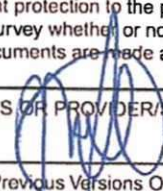


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 437037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER MONUMENT HEALTH HOME PLUS HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 931 E. Colorado Blvd. , SPEARFISH, South Dakota, 57783	
(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 8/19/24 through 8/21/24. Monument Health Home Plus Home Health was found not in compliance with the following requirement: G372.	G0000	The Homecare Director and leadership team reviewed the current Oasis submission process. Leadership identified areas in need of improvement and updated the process. The Homecare Director or designee will complete the following staff education and process updates by September 10, 2024.	9/11/2024
G0372	Encoding and transmitting OASIS CFR(s): 484.45(a) Standard: An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the provider failed to ensure Outcome and Assessment Information Set (OASIS) Start of Care (SOC) data was submitted within 30 days after M0090 [the last date that information used to complete the comprehensive assessment and determine OASIS coding was gathered by the assessing clinician and documentation of the specific response was completed] for 20 new patient records. Findings include: 1. Review of the HHA [Home Health Agency] Error Summary Report for Monument Health Home Plus Home Health during survey preparation on 8/19/24 revealed: *The reporting period was for the current fiscal year 10/1/23 to 8/15/24. *There were 20 errors coded as -3330 which indicated "Record Submitted Late: The submission date is more than 30 days after M0090 on this new record." 2. Interview on 8/20/24 at 2 p.m. with Manager Nurse C regarding late OASIS SOC data submission revealed she: *Was aware of the Centers for Medicare & Medicaid (CMS)	G0372	1) Educate Intake team, Billing team, Case Managers, and all Leaders on Face to Face encounter process. 2) Educate Case Managers to review and advance Oasis/Plan of Care reviews with the goal of within 7 days of admission. 3) Billing team to be educated to review work que "Case Management Claims Edits (2669)" daily and send needed corrections to the Case Managers. 4) Case Managers complete the corrections and lock assessments after completion. 5) Billing team to upload file and submit. 6) Billing team to monitor acceptance of submitted file. 7) Billing team and Case Managers to notify Leaders if any potential late submission on day 20, so any errors can be mitigated. The Homecare Director will report education completion to the President of Home Plus by September 11, 2024. Any employee on leave during education, will be required to complete education prior to first work shift. Monitoring: The Homecare Director or designee will audit the Oasis/Plan of Care, Case Management Claim edit work que and iMIS daily submission to ensure 100% compliance of Oasis submission within 30 days from date of M0090. Auditing will continue until 100% compliance has been achieved for 3 consecutive months. Homecare Director will report these results monthly to President of Home Plus.	

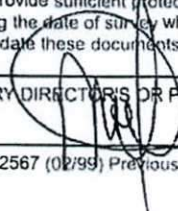
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings 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 VP Operations	(X6) DATE 9-3-24
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 437037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER MONUMENT HEALTH HOME PLUS HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 931 E. Colorado Blvd. , SPEARFISH, South Dakota, 57783	
(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
G0372	<p>Continued from page 1 requirement to submit the OASIS SOC data within 30 days after the OASIS SOC assessment was completed.</p> <p>*Was aware their agency had late OASIS SOC data submissions.</p> <p>*Reported the OASIS SOC submissions were completed by the billing department.</p> <p>*Attributed the late OASIS SOC submissions to difficulty getting the required physician documentation timely.</p> <p>3. Interview on 8/21/24 at 9:50 a.m. with Director B regarding late OASIS SOC data submission revealed:</p> <p>*She was aware of the CMS requirement to submit OASIS SOC data within 30 days after the OASIS SOC was completed.</p> <p>*She was not aware their agency had late OASIS SOC data submissions.</p> <p>*The agency had no policy for OASIS submission.</p> <p>*The agency had a process for OASIS submission that was not written but was in their computer system.</p> <p>*She attributed the late OASIS SOC submissions to new case managers and issues with their current process.</p>	G0372		

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E0000	Initial Comments 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 8/19/24 through 8/21/24. Monument Health Home Plus Home Health 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  Mike Tiller	TITLE VP Operations	(X6) DATE 9-3-24
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