

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151551	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2015
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NAME OF PROVIDER OR SUPPLIER MARGARET MARY HEALTH HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 108 N ELM STREET BATESVILLE, IN 47006
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L 0000 Bldg. 00	<p>This was a hospice state relicensure and federal recertification survey</p> <p>Survey Dates: June 9, 2015 - June 12, 2015</p> <p>Facility ID 009462</p> <p>Medicaid Vendor ID 200142650A</p> <p>Census: 63</p> <p>QR: JE 6/22/15</p>	L 0000		
L 0545 Bldg. 00	<p>418.56(c) CONTENT OF PLAN OF CARE</p> <p>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 and hospice policy review and interview, the hospice failed to ensure plans of care were individualized and included patient specific interventions to address</p>	L 0545	The Hospice Plan of Care & ComprehensiveAssessment Form was revised to include an updated plan of care and patient-specificinterventions to	07/08/2015

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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	<p>identified problems from the updated comprehensive assessments for 3 of 13 (2, 4, and 9) records reviewed.</p> <p>Findings</p> <p>1. Clinical record # 2, hospice benefit election and start of care date 5/14/2015, contained a plan of care with physician orders to assess generalized skin status. An update of the comprehensive assessment completed by the nurse at the IDG meeting on 5/27/2015 indicated "Potential/Actual Alteration in Skin Integrity" with an assessment finding of "Redness to Bottom." The updated plan of care dated 5/27/2015 failed to include specific interventions to manage the alteration of skin integrity.</p> <p>2. Clinical record #4, hospice benefit election and start of care date 8/24/2014, contained a plan of care with physician orders to assess generalized skin status. An update of the comprehensive assessment completed by the nurse at the 5/27/2015 IDG meeting indicated "fragile skin occasional irritation/buttocks." The updated plan of care dated 5/27/2015 failed to include specific interventions to manage the alteration of skin integrity.</p> <p>3. Clinical record #9, hospice benefit election and start of care date 3/13/2015,</p>		<p>address identified problems from the initial and comprehensive assessments. Supporting documentation is attached. The Hospice Department Manager will be responsible for review of documentation and compliance thereof. These deficiencies were corrected on July 8, 2015. A staff meeting will be held on July 22, 2015 to review the revised documentation requirements with Hospice Interdisciplinary Group (IDG) Team.</p>	

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L 0591 Bldg. 00	<p>contained a plan of care with physician orders for the social worker to visit 1 time per month for 4 months to provide psychosocial care and planning for end of life care to patient and family. An updated comprehensive assessment completed by the IDG on 4/15/2015 indicated " concerns about caregiver burnout." The updated plan of care dated 4/15/2015 failed to include specific interventions to provide support for the caregiver.</p> <p>4. During exit conference on June 12, 2015, at 12:05 PM, employee H, the agency's administrator, acknowledged the updated plans of care failed to include interventions to address new assessment findings.</p> <p>5. An undated agency policy titled Plan of Care states, " The care plan will include all interventions needed to address the problems identified in the initial or comprehensive assessments."</p> <p>418.64(b)(1) NURSING SERVICES (1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial</p>			

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	<p>assessment, comprehensive assessment, and updated assessments.</p> <p>Based on clinical record and agency policy review and interview, the hospice failed to ensure that nursing services met the needs identified in the patient's updated assessments for 2 of 13 (2 and 4) records reviewed.</p> <p>Findings</p> <p>1. Clinical record # 2, hospice benefit election and start of care date 5/14/2015, contained a plan of care with physician orders to assess generalized skin status. An update of the comprehensive assessment completed by the nurse at the IDG meeting on 5/27/2015 indicated "Potential/Actual Alteration in Skin Integrity" with an assessment finding of "Redness to Bottom." The updated plan of care dated 5/27/2015 failed to include specific nursing interventions to manage skin integrity.</p> <p>2. Clinical record #4, hospice benefit election and start of care date 8/24/2014, contained a plan of care with physician orders to assess generalized skin status. An update of the comprehensive assessment completed by the nurse at the 5/27/2015 IDG meeting indicated "fragile skin occasional irritation/buttocks." The</p>	L 0591	<p>The Hospice Plan of Care & Comprehensive Assessment Form was revised to include an updated plan of care and patient-specific interventions to address identified problems from the initial and comprehensive assessments. Supporting documentation is attached. The Hospice Department Manager will be responsible for review of documentation and compliance thereof. These deficiencies were corrected on July 8, 2015. A staff meeting will be held on July 22, 2015 to review the revised documentation requirements with Hospice Interdisciplinary Group (IDG) Team.</p>	07/08/2015			

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	<p>updated plan of care dated 5/27/2015 failed to include specific nursing interventions to manage skin integrity.</p> <p>3. During exit conference on June 12, 2015, at 12:05 PM, employee H, the agency's administrator, acknowledged the updated plans of care failed to include nursing interventions to address new assessment findings.</p> <p>4. An undated agency policy titled Plan of Care states, "The care plan will include all interventions needed to address the problems identified in the initial or comprehensive assessments."</p>			