

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151502	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/15/2013
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NAME OF PROVIDER OR SUPPLIER  OUR HOSPICE OF SOUTH CENTRAL INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 E 17TH ST COLUMBUS, IN 47201
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S0000	<p>This visit was for a state hospice relicensure survey.</p> <p>Survey Dates: February 12 through 15, 2013.</p> <p>Facility #: 005119</p> <p>Medicaid Vendor #: 200141610A</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor</p> <p>Total Census-947 In-patient hospice census-7</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 25, 2013</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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S0531	<p>418.54(c)(7) CONTENT OF COMPREHENSIVE ASSESSMENT [The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.</p> <p>Based on policy and clinical record review, the hospice failed to complete the bereavement risk assessment until after the establishment of the patient's plan of care (POC) in 2 (# 7 and 8) of 8 clinical records reviewed creating the potential to affect all patients of the agency.</p> <p>The findings include:</p> <p>1. The hospice policy titled "Initial and Comprehensive Assessment" with a revision date of 2-28-12 stated, "Information gathered from the bereavement assessment will be: Incorporated into the Plan of</p>	S0531	S0531 Hospice will ensure that the initial bereavement assessment is completed prior to the establishment of the Plan of Care to meet the requirements as specified in 418.54(c)(7) on every patient and incorporated into the Plan of Care on every patient that is identified as having bereavement needs. This deficiency has been corrected by the following: All staff included in the completion of these forms, as well as clinical leadership, were provided inservice education on the process of completing the Comprehensive Assessment, including the bereavement assessment, prior to the establishment of the Plan of Care on every patient and the incorporation of those assessments into the Pan of Care on those patients that are identified to have a need. To prevent this deficiency from recurring, 100% of all clinical records will be reviewed for 30	03/13/2013			

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	<p>Care and bereavement services offered prior to the death of the patient when needs identified."</p> <p>2. Clinical record # 6 included a POC established by a registered nurse (RN) in collaboration with the interdisciplinary group (IDG) on 1-23-13. The bereavement assessment was completed on 1-24-13.</p> <p>3. Clinical record # 8 included a POC established by a RN in collaboration with the IDG on 1-15-13. The bereavement assessment was dated as completed on 1-17-13.</p>		<p>days followed by a review of 10% of all clinical records on a quarterly basis to ensure that the Comprehensive Assessment is completed prior to the establishment of the Plan of Care and incorporated into the Plan of Care for those patients that are identified to have a need. The Plan of Care document was revised to more accurately reflect the inclusion of the Comprehensive Assessment in the development of the Plan of Care. Each part of the Plan of Care was labled as such to more clearly identify it as part of the Plan of Care. The Plan of Care policy was revised to reflect the changes. The Director of Clinical Services will be responsible for ensuring the above corrective action steps are implemented.</p>	

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S0533	<p>418.54(d) UPDATE OF COMPREHENSIVE ASSESSMENT The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.</p> <p>Based on clinical record review and hospice policy review, the hospice failed to evidence when a change has been added to the plan of care (POC), an ongoing assessment was completed, and identify the reason for these changes in 2 (# 2 and 5) of 2 records reviewed of records needing updated assessments for changes that had taken place in the plan of care creating the potential to affect all current patients receiving hospice care.</p> <p>The findings include:</p>	S0533	S0533 Hospice will ensure that any updates/changes to the Plan of Care will be evidenced in the Update to the Comprehensive Assessment document on every patient to meet the requirements specified in 418.54(d). This deficiency has been corrected by the following: All staff included in the completion of these forms, as well as clinical leadership, were provided inservice education on the process of reprting on and documenting all updates/changes in the patient's needs that are reflected on the patient's Plan of Care on the Update to the Comprehensive Assessment document. To prevent this deficiency from recurring, 100% of all clinical records will be reviewed for 30 days followed by a 10% review of all clinical records on a quarterly basis to ensure that any updates/changes	03/13/2013	

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	<p>1. The hospice policy titled "Plan of Care" with a revision date of 3-5-09 stated, "The revised Plan of Care will include information from the patient's updated comprehensive ..."</p> <p>2. The hospice policy titled "Initial and Comprehensive Assessment" with a revision date of 2-2-12 stated, "The update will be filed and easily identified in the patient's clinical record. The IDG will identify through ongoing assessment when a change is needed to the Plan of Care. ... The update will be accomplished as frequently as the condition of the patient requires."</p> <p>3. Clinical record # 2 included a POC established by a registered nurse (RN) in collaboration with the interdisciplinary group (IDG) on 2-4-13.</p> <p>A. The POC identified integrated changes on 2-12-13 for the patient's needs as respiratory infection but</p>		<p>in the patient's needs that are reflected on the patient's Plan of Care are documented on the Update to the Comprehensive Assessment document. The Director of Clinical Services will be responsible for ensuring that the above corrective action steps are implemented.</p>		

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	<p>failed to evidence an update of the assessment for this issue.</p> <p>B. The POC identified integrated changes on 2-13-13 for the patient's needs as anxiety problem but failed to evidence an update of the assessment for this issue.</p> <p>4. Clinical record # 5 included a POC established by a RN in collaboration with the IDG on 1-9-13.</p> <p>The POC identified integrated changes on 1-31-13 for the patient's needs as caregiver role strain but failed to evidence an update of the assessment for this issue.</p>			

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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 review and interview, the hospice failed to ensure skilled nursing services had been provided in accordance with the written plan of care (POC) in 1 (# 4) of 8 records reviewed creating the potential to affect all the patients of the hospice.</p> <p>The findings include:</p> <p>1. Clinical record # 4 included a POC established by a registered nurse (RN) in collaboration with the interdisciplinary group on 1-26-13. The POC also evidenced an updated physician order, dated 1-26-13, to check INR (a lab test) on next visit. Review of the next RN clinical visit notes, dated 1-29-13, failed to address the</p>	S0543	<p>S0543 Hospice will ensure that skilled nursing services will be provided in accordance with the written Plan of Care on every patient to meet the requirements as specified in 418.56(b). This deficiency has been corrected by the following: All nursing staff, as well as clinical leadership staff, were provided inservice education that all nursing services must be provided in accordance with the written Plan of Care on every patient. To prevent this deficiency from recurring, 100% of all clinical records will be reviewed for 30 days followed by a 10% review of all clinical records on a quarterly basis to ensure that all skilled nursing services are provided in accordance with the patient's written Plan of Care. The Director of Clinical Services will be responsible for ensuring that the above corrective action steps are implemented.</p>	03/13/2013	

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	<p>patient's INR had been checked.</p> <p>2. On 2-14-13 at 2:30 PM, the corporate compliance officer indicated that the INR had not been checked as ordered or at least there was no documentation to be found otherwise.</p>			

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S0545	<p>418.56(c) CONTENT OF PLAN OF CARE The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:</p> <p>Based on clinical record review and hospice policy review, the hospice failed to ensure plans of care included interventions and goals based on problems identified in the comprehensive assessments in 8 of (# 1, 2, 3, 4, 5, 6, 7, and 8) 8 records reviewed, problems identified on the plan of care included goals for 2 of 8 records reviewed (#2 and 5), and the plan of care evidenced updated goals or interventions since the original plan of care in 1 (# 3) of 2 records reviewed of records needing updates creating the potential to affect all patients receiving hospice care.</p>	S0545	<p>S0545 Hospice will ensure that the Plan of Care will include interventions and goals based on problems identified in the Comprehensive Assessment on every patient to meet the requirements as specified in 418.56(c). This deficiency has been corrected by the following: All staff included in the completion of the forms, as well as clinical leadership, has been provided inservice education on the process of establishing the Plan of Care to include interventions and goals based on problems identified in the Comprehensive Assessment of every patient and will include all assessments including the skilled nursing assessment, initial social worker assessment, initial spiritual assessment, initial breavement assessment, and the initial volunteer assessment. To prevent this deficiency from recurring, 100% of all clinical records will be reviewed for 30 days followed by a 10% review of</p>	03/13/2013

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	<p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The hospice policy titled "Plan of Care" with a revision date of 3-5-09 stated, "The Plan of Care will reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments."</li> <li>2. The hospice policy titled "Initial and Comprehensive Assessment" with a revision date of "2-28-12" stated, "Comprehensive Assessment The individual / disciplines that complete the assessment will consider the information gathered from the initial assessment as they develop the Plan of Care."</li> <li>3. Clinical record # 1 included a plan of care (POC) established by a registered nurse (RN) in collaboration with the interdisciplinary group (IDG) on 2-10-13. The following assessments were completed after</li> </ol>		<p>all clinical records on a quarterly basis to ensure that the Plan of Care includes interventions and goals based on problems identified in the Comprehensive Assessment. The Plan of Care document was revised to more accurately reflect the inclusion of the Comprehensive Assessment in the development of the Plan of Care. Each part of the Plan of Care was labled as such to more clearly identify it as a part of the Plan of Care. The Plan of Care policy was revised to reflect the changes. The Director of Clinical Services will be responsible for ensuring that the above corrective action steps are implemented.</p>		

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	<p>the established POC.</p> <p>The nursing comprehensive assessment was dated as completed on 2-11-13.</p> <p>4. Clinical record # 2 included a POC established by a RN in collaboration with the IDG on 2-4-13. The following assessments were completed after the established POC.</p> <p>A. The nursing comprehensive assessment was date as completed on 2-6-13.</p> <p>B. The social worker initial assessment was dated as completed on 2-7-13.</p> <p>C. The POC identified integrated changes on 2-13-13 for the patient's needs as anxiety problem but failed to evidence a goal for the problem of anxiety.</p> <p>5. Clinical record # 3, start of care (SOC) date 7-16-12, failed to have</p>			

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	<p>a date as to when the RN established the POC. The period of 1-12-13 to 3-12-12 failed to evidence the POC had updated goals or interventions since the original POC written on 7-16-12.</p> <p>6. Clinical record # 4 included a POC established by a RN in collaboration with the IDG on 1-26-13. The following assessments were completed after the established POC.</p> <p>A. The comprehensive assessment was date as completed on 1-27-13.</p> <p>B. The social worker initial assessment was dated as completed on 1-30-13.</p> <p>7. Clinical record # 5 included a POC established by a RN in collaboration with the IDG on 1-9-13. The following assessments were completed after the established POC.</p> <p>A. The nursing comprehensive</p>				

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	<p>assessment was date as completed on 1-11-13.</p> <p>B. The record evidenced 2 volunteer assessments, the first one being dated on 1-11-13 and the second one dated 1-30-13.</p> <p>C. The spiritual assessment was completed on 1-10-13.</p> <p>D. The POC identified integrated changes on 1-31-13 for the patient's needs as caregiver role strain but failed to evidence a goal for the problem.</p> <p>8. Clinical record # 6 included a POC established by a RN in collaboration with the IDG on 1-23-13. The following assessments were completed after the established POC.</p> <p>A. The nursing comprehensive assessment was date as completed on 1-24-13.</p> <p>B. The social worker initial</p>			

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	<p>assessment was dated as completed on 1-24-13.</p> <p>C. The spiritual assessment was completed on 1-24-13.</p> <p>D. The bereavement assessment was completed on 1-24-13.</p> <p>E. The volunteer assessment was completed on 1-25-13</p> <p>9. Clinical record # 7 included a POC established by a RN in collaboration with the IDG on 1-22-13. The nursing comprehensive assessment was dated as completed on 1-24-13.</p> <p>10. Clinical record # 8 included a POC established by a RN in collaboration with the IDG on 1-15-13. The following assessments were completed after the established POC.</p> <p>A. The nursing comprehensive assessment was date as completed on 1-16-13.</p>				

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	<p>B. The social worker initial assessment was dated as completed on 1-16-13.</p> <p>C. The spiritual assessment was dated as completed on 1-18-13.</p> <p>D. The bereavement assessment was dated as completed on 1-17-13.</p> <p>E. The volunteer assessment was dated as completed on 1-18-13.</p>			