

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151603	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/12/2012
NAME OF PROVIDER OR SUPPLIER  SEASONS HOSPICE & PALLIATIVE CARE OF INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8350 S EMERSON AVE #140 INDIANAPOLIS, IN 46237		
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S0000	<p>This visit was a state relicensure survey.</p> <p>Facility: #011779</p> <p>Survey Date: July 9-12, 2012</p> <p>Medicaid: #200920020</p> <p>Surveyors: Marty Coons, RN, PHNS, Team Leader Dawn Snider, RN, PHNS Miriam Bennett, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 13, 2012</p>	S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 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.

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S0542	<p>418.56(a)(2) APPROACH TO SERVICE DELIVERY (2) If the hospice has more than one interdisciplinary group, it must identify a specifically designated interdisciplinary group to establish policies governing the day-to-day provision of hospice care and services.</p> <p>Based on administrative document review and interview, the hospice failed to name an IDT (interdisciplinary team) to establish the hospice policies with the potential to effect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency's policy provided for review titled "Policy Development" #605 was provided on 7/9/12 and states, "The designated interdisciplinary group, with input from all of the teams (including the hospice physicians), the Leadership Team and the Governing Body will develop policies that guide all aspects of clinical practice and that reflect the philosophy and objectives of our hospice program."</li> <li>2. On 7/9/12 during entrance conference, information provided by the director of business operations identified the hospice had two IDT teams, Hope and Peace. The agency failed to provide information to identify which team established and reviewed the hospice policies. On</li> </ol>	S0542	The Executive Director has designated a specific interdisciplinary group to establish and review policies that govern the provision of care and services. This group is comprised of the hospice medical director, an RN, a social worker, and pastoral counselor, as well, as the agency leadership team.	07/24/2012			

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	7/11/12 at 4:55 PM, the team director of the Hope IDT team was asked again which team established and reviewed the hospice policies. On 7/12/12 at 5:00 PM, during exit conference, the hospice had not provided information regarding which IDT team established the hospice policies.			

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S0543	<p>418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.</p> <p>Based on clinical record and policy review and interview, the hospice failed to ensure care was provided as ordered on the plan of care (POC) for 1 of 4 active records reviewed with the potential to affect all the hospice's patients. (#3)</p> <p>Findings include:</p> <p>1. Clinical record # 3, SOC 1/28/12, included a POC established and approved by the IDT on 5/2/12. The POC evidenced orders for PT (physical therapy) "2-3x14Dx58D [2-3 visits in 14 days for a duration of 58 days]."</p> <p>The record failed to evidence PT services were provided as ordered.</p> <p>2. The Hospice Home Health Aide notes dated 5/10, 5/11, 5/14, 5/17, 5/18, 5/21, 5/23, 5/25, 5/29, 5/31, 6/1, 6/4, 6/6, 6/8, and 6/11/12 failed to evidence the aide had assisted the patient in and out of bed, assisted with ambulation, and completed passive range of motion as ordered on the</p>	S0543	<p>The Clinical Director(CD) notified all staff on 07/25/12 that effective immediately all changes or revisions in a patient's plan of care will be communicated to each member of a patient's care team by the RN/case manager and/or the psychosocial team member upon revision/change. Additionally, staff was re-instructed to verify content of the POC in each patient's binder was current. Before rendering care, each staff member must review the patient home binder and follow the POC. The RN/Case Manager and/or the psychosocial team member should be notified with any changes needed in the POC.</p> <p>The CD will re-instruct all staff on Friday, August 03, 2012 on Policy 214: Plan of Care, Policy 221: Hospice Aide Supervision and Policy 201: Scope of Services.</p> <p>The Team Director and Clinical Director or designee will perform monthly audits on 10 medical records for presence of the current POC while completing</p>	08/03/2012			

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	<p>plan of care for the certification period 4/27-6/25/12. The care that was provided was ordered on the POC for the certification period 1/9-1/19/12.</p> <p>A. On 7/11/12 at 4:25 PM, the interdisciplinary team (IDT) team leader indicated the aide assignments do not correspond.</p> <p>B. The policy provided by the agency for review titled "Plan of Care 214" with a revision date of 3/12/11 states, "6. The interdisciplinary group will maintain and document a system of communications in order to: (b) ensure that the care and services provided in accordance with the plan of care."</p>		<p>home/facility supervisory visits. Will continue audit until goal of 90% compliance for 3 consecutive months is achieved.</p> <p>The Clinical Director (CD) notified the physical therapy group of the findings of this survey and instructed them to report to the CD or Team Director when visit orders have changed.</p> <p>The Clinical Director is responsible for staff compliance and adherence to these corrections.</p>	

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S0547	<p>418.56(c)(2) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p> <p>Based on clinical record and policy review and interview, the facility failed to ensure visit orders on the plan of care (POC) were clear and not conflicting and visit ranges were small intervals for 3 (#'s 1, 2, and 3) of 4 active clinical records reviewed leaving the potential to effect all patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The policy provided by the agency for review titled "Plan of Care 214" with a revision date of 3/12/11 states, "b) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs."</li> <li>On 7-11-12 at 4:45 PM, the Hope (one of two interdisciplinary teams)interdisciplinary team leader indicated the frequency of visits, such as 2X3DX3D means 2 visits in 3 days and only 3 days to complete was the way the frequency of visits were written for billing</li> </ol>	S0547	<p>The Clinical Director (CD) has scheduled a staff meeting for August 03, 2012 to re-educate to Policy 214: Plan of Care regarding the content of the plan of care and Protocol 2022: "Visit Order Frequency" which discusses writing a visit frequency within the plan of care which is consistent to all agency staff.</p> <p>To assure on-going compliance, the Team Director and/or CD will review the visit frequency for appropriateness and clarity during the IDG every 14 days beginning July 25, 2012.</p> <p>The Team Director and Clinical Director or designee will perform monthly audits on 15 medical record for evidence that the visit frequencies are appropriate, clear to understand and are being adhered. Results are reported at monthly QAPI meeting. Will continue to audit until a goal of 90% compliance for 3 consecutive months is achieved.</p> <p>The Clinical Director is responsible for staff compliance and adherence to these</p>	08/03/2012	

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	<p>purposes and related to a patient starting in the middle of the week.</p> <p>3. Clinical record # 1, start of care (SOC) 7/1/12, evidenced a POC established and approved by the interdisciplinary team (IDT) on 7/3/12. The POC evidenced skilled nurse (SN) visits "2X2DX2D [two visits in 2 days and only have two days to complete in]", "1-2X5D [1-2 visits in 5 days]", "2-3X14DX83D [2-3 visits in 14 days for a duration of 83 days]", and "0-10 PRN [as needed] X [times] 90 Day". On page 3, the POC evidenced orders for "SN 2-3 X14D [ 2-3 times every 14 days]". The range of 0-10 was not a small visit range. The frequency and duration for the SN visits was not clear as they were conflicting.</p> <p>4. Clinical record #2, SOC 5/10/12, included a POC established and approved by the IDT on 7/3/12. The POC evidenced SN visits "2X3DX3D [2 visits in 3 days and only have 3 days to complete]." The same POC evidenced SN visits "2-3X14D [2-3 visits in 14 days]" with first assessment 24 hours post admission. The frequency and duration of the SN viists was not clear and were conflicting.</p> <p>5. Clinical record # 3, SOC 1/28/12, included a POC established and approved</p>		<p>corrections.</p>	

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	by the IDT on 5/2/12. The POC evidenced HA (hospice aide) visits "1X2DX2D [1 visit in 2 days and on have 2 days to complete]" and "2x7Dx58D [2 visits in 7 days for a duration 58 days]." The frequency and duration of the HA visits was not clear and were conflicting.			

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S0625	<p>418.76(g)(1) HOSPICE AIDE ASSIGNMENTS AND DUTIES (1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.</p> <p>Based on clinical record and policy review and interview, the hospice failed to ensure the hospice aides followed the aide care plan for the current certification period for 1 (#3) of 4 active records reviewed with the potential to affect all the patients the hospice aides provide care for.</p> <p>Findings include:</p> <p>1. Clinical record #3 contained a plan of care for the certification period 4/27-6/25/12. The Hospice Home Health Aide notes dated 5/10, 5/11, 5/14, 5/17, 5/18, 5/21, 5/23, 5/25, 5/29, 5/31, 6/1, 6/4, 6/6, 6/8, and 6/11/12 failed to evidence the aide had assisted the patient in and out of bed, assisted with ambulation, and completed passive range of motion as ordered on the plan of care. The care that was provided was ordered on the POC for the certification period 1/9-1/19/12.</p>	S0625	<p>The Clinical Director has scheduled a staff meeting for August 03, 2012 to re-educate to Policy 214: Plan of Care regarding the content of the plan of care.</p> <p>To assure on-going compliance, the Team Director and/or CD will review the POC is being followed and any changes are communicated during the IDG every 14 days beginning July 25, 2012.</p> <p>The Team Director and Clinical Director or designee perform monthly audits on 15 medical records for evidence that the POC is being followed. Will continue to audit until a goal of 90% compliance for 3 consecutive months is achieved.</p> <p>The Clinical Director is responsible for staff compliance and adherence to these corrections.</p>	08/03/2012			

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	<p>2. On 7/11/12 at 4:25 PM, the interdisciplinary team (IDT) team leader indicated the aide assignments do not correspond.</p> <p>3. The policy provided by the agency for review titled "Plan of Care 214" with a revision date of 3/12/11 states, "6. The interdisciplinary group will maintain and document a system of communications in order to: (b) ensure that the care and services provided in accordance with the plan of care."</p>			

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S0795	<p>418.114(d)(1) <b>CRIMINAL BACKGROUND CHECKS</b> The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.</p> <p>Based on employee and volunteer file review, the hospice failed to ensure a criminal background check was completed thru the Indiana Central Repository under Indiana Code (IC) 5-2-5 on all hospice employees and volunteers who have direct patient contact or access to patient records for 9 (A thru I) of 9 employee files and 4 (AA thru DD) of 4 volunteer files reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee files A, B, C, D, E, F, G, H, and I failed to evidence a criminal background check was completed thru the Indiana Central Repository.</li> <li>2. Volunteer files AA, BB, CC, and DD failed to evidence a criminal background check was completed through the Indiana Central Repository.</li> </ol>	S0795	The Director of Business Operations (DBO) and Director of Volunteers (DV) completed an audit of 100% of personnel and volunteer files. All employees whose backgrounds were not checked utilizing the Indiana Central Repository were notified and background checks will be completed using the Indiana Central Repository by 08-03-12. Beginning in May 2012, this process was shifted to the Talent Acquisition Department in Seasons National Offices for all new hires. The DBO confirmed with them on 07-17-12 that we are now using the Indiana Central Repository for new hire and volunteer for criminal history and background checks. The DBO and the DV will verify that all new employee /volunteer background checks are through the Indiana Central Repository for criminal background checks. The DBO and DV are responsible for compliance and adherence to these corrections.	08/03/2012	

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S0796	<p>418.114(d)(2) <b>CRIMINAL BACKGROUND CHECKS</b> Criminal background checks must be obtained in accordance with State requirements. In the absence of State requirements, criminal background checks must be obtained within three months of the date of employment for all states that the individual has lived or worked in the past 3 years.</p> <p>Based on employee and volunteer file review, the hospice failed to ensure a criminal background check was completed thru the Indiana Central Repository under Indiana Code (IC) 5-2-5 on all hospice employees and volunteers who have direct patient contact or access to patient records for 9 (A thru I) of 9 employee files and 4 (AA thru DD) of 4 volunteer files reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee files A, B, C, D, E, F, G, H, and I failed to evidence a criminal background check was completed thru the Indiana Central Repository.</li> <li>2. Volunteer files AA, BB, CC, and DD failed to evidence a criminal background check was completed through the Indiana Central Repository.</li> </ol>	S0796	<p>The Director of Business Operations (DBO) and Director of Volunteers (DV) completed an audit of 100% of personnel and volunteer files. All employees whose backgrounds were not checked utilizing the Indiana Central Repository were notified and background checks will be completed using the Indiana Central Repository by 08-03-12.</p> <p>Beginning in May 2012, this process was shifted to the Talent Acquisition Department in Seasons National Offices for all new hires. The DBO confirmed with them on 07-17-12 that we are now using the Indiana Central Repository for new hire and volunteer for criminal history and background checks.</p> <p>The DBO and the DV will verify that all new employee /volunteer background checks are through the Indiana Central Repository for criminal background checks.</p> <p>The DBO and DV are responsible</p>	08/03/2012			

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S9996	<p>IC 16-25-7 Disclosure Requirements</p> <p>Sec. 1. Each hospice program licensed or approved under this article shall prepare and update as necessary a disclosure document to be presented to each potential patient of the hospice program.</p> <p>Sec. 2. The disclosure document required under section 1 of this chapter must contain at least the following:</p> <p>(1) A description of all hospice services provided by the hospice program, including the</p> <ul style="list-style-type: none"> <li>(A) types of nursing services;</li> <li>(B) other service;</li> <li>(C) specific services available during the progressive stages of the terminal illness and thereafter; and</li> <li>(D) a statement that the extent of the hospice services and supplies are dispensed based on the hospice program patient's individual needs as determined by the interdisciplinary team.</li> </ul> <p>(2) An explanation of the hospice program's internal complaint resolution process.</p> <p>(3) A statement that the hospice program patient has the right to participate in the planning of the patient's care.</p> <p>(4) A statement that a hospice program patient may refuse any component of hospice services offered by the hospice program.</p> <p>(5) A statement that a hospice employee may provide supplies to a:</p> <ul style="list-style-type: none"> <li>(A) hospice program patient; or</li> <li>(B) hospice program patient's family;</li> </ul> <p>in addition to the supplies provided by the hospice program, but the employee may only be reimbursed for the supplies by providing a written receipt to the hospice program patient or the hospice program patient's family.</p> <p>(6) A statement that the hospice program</p>			

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NAME OF PROVIDER OR SUPPLIER  SEASONS HOSPICE & PALLIATIVE CARE OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8350 S EMERSON AVE #140 INDIANAPOLIS, IN 46237
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	<p>patient may request the hospice program to provide, on a monthly basis, an itemized statement of services and supplies delivered to the patient, as submitted to the patient's payer</p> <p>(7) The toll free number established by the state department under IC 16-25-5-4 to receive complaints from hospice program patients and the family members of hospice program patients regarding the hospice program.</p> <p>Based on clinical record review and interview, the hospice failed to ensure a disclosure statement was provided for 5 (# 1 thru 5) of 5 clinical records reviewed with the potential to effect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical records 1-5 failed to evidence the patient was provided with a disclosure statement.</li> <li>2. On 7/12/12 at 3:30 PM, the director of education and quality indicated the hospice does not have a disclosure document.</li> </ol>	S9996	<p>The Director of Business Development will create an Indiana Disclosure document according to IC 16-25-7 that will be given to each potential patient/caregiver. This disclosure will require a signature from the patient or caregiver verifying receipt of the disclosure. This document will become effective 07-30-12.</p> <p>The Hospice Care Consultants will be in-serviced by the Director of Business Development regarding utilization of this disclosure and obtaining a patient/caregiver signature noting receipt on 07-30-12. The clinical staff responsible for patient sign-ups will be notified by the Clinical Director by 07-30-12 of the additional disclosure requirement.</p> <p>Additionally, the Indiana Disclosure and signature receipt will become a part of the patient handbook that is distributed to each patient/caregiver upon the next printing which is scheduled</p>	08/03/2012

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S9998	<p>IC 16-25-6 Criminal History Sec. 2. (a) A person who owns or operates a hospice program shall apply, not more than three (3) business days after the date that an employee or volunteer begins to provide hospice services, for a copy of the employee's or volunteer's limited criminal history from the Indiana Central Repository for criminal history information under IC 5-2-5.</p> <p>(b) A hospice program may not employ an individual or allow a volunteer to provide hospice services for more than three business days without applying for that person's limited criminal history as required by subsection (a).</p> <p>Sec. 3 (b) A hospice program may not employ a person to or allow a volunteer to provide hospice services for more than twenty-one calendar days without receipt of that person's limited criminal history required by section 2 of this chapter, unless the Indiana Central Repository for criminal history information under IC 5-2-5 is solely responsible for failing to provide the person's limited criminal history to the hospice program within the time required under this subsection.</p> <p>Based on employee and volunteer file review, the hospice failed to ensure a criminal background check was completed thru the Indiana Central Repository under Indiana Code (IC) 5-2-5 on all hospice employees and volunteers who have direct patient contact or access to patient records for 9 (A thru I) of 9</p>	S9998	The Director of Business Operations (DBO) and Director of Volunteers (DV) completed an audit of 100% of personnel and volunteer files. All employees whose backgrounds were not checked utilizing the Indiana Central Repository were notified and background checks will be completed using the Indiana Central Repository by 08-03-12.	08/03/2012			

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	<p>employee files and 4 (AA thru DD) of 4 volunteer files reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee files A, B, C, D, E, F, G, H, and I failed to evidence a criminal background check was completed thru the Indiana Central Repository.</li> <li>2. Volunteer files AA, BB, CC, and DD failed to evidence a criminal background check was completed through the Indiana Central Repository.</li> </ol>		<p>Beginning in May 2012, this process was shifted to the Talent Acquisition Department in Seasons National Offices for all new hires. The DBO confirmed with them on 07-17-12 that we are now using the Indiana Central Repository for new hire and volunteer for criminal history and background checks.</p> <p>The DBO and the DV will verify that all new employee /volunteer background checks are through the Indiana Central Repository for criminal background checks.</p> <p>The DBO and DV are responsible for compliance and adherence to these corrections.</p>	