STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 351509	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heart of America Hospice	406 10th St SE Suite 36 , RUGBY, North Dakota, 58368

(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 For the standard Medicare/Medicaid recertification survey, started on 08/11/25 and completed 08/13/25, the sample included 9 records reviewed with no home visits, 3 records reviewed with home visits, and 2 bereavement records reviewed.	L0000	1. Patient #1 was affected by this deficient practice due to two missed supervisory visits. The Hospice Director will make a face-to-face visit to this patient/family to discuss how the care from the C.N.A. has been since the date of admission. Patient #7 is no longer living, however, a phone call to the patient's primary caregiver will be made to receive an overall review of the C.N.A.'s care and look for opportunities to improve in the future. 2. All patients receiving C.N.A. services are at risk for this deficient practice. 3. Education will be provided to the hospice nurses and the hospice team regarding the state regulation and our policy that C.N.A. supervisory visits must be conducted every 14 days with any patient and/or family that is receiving C.N.A. services. A review of the alert system in Epic's Remote Client will be reviewed to remind nurses how to utilize this tool to track when a supervisory visit is needed. A PIP will be developed to ensure this deficient practice is improved. 4. A weekly audit will be conducted by the Hospice Director on all patients receiving C.N.A. services to ensure that required C.N.A. supervisory visits have been completed. Audits will be conducted until 12 weekly audits have been completed with 100% compliance. Also, a Process Improvement Plan will be implemented and will include 25% of random chart audits quarterly over the next year to ensure continued compliance. The results of the audit and the PIP performance will be reported to the HAMC CQI committee quarterly.	9/5/2025
L0629	SUPERVISION OF HOSPICE AIDES CFR(s): 418.76(h)(1)(i) (I) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit. This STANDARD is NOT MET as evidenced by: Based on record review, policy review, and staff interview, the Hospice failed to ensure a registered nurse (RN) completed an on-site supervisory visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide for 2 of 3 sampled patients (Patient #1 and #7) receiving hospice aide services. Failure to perform the supervisory visit limited the Hospices' ability to ensure hospice aide services met the patients' needs. Findings include: Review of the facility policy titled "Nursing Service" occurred on 08/13/25. This undated policy, stated, ". . . A registered nurse does a supervisory evaluation of the certified nurse assistant (CNA) every two weeks. . . ." - Review of Patient #1's medial record occurred on August 11 – 13, 2025. The patient's plan of care for the certification period from 02/19/25 – 05/19/25 showed the aide visits started on 02/24/25 and occurred	L0629		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rebecca A Heraty	Hospice Director	8-29-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 351509	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/13/2025

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L0629	Continued from page 1 as scheduled. The RN performed on-site supervisory visits as follows: * On 03/11/25, a 15-day interval from the start of aide visits. * On 03/25/25 and next on 04/10/25, a 16-day interval. - Review of Patient #7's medial record occurred on August 11 – 13, 2025. The patient's plan of care for the certification period from 06/16/25 – 08/14/25 showed the aide visits occurred as scheduled. Patient#7's record lacked evidence an RN performed on-site supervisory visits between 06/24/25 and 07/28/25, a span of 34 days. During an interview on the morning of 08/13/25, an administrative nurse (#1) confirmed the RN failed to complete aide supervisory visits for Patients #1 and #7 as required.	L0629		