delivery department had not been aware of the procedure. The department received the Report of Induced Abortion on 11/22/17 as a self-reported incident		NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1305 W 18TH STREET						
PREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S 002 SDCL 34-23A-35 Submission of physician's information report By January fifteenth of each year, each physician who performed or treated an induced abortion during the previous calendar year or the physicians agent, shall submit to the department a copy of the physician's information report described in §34-23A-34 with the requested data entered accurately and completely. This South Dakota Codified Law is not met as evidenced by: Based on notification from facility and record review, the facility failed to ensure a physician's information report had been filed by 1/15/17 or a procedure performed on 5/31/16. Findings include: 1. The department received verbal notification on 11/2/1/17 regarding an abortion procedure that had been performed and been performed in a Surgery department of the facility and not been reported by 1/15/17. The notification also indicated: The Labor & Delivery department. The Labor & Delivery department had not been aware of the procedure. The department received the Report of Induced Abortion on 11/2/217 as a self-reported incident	OANI ONE	OOD INEDIOAE GENTER	SIOUX FA	LLS, SD 57111	7			
S DOL 34-23A-35 Submission of physician's information report By January fifteenth of each year, each physician who performed or treated an induced abortion during the previous calendar year or the physician's agent, shall submit to the department a copy of the physician's information report described in §34-23A-34 with the requested data entered accurately and completely. This South Dakota Codified Law is not met as evidenced by: Based on notification from facility and record review, the facility failed to ensure a physician's information report had been filed by 11/5/17 for a procedure performed on 5/31/16. Findings include: 1. The department received verbal notification on 11/21/17 regarding an abortion procedure that had been performed on 5/31/16 but had not been reported by 1/15/17. The notification also indicated: "The procedure had been performed in a Surgery department of the facility and not in the Labor & Delivery department. "The department received the Report of Induced Abortion on 11/22/17 as a self-reported incident.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
		information report By January fifteenth of who performed or treat during the previous caphysician's agent, sha a copy of the physicial described in §34-23A entered accurately and the same of the procedure performed information report had procedure performed include: 1. The department reconstruction also in the procedure performed include: 1. The department reconstruction also in the procedure had been performed include: 1. The notification also in the procedure had been performed include: 1. The notification also in the procedure had been performed includes. 1. The notification also in the procedure had been performed includes. 1. The notification also in the procedure had been performed in the pro	of each year, each physician ated an induced abortion alendar year or the all submit to the department ans' information report -34 with the requested data and completely. Odified Law is not met as from facility and record ed to ensure a physician's dibeen filed by 1/15/17 for a on 5/31/16. Findings Ceived verbal notification on abortion procedure that on 5/31/16 but had not been indicated: Deen performed in a Surgery ility and not in the Labor & y department had not been re. Ved the Report of Induced as a self-reported incident		Curettage or Dilation & Evacuation. Two (I procedure codes in the electronic medical (EMR) will better define the surgical proced associated with termination of pregnancy. Curettage Termination of Pregnancy or Dil. Evacuation Termination of Pregnancy. The new codes will have instructions to call Ma Medicine Clinic nurses who will validate the documentation has been completed per SI 34-23A. Physicians and clinic staff were enthe new process the week of December 11 Education on new surgical codes will also to schedulers in OB/GYN and Maternal Fer Medicine, surgery GOUP team, Labor and and Perinatal Outpatient Services by Dece 2017. To maintain awareness of SDCL 34-23A, (next 12 months, OB/GN and Maternal Feta providers and designated nursing staff will education every 8 weeks CT12/19/17). Education every 8 weeks CT12/19/17). Education every 8 weeks CT12/19/17) and Maternal Fetal Medicine Clinics. 100% of (D&C Terminations and D&E Terr CT12/19/17) that meet the requirements and all elements for SDCL 34-23A will done with maternal or fetal life-threatening condition terminations by the Maternal Fetal Medicine This information will be reported to SD DO	2) new record dure Dilation & ation & esse two ternal Fetal e correct DCL ducated to , 2017. De provided tal Delivery mber 15, during the al Medicine receive ducation will by for new YN and minations ecording to the all related e staff.	12/15/2017	
S 003 SDCL 34-23A-56 Scheduling of abortion-Prior S 003 requirements	S 003		eduling of abortion-Prior	S 003				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLE	TED
10564 AB		B. WING		11/22/2017		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
SANFORE	USD MEDICAL CENTER	1305 W 18T				
			LS, SD 57117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S 003	Continued From page	∌ 2	S 003			