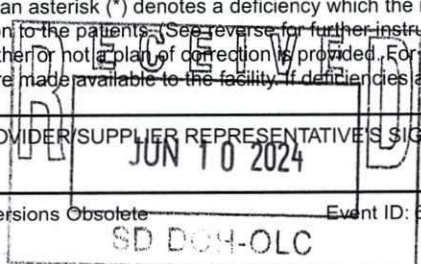


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 437077	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER DAKOTA PHYSICAL THERAPY HOME HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 910 S EDGERTON , MITCHELL, South Dakota, 57301	
(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
G0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 484, Subparts B-C, requirements for Home Health Agencies, was conducted from 5/14/24 through 5/16/24. Dakota Physical Therapy Home Health Care was found not in compliance with the following requirement: G514.	G0000		
G0514	RN performs assessment CFR(s): 484.55(a)(1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner - ordered start of care date. This ELEMENT is NOT MET as evidenced by: Based on record review and interview, the provider failed to ensure two of seven sampled patients (1 and 2) had an initial registered nurse (RN) assessment done within 48 hours of referral, return home, or their physician ordered start of care date. Findings include: 1. Review of patient 1's medical record revealed: *She was discharged from a hospital with orders for home health and referred to the home health provider on Friday, March 8th, 2024. *Her diagnoses included chronic respiratory failure, pulmonary disease, complications of influenza and pneumonia, and a stage 3 pressure ulcer. *She was admitted to home health with an initial (RN) assessment done on Monday, March 11th, 2024, three days later. *She was rehospitalized on March 14th, 2024, for complications of acute respiratory failure, pneumonia,	G0514	Patient 1, 6-7-2024 fax was sent to referring physician for acknowledgement of non-compliance of admission within 48 hours per regulations. Received signed acknowledgment 6-7-2024. Patient 2, 6-7-2024 fax was sent to referring physician for acknowledgement of non-compliance of admission within 48 hours per regulations. Received signed acknowledgment 6-7-2024. A registered nurse will conduct an initial assessment visit to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit will be conducted either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner- ordered start of care date. Agency's office staff will audit all referral and intake processes ensuring SOC date is within the 48 hour of referral, or with 48 hours of patient's return home, or on the physician or allowed practitioner- ordered start of care date. The referral/ intake form has been revised which now includes the SOC date. Agency's skilled nursing staff are now utilizing a check list upon all admissions which includes date order was received, date seen and start of care order date in order to ensure timely SOC. Agency office staff will audit all admission SOC date and orders for a total of 20 admissions. All 6 new admissions have been found in compliance and were admitted within 48 hours of receiving receiving referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner-order start of care date.	6-7-2024 6-7-2024 6-4-2024 6-4-2024 6-4-2024 6-4-2024

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 Joshua Moody	TITLE Administrator	(X6) DATE 6-10-2024
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 437077	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER DAKOTA PHYSICAL THERAPY HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 910 S EDGERTON , MITCHELL, South Dakota, 57301		
(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
G0514	<p>Continued from page 1 and influenza.</p> <p>2. Review of patient 2's medical record revealed:</p> <p>*She was discharged from a skilled nursing facility with orders for home health and referred to the home health provider on Friday, May 3rd, 2024.</p> <p>*Her diagnoses included lumbar disc degeneration and back pain.</p> <p>*She was admitted to home health on Monday, May 6th, 2024, three days later.</p> <p>3. Interview on 5/15/24 at 8:30 a.m. with RN B revealed:</p> <p>*Patients referred to the home health agency on Fridays did not have their initial RN assessment until the following Monday because the provider did not have a nurse working on the weekends.</p> <p>*The provider had not notified the physician to obtain a start of care order for patients 1 and 2 beyond the required 48 hours from their referral.</p> <p>*She acknowledged that patients with delayed initial RN assessments were at an increased risk of rehospitalization.</p> <p>4. Interview on 5/15/24 at 12:10 p.m. with office staff C revealed:</p> <p>*The provider's process was to get an order from the physician for a different start of care date if they could not admit a patient within 48 hours of the referral.</p> <p>*She agreed that patients 1 and 2 did not have an initial RN assessment within the required 48 hours and did not have a physician ordered start of care date.</p> <p>5. Interview on 5/16/24 at 8:30 a.m. with administrator A revealed:</p> <p>*There had been difficulties staffing nurses that led to delayed patient admissions and initial RN assessments.</p> <p>*He acknowledged that patients 1 and 2 had not had initial RN assessments within 48 hours of referral and there was no physician ordered start of care date.</p>	G0514		

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

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NAME OF PROVIDER OR SUPPLIER DAKOTA PHYSICAL THERAPY HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 910 S EDGERTON , MITCHELL, South Dakota, 57301
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E0000	<p>Initial Comments</p> <p>A recertification survey for compliance with 42 CFR Part 484, Subpart G, Subsection 484.102 Emergency Preparedness Requirements for Home Health Agencies, was conducted from 5/14/24 through 5/16/24. Dakota Physical Therapy Home Health Care was found in compliance.</p>	E0000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA REPRESENTATIVE'S SIGNATURE Joshua Moody	TITLE Administrator	(X6) DATE 6-6-2024
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