

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151582	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/10/2016
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NAME OF PROVIDER OR SUPPLIER  SOUTHERNCARE SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 1626 E DAY RD MISHAWAKA, IN 46545
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L 0000  Bldg. 00	A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid Services (CMS).  Survey Dates: 8/8/16 to 8/10/16  Sample Size: 13	L 0000		
L 0773  Bldg. 00	418.112(d) HOSPICE PLAN OF CARE In accordance with §418.56, a written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/MR representatives. All hospice care provided must be in accordance with this hospice plan of care. Based on observation, staff interview, and policy review, the facility failed to provide a written hospice plan of care that is established and maintained in consultation with Skilled Nursing Facility/Nursing Facility (SNF/NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) representatives for 2 patients (Patient (P) 2 and P3) out of a sample of 13 patients selected for review. All hospice care provided must be in accordance with this hospice plan of care. This deficient practice had the potential to affect the 83 hospice patients that resided in NH facilities.  Findings include:	L 0773	Correction: L773-The Director of Operations will in-service all clinicians on Policy 4-039, "Provision of Care to Residents of SNF/ NF or ICF/MR" to include education that coordination of care is required for all residents. Each patient in SNF/NF or ICF/MR will have specific binders at nurses station containing: * Current copy of the plan of care * Copies of all orders * Hospice election form * Advance Directives * Physician certification and recertification of the terminal illness. * Names and contact information for hospice's 24-hour on-call system. * Medication profile * LTC Coordinated Task Plan face	09/09/2016

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>Observation of the hospice portion included in the Nursing Home (NH) clinical records during home visits for P2 on 8/9/16 at 9:15 a.m. and P3 on 8/9/16 at 10:30 a.m. revealed that their NH clinical records did not contain a hospice plan of care that was coordinated with the NH staff.</p> <p>During an interview with the Director of Operations (E4) on 8/9/16 at 12:30 p.m., E4 agreed that none of the NH clinical records contained a completed hospice plan of care that was coordinated with the NH staff.</p> <p>Review of the policy titled, "Provision of Care to Residents of SNF/NF or ICF/MR" Policy No. 4-039.1, dated December 2012, Page 3, number 4, provided the following information: "A written plan if care must be established in consultation with SNF/NF or ICF/MR representatives. All hospice care provided must be in accordance with this plan of care. The plan of care must:</p> <p>A. Identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions.</p> <p>B. Reflect the participation of the hospice, the SNF/NF or ICF/MR, and the patient and family to the extent possible.</p> <p>C. Document any hospice approved changes in the plan of care and that changes were discussed with the patient or representative, and the SNF/NF or ICF/MR representatives."</p>		<p>sheet. The Director of Operations has in-serviced all hospice staff of contents of patient binders. The role of each discipline in keeping the binder current. RNCM to update binder with all required documents. All disciplines to keep LTC Coordinated Task Plan face-sheet up to date and current to reflect discipline frequency and care responsibility . Facility Orientation Checklist will be provided at every Start of Care. Monitoring: The Director of Operations will audit 10% of facility patient's binders monthly X 3 months until 100% compliance with coordination of care requirement is met.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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