

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>437081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/29/2025</b>
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NAME OF PROVIDER OR SUPPLIER <b>HEARTLAND HOME HEALTH LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 Summit Street , BELLE FOURCHE, South Dakota, 57717</b>
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(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	<p>INITIAL COMMENTS</p> <p>A recertification health survey for compliance with 42 CFR Part 484, Subparts B-C, requirements for Home Health Agencies, was conducted from 1/28/25 through 1/29/25. Heartland Home Health LLC was found not in compliance with the following requirement: G372.</p>	G0000	<p>To gain and maintain compliance with 42 CFR Part 484, Subparts B-C, G372, Heartland Home Health, LLC. will implement and adhere to the following Plan of Correction:</p>	2/28/2025
G0372	<p>Encoding and transmitting OASIS</p> <p>CFR(s): 484.45(a)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review, interview, and policy review, the provider failed to ensure the 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 31 new patient records. Findings include:</p> <p>1. Review of the HHA [Home Health Agency] Error Summary Report for Heartland Home Health during survey preparation on 1/27/25 revealed:</p> <p>*The reporting period was for the prior calendar year 1/1/24 to 12/31/24.</p> <p>*There were 31 errors coded as -3330 which indicated "Record Submitted Late: The submission date is more than 30 days after M0090 on this new record."</p> <p>2. Interview on 1/29/25 at 10:10 a.m. with owner A, administrator B, and clinical manager C regarding late OASIS SOC data submission revealed they:</p> <p>*Were aware of the Centers for Medicare &amp; Medicaid</p>	G0372	<p>- Assistant Clinical Manager (ACM/Payton) will assist in monitoring QA review in regard to Skilled and Non-Skilled visits, Plan of Care, and Physician Orders</p> <p>- Clinical Manager (CM) will monitor QA review in regard to Outcome and assessment Information Set (OASIS) and ensure efficient internal processes to promote compliance in encoding and transmitting OASIS standards.</p> <p>- Administrator will implement a tracking system to monitor OASIS Start of Care (SOC) dates and dates of submission to monitor compliance with encoding and transmitting OASIS standards. The tracking tool will be updated weekly and reminders will be sent to CM as appropriate.</p> <p>- CM, Administrator, or Owner will run and review the Home Health Agency Error Summary Report monthly, paying specific attention to error codes -3330.</p> <p>- Administrator initiated a QAPI Performance Improvement Project to formally monitor sustained progress in this area.</p>	

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 <b>Chelsie Ogaard</b>	TITLE <b>Administrator</b>	(X6) DATE <b>02/18/2025</b>
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G0372	<p>Continued from page 1 (CMS) requirement to submit the OASIS SOC data within 30 days after the OASIS SOC assessment was completed.</p> <p>*Were aware their agency had late OASIS SOC data submissions.</p> <p>*Were not aware of the amount of late OASIS SOC data submissions.</p> <p>*Reported the owner completed the OASIS SOC submissions after the clinical manager completed an OASIS SOC review process.</p> <p>*Attributed the late OASIS SOC submissions to their OASIS SOC quality review process and the agency's increase in referrals and patient census in 2024.</p> <p>3. Review of the provider's May 2023 OASIS Data Transmission policy revealed:</p> <p>** POLICY</p> <p>-Heartland Home Health will adhere to all OASIS data transmission requirements as outlined in the Medicare Conditions of Participation, Reporting of OASIS information 42 CFR 484.45 OASIS data will be reported electronically in accordance with 42 CFR 484.55.</p> <p>*PROCEDURE</p> <p>-1. The organization will encode and transmit completed OASIS data for each applicable patient within 30 days of the M0090 date, date assessment completed."</p>	G0372		