

# Partnership News & Best Practices

Office of Health Facilities Licensure & Certification

SD Department of Health

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SOUTH DAKOTA  
DEPARTMENT OF HEALTH

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## Medical Facility Annual License Renewal

Julie Jensen

On May 15, 2023, an email was sent from [donotreply@sdhls.org](mailto:donotreply@sdhls.org) regarding the 2023-2024 medical facility annual license renewals. The email contained a Word document with information necessary to complete the online renewal. On June 5, 2023, we sent an updated email to all providers reminding them to complete their renewal. Please note, there was a glitch in the system and it inadvertently sent emails to staff other than the administrator. Our apologies for the inconvenience.

This year we are hoping for better communication regarding issues identified with the renewals. If changes are required, the Advisor overseeing your provider type will deny your renewal application. Once that occurs, an email will be sent to the Administrator's email address from [donotreply@sdhls.org](mailto:donotreply@sdhls.org) stating your renewal is under review. It will also state you will be receiving communication from the Advisor with the questions and for information they need to approve your license.

Another change to the system relates to payment for the license. Last year, providers paid when they submitted their renewal. This year, for most providers, you will now be prompted to pay once your license has been approved by our office. Some providers will still pay when they submit the renewal, however, these should migrate to the new payment method next licensing year.

Finally, just a reminder, payment for your renewal must be via credit card. Our credit card system accepts VISA and MASTERCARD.

Please don't hesitate to contact our staff at 605.773.3356 or via email at [DOHOLCLicensing@state.sd.us](mailto:DOHOLCLicensing@state.sd.us) with any questions.

Thank you for all you do to provide safe and quality care to South Dakota's residents and patients!!



SOUTH DAKOTA DEPARTMENT OF HEALTH  
Every South Dakotan Healthy and Strong

# Assisted Living Centers Top 10 Deficiencies

Jennifer Maeschen, RN  
Assisted Living Advisor

## 1. 44:70:04:04. Personnel Training

- Not completing or ensuring documentation of the required topics either within 30 days of hire or annually for employees.

## 2. 44:70:03:02. General Fire Safety

- Not sounding the fire alarm per requirements, not inspecting range hoods, fire drills not completed according to requirements, not maintaining paths of egress from the building.

## 3. 44:70:01:17. Reports

- Not reporting to DOH for incidents or events such as missing residents, potential abuse and neglect events or other required events, or not completing reporting according to the required time frames.

## 4. 44:70:04:05. Employee Health Program

- Not completing the required screening within 14 days of hire for a new employee to ensure they are free from communicable diseases.

## 5. 44.70.04.11. Care Policies

- Professional standards of care concerns such as not following practitioner's orders, not following manufacturer's instructions for medical equipment or medications, not following up on residents' healthcare conditions and changes.

## 6. 44:70:05:02. Resident Care Plans, Service Plans, and Programs

- Not having a resident care plan or not ensuring the resident care plan is current and individualized.

## 7. 44:70:04:10. Tuberculin Screening Requirements

- Not completing TB screening within 14 days of a resident's admission or within 14 days of an employee's hire date or not having documentation of TB screening completed within the previous 12 months of hire or admission.

## 8. 44:70:06:17. Required Dietary In-service Training

- Not completing the required topics within 30 days of an employee's hire or annually for food handling employees.

## 9. 44:70:07:07. Medication Administration

- Not completing the initial or annual training for unlicensed medication aides by the RN (most often it is the annual training not being documented or done).

## 10. 44:70:08:01. Record Service

- Documentation concerns for residents to support their individualized care needs have been addressed.

## Best Practice Tips for a Successful Survey

- Be prepared for a visit at any time.
- Facility practices should always follow state requirements and should not have to be adjusted for the survey.
- Ensure documentation for residents and staff records are accurate and readily accessible to survey team.

# Long-Term Care Top 10 Deficiencies

Diana Weiland, RN  
Nursing Home Advisor

## 1. F884 Reporting National Health Safety Network (NHSN)

- Cited by CMS for lack of required COVID-19 data submission.

## 2. F880 Infection Prevention & Control

- Lack of appropriate hand hygiene and glove use during cares.

## 3. F812 Food Procurement, Store/Prepare/Serve - Sanitary

- Not following policy, procedure, and standard practices for food preparation, storage, and handling and lack of maintaining a clean kitchen.

## 4. F658 Services Provided Meet Professional Standards

- Nurses not completing tasks following accepted standards of practice or not following policies and procedures.

## 5. F686 Treatment/Services to Prevent/Heal Pressure Ulcers

- Lack of assessments and interventions not implemented.

## 6. F656 Develop and Implement Comprehensive Care Plan

- Resident assessment is not utilized to develop and implement an individualized care plan.

## 7. F700 Bedrails

- Lack of assessment for need, no safety assessment, physician acknowledgment, and/or informed consent.

## 8. F609 Reporting of Alleged Violations

- A resident event meets reporting requirements, but it was not reported to appropriate parties.

## 9. F610 Investigate/Prevent/Correct Alleged Violations

- When resident and/or representative reports an event, but there is not a thorough investigation, or a resident event occurs and not all involved parties are included in the investigation process resulting in incomplete conclusions.

## 10. F689 Free of Accident Hazards/Supervision/Devices

- Resident experiences a fall and staff do not follow care plan for use of gait belt or necessary staff assistance. There have been some instances of thermal burns related to bed placement and heat source.

# Home Health & Hospice Top Deficiencies

Sue Bakker, RN  
Home Health & Hospice Advisor

## Hospice Deficiencies

### 1. 418.56(1)(i-iv) L541 Approach to Service Delivery

- The interdisciplinary group must include a Doctor of Medicine or osteopathy, registered nurse, social worker, pastoral or other counselor.

### 2. 418.56(e)(2) L555 Coordination of Services

- Ensure the care and services are provided in accordance with the plan of care.

### 3. 418.76(H)(1)(i) L629 Supervision of Hospice Aides

- The registered nurse must make an on-site visit no less than every 14 days to assess quality of care and services provided.

### 4. 418.54(b) L523 Timeframe for Completion of Assessment

- A comprehensive assessment must be completed no later than 5 days after the patient elects to receive services under the Medicare Hospice Benefit.

### 5. 418.56(a)(1) L540 Approach to Service Delivery

- An RN interdisciplinary group (IDG) must be designated to provide coordination of care of each patient.

## Home Health Deficiencies

### 1. 484.785(b)(1) G706 Interdisciplinary Assessment of the Patient

- Requires an ongoing interdisciplinary assessment of the patient which includes the continual involvement of all skilled professional staff involved in a patient's plan of care.

### 2. 484.75(b)(3) G710 Provide Services in the Plan of Care

- Providing services that are ordered by the physician as indicated in the plan of care.

### 3. 484.110(a)(1) G1012 Required Items in the Clinical Record

- The record must include the patient's current comprehensive assessment, including all the assessments from the most recent home health admission, clinical notes, plans of care and physician orders.

### 4. 484.55(c)(5) G536 A Review of all Current Medications

- A review of the patient's clinical record should identify all medications the patient is taking, as well as time and route.

# Acute & Continuing Care Top Deficiencies

Jean Koch, RN  
Acute Care Advisor

## Hospital Deficiencies

### 1. C0278 & C1016 Patient Care Policies

- Follow provider policies and ensure provider policies support a process to ensure quality of care has occurred.

### 2. A0749 & C1028 Infection Control

- Ensure program surveillance of healthcare-associated infections, proper glove use and hand hygiene before, during, and after completion of task(s).

### 3. A0385, C1046, C1050 Nursing Services & A0396, C1620 Care Plans

- Development of individualized care plans on each patient upon admission, through their course of stay, and through discharge. Ensure care conferences are occurring with the patient, family, and/or power of attorney (POA) according to regulations. Ensure proper nursing documentation and assessments.

### 4. A0489, A0502 & C0922 Pharmaceutical Services

- Ensure medication security to ensure drug diversion does not occur, pharmacy involvement and oversight in all departments of the hospital (including ambulance if owned), security of medications used by the anesthesia department, and the process for security of medications entering the facility through the exit and disposition of medications.

### 5. A0940 & C1140 Surgical Services

- Ensure proper infection control, monitor warmers per manufacturer's instructions and policies, proper sterilization monitoring and processes in place to ensure flash use of equipment for procedures is used minimally or have enough supplies and equipment to support operating room caseload, and involvement of Biomed to monitor all equipment.

### 6. A9144 Patient Rights

- Provide patient care in a safe setting.

## End Stage Renal Disease Facility Deficiencies

### 1. V0113 Infection Control

- Wear gloves and perform hand hygiene.

### 2. V0122 Infection Control

- Clean, disinfect surfaces and equipment, and follow written protocols.

### 3. V0503 Appropriateness of Dialysis Treatment

- Ensure appropriate dialysis treatment and follow physician orders.

### 4. V0175 Water and Dialysate Quality

- Ensure proper testing processes and requirements.

### 5. V0184 Physical Environment

- Ensure safety, privacy, and effective monitoring of patients. Access to the water purification and storage system should be restricted to those staff/individuals responsible for monitoring and the maintenance of the system.

# The Utilization of the Medical Director in Long-Term Care

Diana Weiland, RN  
Nursing Home Advisor

Many of you have been around long enough to remember when long-term care facilities were considered that nice little rest home” and a place for Mom and Dad to enjoy living out their last days.

The simple life changed... In 1970, a Salmonella outbreak caused the death of 36 nursing home residents in a Baltimore nursing home. Following lobbying efforts by the American Medical Association in 1974, federal regulations included the requirement to have a medical director as a condition of participation in Medicare. The Omnibus Budget Reconciliation Act of 1987 (OBRA-87) extended that requirement to ALL nursing homes, regardless of Medicare or Medicaid as payor source.

Why is it important to review the history? For many of you, it may seem like deja-vu. We, as a country, are coming out of a three yearlong COVID-19 pandemic public health emergency with increased scrutiny of nursing homes. While everyone was focusing on the COVID-19 response, other systems were neglected or overlooked, and systems were broken.

While there are those that actively involve their medical directors in their operation, we continue to see many nursing homes that do not involve their medical directors in their processes. It should be clear from a historical perspective and looking at the intent of regulations, that the medical director's role is to assure the quality of the medical care in the nursing home. They are an essential member of the team in preventing substandard quality of care and preventing abuse and neglect.

Surveyors returning to more "normal" survey processes are identifying and citing multiple resident care-related deficiencies at higher scope and severity in areas that include pressure ulcers, weight loss, falls, bed rails, allegations of abuse and neglect, food procurement storage and preparation, and infection prevention and control in multiple areas of the nursing homes. Surveyors are being encouraged to reach out to the medical director to discuss their involvement with facility policies and procedures when there are findings related to lack of resident care, negligence, or abuse of residents.

When preparing a remedy of directed education for a deficiency many of you have noted it is usually worded, "Administrator, DON, and interdisciplinary team in collaboration with the medical director to review, revise, create as necessary policy and procedure about...", prompting and encouraging what should be an automatic practice to include the medical director in the resident care process.

The role of the medical director is one of physician leadership, patient care-clinical leadership, quality of care, education, information source, and communication. The medical director is the captain of the team; consistent quality of care for the residents does not happen without their involvement. Please remember to communicate and include them more routinely than periodic quality assurance meetings.

# CLIA and the Ending of the Public Health Emergency

Denise Broadbent, MT (ASCP)

CMS released a memo with associated FAQs regarding the end of the public health emergency (PHE) as it affects CLIA QSO-23-15-CLIA, available at <https://www.cms.gov/files/document/qso-23-15-clia.pdf>

During the emergency use authorization (EUA), CMS did not enforce certain CLIA regulations and allowed some broad flexibilities within the regulations to address the acute and extraordinary circumstances of a rapidly evolving pandemic. These enforcement discretions and flexibilities will be terminated by the end of the Public Health Emergency (PHE).

- Laboratories can continue to use COVID test kits that have an FDA approved EUA until the 564 Emergency Declaration is ended or the FDA categorizes the test method/kit AND the FDA continues to approve their use under the EUA. The FDA can continue to issue EUAs until the 564 Emergency Declaration has ended.
- Laboratories will no longer need to report negative COVID test results to the State Public Health Laboratory. **However, SARS COV-2 is considered a reportable disease in South Dakota and positive test results will still need to be reported to the State Public Health Laboratory.**
  - Accredited laboratories should verify this with their accrediting agency, as their regulations may require continued reporting of all testing results - positive or negative.
- Laboratories must now follow ALL manufacturer's instructions for use - there will no longer be enforcement discretion regarding testing asymptomatic individuals, use of alternate specimen collection devices, or the use of expired test kits.
  - A provider "suspecting an individual has COVID-19" will NOT be considered testing an asymptomatic individual.
  - If the manufacturer requires serial testing of individuals with an initial negative test result, it is NOT the laboratory's responsibility to ensure the individual is retested.
  - Use of alternate collection devices (swabs) or collection sites (nasal when manufacturer states nasopharyngeal as only acceptable site) will be considered modifications and the test will be considered a Laboratory Developed Test and high complexity.
- There will no longer be regulatory discretion regarding beginning testing before a facility has a valid CLIA number. Laboratories must again make payment for their CLIA certificates prior to beginning patient testing.

Please review the memo for specific information and FAQs.

If you have any questions, please contact [Denise Broadbent](#) or [Connor McVay](#).

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## New Incident Reporting System

Shelly Walstead, RN  
Complaint Advisor

A new incident reporting system will be launched in July 2023. Please watch your listserv and emails for more details to be released in the upcoming weeks!

This system will replace Launchpad for the submission of facility online event and incident reports to the South Dakota Department of Health. If your facility has any questions before, during, or after the transition, please contact the complaint department at 605.367.4640 or 605.367.4603.

# Therapeutic Diets: Do Modified Textures Count?

Rachel Landmark, MS, RD, LN

Most healthcare facilities in South Dakota that provide food service will include therapeutic diets in their wheelhouse. What is a therapeutic diet? Each provider type has its own definition of a therapeutic diet as part of the Administrative Rules of South Dakota, with the key words being "and to alter food consistency." Here are a few examples:

- [ARSD 44:73:01:01](#) for nursing homes, a therapeutic diet is "any diet other than a regular diet that is ordered by a physician, physician assistant, or nurse practitioner as part of the treatment for a disease or clinical condition to increase, decrease, or to eliminate certain substances in the diet, and to alter food consistency.""
- [ARSD 44:70:01:01](#) for assisted living centers, a therapeutic diet is "any diet other than a regular diet, excluding low sodium diets, that is ordered by a physician or qualified dietitian as part of the treatment for a disease or clinical condition to increase, decrease, or to eliminate certain substances in the diet, and to alter food consistency."
- [ARSD 44:75:01:01](#) for hospitals, a therapeutic diet is "any diet other than a regular diet that is ordered by a physician, physician assistant, nurse practitioner, clinical nurse specialist, or qualified dietitian as part of the treatment for a disease or clinical condition to increase, decrease, or to eliminate certain substances in the diet, and to alter food consistency."

In other words, YES, modified textures are considered a therapeutic diet to aide in the management and treatment of chewing and swallowing disorders. Now that we have established that, who can prepare the modified textures? Generally, the dietary department will be responsible for preparing foods with modified textures. However, that does not mean that only dietary employees can prepare the modified textures.

Let's picture a scenario:

You have a patient who is experiencing symptoms of dyspepsia. The speech-language pathologist (SLP) completed an assessment and ordered an IDDSI (International Dysphagia Diet Standardization Initiative) level 5 minced and moist diet with level 3 moderately thick liquids. The patient has been refusing to eat and drink because they are having a hard time accepting the new textures. It is the middle of the night and the patient tells nursing staff that they are thirsty and they want some juice. First, Yay! Celebrate that the patient is willing to accept oral intake. Second, you realize you do not have pre-thickened liquids available. Can the nursing staff prepare the thickened liquid? YES! Absolutely! There are some stipulations, however. Look at your policy first to determine who can prepare therapeutic diets. Staff who can prepare modified textures must be trained and show competencies with preparing the different texture modification levels. Work with SLP, Registered Dietitians and Certified Dietary Managers to provide training to staff. And as always, document, document, document! Keep track of who gave the training, who attended, and who has passed the competency checks. If it is not documented, it did not happen.



# ESRD Facility Reporting

Andrea Andrus  
Senior Health Facilities Surveyor

Throughout this past year, the Office of Licensure and Certification (OLC) has been requesting assistance from ESRD providers to inform our office of events that occur involving dialysis patients. The Centers for Medicare and Medicaid Services (CMS) outlines additional information in the State Operations Manual (SOM) chapter 5, 5000.1. According to CMS, the mission of the complaint and incident reporting process is to protect all Medicaid and Medicare beneficiaries from abuse, neglect, exploitation, and inadequate care (SOM, 2022). This process is conducted with three objectives:

1. Protection
2. Prevention
3. Quality & Efficiency

Examples of what should be reported:

1. An unexpected death of a patient during or immediately after their dialysis treatment
2. A medical incident requiring outside medical intervention
3. Involuntary discharge of a patient
4. A fire or other issue that would cause disruption in dialysis services for patients (i.e., snowstorm, flood, water main break)

How should these incidents be reported? Most providers use our online reporting system called Launchpad. Eventually we will be transferring over to a new system, so we are holding off on getting new users online access. While we are waiting for the new system, incidents can be reported by email or phone to the following contacts:

- **Office of Licensure and Certification Complaints Department**  
[DOHOLCCOMPLAINT@state.sd.us](mailto:DOHOLCCOMPLAINT@state.sd.us)  
605.367.7499 or 605.367.4640
- **Andrea Andrus, Senior Health Facilities Surveyor**  
[Andrea.Andrus@state.sd.us](mailto:Andrea.Andrus@state.sd.us)  
605.367.5361
- **Jean Koch, RN Acute Care Advisor**  
[Jean.Koch@state.sd.us](mailto:Jean.Koch@state.sd.us)  
605.995.8985

## Subscribe to Listservs

### Office of Health Facilities Licensure and Certification

<https://listserv.sd.gov/scripts/wa.exe?A0=SDOLC>

### Clinical Laboratory Improvement Amendments (CLIA)

<https://listserv.sd.gov/scripts/wa.exe?A0=SDCLIA>

### Rural Health Clinics

<https://listserv.sd.gov/scripts/wa.exe?A0=SDRHCLINICS>

### Healthcare Associated Infections (HAI)

<https://listserv.sd.gov/scripts/wa.exe?SUBED1=SDHCASSOCINFECTIONS&A=1>

Office of Licensure and Certification Staff Contact  
<https://doh.sd.gov/providers/licensure/StaffContacts.aspx>

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