

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431502	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER SANFORD HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 2710 W 12TH STREET PO BOX 5039, SIOUX FALLS, South Dakota, 57104	
(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 8/6/24 through 8/8/24. Sanford Hospice was found not in compliance with the following requirement: L683	L0000	Administrator or designee will provide education to all RN Case Managers and Social Workers regarding the discharge planning policy and procedure for live discharges on 08/27/2024 and provide education for all those not in attendance prior to 09/06/2024.	9/6/24
L0683	DISCHARGE OR TRANSFER OF CARE CFR(s): 418.104(e)(2) (2) If a patient revokes the election of hospice care, or is discharged from hospice in accordance with §418.26, the hospice must forward to the patient's attending physician, a copy of- (i) The hospice discharge summary; and (ii) The patient's clinical record, if requested. This STANDARD is NOT MET as evidenced by: Based on record review, interview, and policy review, the provider failed to ensure their policy was followed for one of one closed record sampled patient (18) who revoked her Medicare hospice benefit. The provider did not have documentation to support: *A Medicare hospice revocation form was signed by the patient. *Interdisciplinary discharge planning occurred before the patient revoked her Medicare hospice benefit. Findings include: 1. Review of patient 18's electronic medical record (EMR) revealed: *Her initial hospice benefit period was from 9/14/23 through 10/25/23. *Her terminal diagnosis was malignant ovarian cancer and her other medical diagnoses included end-stage renal disease with dependence on renal dialysis, congestive heart failure, and diabetes.	L0683	Administrator or designee will audit 100% of live discharge charts for a minimum of 3 months to ensure a discharge planning care plan is initiated and the plan for safe discharge is documented and carried out by the IDG as planned. The audit will continue for 25% of the live discharges for the following 3 months or until a compliance rate of 100% is achieved. The administrator or clinical manager will report the results to the QAPI at the quarterly meeting. Administrator or designee will audit 100% of live discharge scanned documents and consents for a minimum of 3 months to ensure they are scanned into the medical record appropriately. The audit will continue for 25% of the live discharge charts for the following 3 months or until a compliance rate of 100% is achieved. The administrator or clinical manager will report the results to the QAPI at the quarterly meeting.	

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 <i>Desirae Toomey, RN</i>	TITLE Administrator	(X6) DATE 8/26/24
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L0683	<p>Continued from page 1</p> <p>*A 10/25/23 Encounter Note completed by registered nurse (RN) D: "Patient disclosed she is no longer interested in hospice comfort cares and plans to continue dialysis indefinitely as long as she is able. Patient signed hospice revocation form."</p> <p>Continued review of patient 18's EMR revealed:</p> <p>*The patient's 9/14/23 Hospice Admission Plan of Care (POC) indicated skilled nurse visits were scheduled once weekly with an additional one to ten visits as needed for symptom management. Social worker visits were scheduled once monthly with an additional one to four visits as needed to provide emotional and bereavement support to the patient and her family.</p> <p>*POC interventions included the following:</p> <p>- "Collaboration with facility/agency staff, discuss/review Plan of Care, provide Certification of Terminal Illness, Plan of Care and future updates to facility/agency. Instruct how to order/obtain hospice covered meds [medications], instruct on the role of Hospice at the facility/agency, and discuss schedule of facility/agency Interdisciplinary Group (IDG) and provide invite to Hospice IDG."</p> <p>- "Patient receiving dialysis 3 days a week at [name of dialysis unit]."</p> <p>- "Evaluate patient code status, preferences for hospitalization and other life-sustaining treatments (e.g. dialysis, artificial nutrition)."</p> <p>*RN D's nurse visit Encounter Notes for patient 18:</p> <p>-10/13/23: The patient discontinued her blood pressure medications upon hospice admission and continued to receive dialysis. That increased her "risk of coding [cardiac arrest] due to often having hypertensive urgency (systolic [blood pressure reading] above 180)."</p> <p>- "Patient 18 disclosed she wasn't ready for Hospice. She said she only did this because her daughter talked to her husband about it and they thought it would be best. Patient plans to revisit the topic with her daughter this weekend. However, patient may not have acceptance of terminal condition. Will FU [follow-up] Wednesday [10/18/23]."</p> <p>-To social worker (SW) E: "See actions/narrative of [10/13/23] encounter. Patient may not have acceptance of terminal condition. Patient is considering</p>	L0683		

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L0683	<p>Continued from page 2 discontinuing hospice cares."</p> <p>--There were no SW Encounter Notes in response to the 10/13/23 RN communication to SW E referred to above.</p> <p>-10/18/23: [Patient's] "Long term plan is to continue dialysis as long as she is physically able to go."</p> <p>--There was no documentation to support that RN D followed up with the patient regarding her plan to discuss hospice discontinuation with her daughter as referred to in her 10/13/23 Encounter Note.</p> <p>*Patient 18's 10/19/23 Hospice POC Update:</p> <p>-"Other IDT [Interdisciplinary Team] discussion: Patient not accepting of terminal diagnosis and wishes to continue dialysis treatment long term." "Will schedule care conference for next week with SW, CM [case manager], and family to discuss discharge from hospice if patient wants to continue dialysis."</p> <p>-"Dr. recommendations: discharging patient from hospice due to continuing to seek dialysis."</p> <p>--There was no documentation to support a discharge planning care conference occurred after the 10/19/23 IDG meeting.</p> <p>-10/25/23: "Patient disclosed she is no longer interested in hospice comfort cares and plans to continue dialysis indefinitely as long as she is able. Patient signed hospice revocation form."</p> <p>2. Interviews on 8/7/24 at 9:00 a.m. and 10:00 a.m. with administrator A regarding patient 18's hospice revocation revealed:</p> <p>*The patient was not accepting of her terminal diagnosis. She wanted to continue dialysis despite non-compliance issues related to dialysis that possibly negated the benefit of continuing those treatments.</p> <p>*There was no documentation leading up to the hospice revocation to support:</p> <p>-Follow-up by SW E after she was notified on 10/13/23 by RN D the patient was contemplating discontinuing hospice care.</p> <p>-The discharge planning care conference recommended by the IDG on 10/19/23 occurred promptly after that meeting occurred.</p>	L0683		

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L0683	<p>Continued from page 3</p> <p>-Hospice collaborated with the dialysis unit or provided the patient and her family with education regarding the risks and benefits of continuing dialysis versus discontinuing dialysis.</p> <p>-The interventions referred to in the patient's Admission POC were revised or updated to reflect patient 18's individualized discharge planning needs.</p> <p>*A copy of patient 18's signed hospice revocation form was requested from administrator A on 8/7/24 at 10:00 a.m. Administrator A confirmed at the exit conference on 8/8/24 at 12:40 p.m. that a signed hospice revocation form for patient 18 was not found.</p> <p>3. Review of the 2/1/24 reviewed/revised Discharge or Transfer, Hospice policy revealed:</p> <p>*Policy: "2. Patients/families who wish to terminate hospice may initiate a revocation. A Revocation of Hospice form must be signed and dated by the patient."</p> <p>*Discharge Planning and Discharge:</p> <p>-"Discharge planning and instruction begins upon admission."</p> <p>-"The staff will continually assess the patient/family for discharge during all subsequent visits."</p>	L0683		

South Dakota Department of Health

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NAME OF PROVIDER OR SUPPLIER SANFORD HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WEST 17TH STREET SIOUX FALLS, SD 57104
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S 000	<p>Compliance/Noncompliance</p> <p>A licensure survey for compliance with Administrative Rules of South Dakota 44:79, requirements of inpatient hospice facilities, was conducted from 8/6/24 through 8/8/24. Sanford Hospice was found in compliance.</p>	S 000		
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K0000	<p>INITIAL COMMENTS</p> <p>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 8/8/24. Sanford Hospice (Ava's House) was found in compliance with 42 CFR 418.98(d)(1) Requirements for Hospice Care Facilities.</p>	K0000		

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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 8/7/24 through 8/8/24. Sanford Hospice was found in compliance.	E0000		

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BSW JLC