

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431504	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/17/2025
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 401 9TH AVE NW POST OFFICE BOX 1210 , WATERTOWN, South Dakota, 57201
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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
L0000	INITIAL COMMENTS A recertification survey for compliance with 42 CFR Part 418, Subparts C-D, requirements for hospice, was conducted from 4/15/25 through 4/17/25. Prairie Lakes Hospice was found not in compliance with the following requirement: L579.	L0000		5/23/2025
L0579	PREVENTION CFR(s): 418.60(a) The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This STANDARD is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the provider failed to follow standard infection prevention practices while using reusable equipment for one of four sampled hospice patients (4) during a home visit. Findings include: 1. Observation on 4/16/25 at 9:30 a.m. of registered nurse (RN) G during a hospice home visit with patient 4 revealed: *She placed a disposable drape as a barrier on the floor in the bedroom in front of the patient's bed, then placed her nursing bag on the barrier. *She completed hand hygiene, opened the bag, and removed the following reusable equipment items: stethoscope, blood pressure cuff, thermometer, and oximeter, and set the equipment on the floor next to the bag without a barrier under that reusable equipment. *She then picked the equipment items up off the floor and used them on the patient to obtain his blood pressure, temperature, oxygen saturation, and to listen to his heart, lungs, and bowel sounds with the stethoscope. * She then laid the equipment items back on the floor	L0579	L0579 L0579 1. Patient visit was completed on 4/16/25 so corrective action is not possible at this time for the Patient #4 incident. RN "G" was re-educated on the Nursing Bag technique and the importance of making sure all equipment is placed on the barrier drape or properly cleansed prior to use on the patient if infection control precautions have been compromised. Any patient could be affected by improper nursing bag technique. 2. The Nursing Bag Technique/Infection Control section of the RN Orientation checklist will be updated by the Home Health/Hospice (HH/H) Director to include check-off of proper placement of barrier drape as well as ensuring properly cleansed equipment prior to use on the patient. The Home Care Nursing Bag policy will be updated by the HH/Hospice Director to include annual review/training on the Nursing bag technique. All HH/H staff will be educated by the HH/H Director on proper Home Care Nursing bag technique at a staff inservice. 3. The HH/H Director or designee will complete audits of the Home Care Bag policy and proper handling/placement of equipment during three (3) patient visits. These audits will be conducted weekly for one month then monthly for three months. The results of the audits will be presented to the HH/H Quality Team by HH/H Director or designee monthly for four months or until committee determines compliance has been met.	

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>Julie Sampson</i>	TITLE Home Health/Hospice Director	(X6) DATE 5/6/25
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L0579	Continued from page 1 without a barrier next to her bag which remained on the same drape barrier. *When her visit was completed, she cleaned those equipment items with a germicidal wipe before returning them to her bag. 2. Interview on 4/16/25 at 10 a.m. with RN G regarding infection prevention during the hospice home visit with patient 4 revealed: *She had worked at the hospice agency for approximately two years. *She was trained on infection prevention and proper bag technique to maintain infection control during new hire orientation and received additional infection prevention training from the agency. *She agreed that laying reusable equipment from her bag on the floor without a barrier and then using it on the patient did not follow standard infection prevention practices. 3. Review of the provider's undated and blank Home Health/Hospice RN Orientation Check List form revealed the following item was listed: *HOSPICE – Nurse Orientator" " ____ 12. Nursing Bag Technique/Infection Control a. Copy of policy." 4. Review of RN G's training revealed: *Her hire date was 6/19/2023. *Her Home Health/Hospice RN Orientation Check List, dated as completed on 8/21/23, did not include the: " ____ 12. Nursing Bag Technique/Infection Control a. Copy of policy." 5. Interview on 4/16/25 at 4:30 p.m. with director A and clinical coordinator B regarding infection prevention revealed: *Nurses received infection prevention and nursing bag technique/infection control training as part of their new hire orientation and ongoing during their	L0579		

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L0579	Continued from page 2 employment with the agency. *The agency had a Home Health/Hospice RN Orientation Check List form that was completed and signed off by a preceptor/trainer during a nurse's new hire orientation, and it included nursing bag technique/infection control. *The agency had a meeting scheduled on 4/24/25 and planned a training review of nursing bag technique/infection control. *They agreed that the reusable equipment placed on the floor without a barrier by RN G during the observed hospice home visit had not followed infection prevention standards and posed an infection risk to the patient. *Director A agreed RN G's 8/21/23 dated Home Health/Hospice RN Orientation Check List form did not include the nursing bag technique/infection control training. 6. Review of the provider's 5/2024 Home Care Nursing Bag Technique Policy revealed: *"PURPOSE: 1. To minimize the contamination of agency equipment and the spread of infectious diseases to patients and employees. *POLICY: 1. Clinical personnel will comply with the basic principles of asepsis and bag technique in caring for patients and in the use of equipment." "PROCEDURE: 1. Upon entrance to a patient's home, the nursing bag is placed on a clean workspace. If cleanliness is an issue a barrier such as newspaper, unsterile drape, or paper towel or chux [disposable absorbent sheet] pad should be placed under the bag." "3. The inside of the bag is considered a clean area and contains unused or clean equipment/supplies." "5. After handwashing, the nurse enters the bag and takes out all equipment that will be needed for the visit. Equipment is placed on a clean field with a clean field developed by an unsterile drape, paper	L0579		

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L0579	Continued from page 3 towel, etc." "8. All reusable equipment is disinfected prior to returning item(s) to the bag. Each item shall be cleansed with a germicidal wipe according to the manufacturer's recommendation. Equipment may include but is not limited to: 1. Stethoscope, bell and diaphragm 2. Blood Pressure cuff" "6. Oximeter"	L0579		

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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 4/15/25 through 4/17/25. Prairie Lakes Hospice was found in compliance.	E0000		

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