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 04/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOSPICE OF SOUTH CENTRAL INDIANA INC	2626 E 17TH ST COLUMBUS, IN 47201

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L 0000 Bldg. 00	This was a federal hospice recertification and state licensure survey. Survey dates: April 6-8, 2016, and April 11, 2016 Provider # 15-1502 Facility Number: # 005119 Medicaid Provider ID: 200141610A Census: 941 Home visit observations: 4 Clinical records reviewed: 16	L 0000		
L 0655 Bldg. 00	418.100(e) PROFESSIONAL MANAGEMENT RESPONSIBILITY A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be-- (1) Authorized by the hospice; (2) Furnished in a safe and effective manner			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	by qualified personnel; and (3) Delivered in accordance with the patient's plan of care. Based on record review, observation and interview the hospice agency failed to maintain written agreements with other entities providing services and failed to ensure that services were provided by qualified personnel in accordance with the patient's plan of care for 1 (#2) of 4 home visit observations from a sample of 16 records reviewed. Findings Include: 1. The clinical record for patient #2 was reviewed on 4/6/2016. The record evidenced a start of care and date of hospice election 4/28/2015 and a hospice diagnosis of Alzheimers Dementia. The plan of care for the certification period 2/22/2016 through 4/21/2016 included orders for the nurse to visit weekly to assess the patient and set-up medication planners. A. At a home visit observation on 4/7/2016 at 3:00 PM, employee D, a registered nurse (RN) was observed while filling a daily pill box for patient #2 with meds to be taken at three separate times during the day . Patient #2 was observed to be non-verbal and disoriented to place and time. When asked if the patient was able to self administer the medication	L 0655	L655 Our Hospice will ensure that there is a written agreement between Our Hospice and any outside agency and/or hired private caregiver(s) providing care and services to the patient as specified in 418.100(e). Our Hospice policies and procedures related to the coordination of services were reviewed. The "*Coordination of Services Agreement*" form (Form # ADM-560) was revised to incorporate both, an outside agency as well as hired private caregivers, providing care and services to the hospice patient (Completed May 10, 2016). Our Hospice Staff Development Coordinator or designee is providing in-service training to all Registered Nurses (RN) and Medical Social Workers (MSW) on the coordination of services policy and process. To prevent this deficiency from recurring, 100% of medical records with an outside agency and/or hired private caregiver(s) providing care and services will be monitored for sixty (60) days to ensure services provided are coordinated among all providers. The Director of Clinical Services is responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not occur again.	05/27/2016

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	from the pill boxes the RN stated that she was unable to self administer her meds and that they were given by the staff of an agency (Heartfelt Helping Hands) that provided 24 hour care for the patient. B. The supervisor for the hospice/home health acute care division of the Indiana State Department of Health was notified regarding the possible presence of an unlicensed agency with unlicensed personnel administering medication on 4/8/2016 at 9:10 AM. The supervisor reviewed the databases of licensed home health and personal services agencies and determined that no agency named Healthfelt Helping Hands was licensed in Indiana. C. In an interview with the agency's director of clinical services on 4/8/2016 at 1045, the director indicated that a written agreement with the agency Heartfelt Helping Hands had not been established and that the caregivers had been arranged by the patient's daughter who was POA. No determination had been made by the hospice as to whether the paid caregivers were working within their scope of practice when administering medication to the patient or whether the agency was licensed to provide attendant care.			

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	D. A social work noted dated 1/7/2016 stated " Met with [family member] who was in home to discuss drug diversion with [hospice agency RN]...[Police department] contacted to file police report [family member] was visibly upset...Caregiver was present as well...stated concerns towards caregiver from another agency that is not providing appropriate care". "[Caregiver] stated financial status only allow for [private caregivers] at night, A&D waivered services are provided during the day. E. A skilled nurse note dated 4/7/2016 stated " Spoke to caregiver, [caregiver] said that they had not been giving afternoon dose of ativan or the "little brown pill" at night. The caregiver stated, had been told not to give medication by the manager of the group".			
L 0663 Bldg. 00	418.100(g)(3) TRAINING (3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.	L 0663	L663 Our Hospice will ensure the	05/27/2016

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	Based on record review, observation and interview, the hospice agency failed to assess the skills and competence of all individuals furnishing care for 1 (#2) of 16 records reviewed. Findings Include: 1. The clinical record for patient #2 was reviewed on 4/6/2016. The record evidenced a start of care and date of hospice election 4/28/2015 and a hospice diagnosis of Alzheimers Dementia. The plan of care for the certification period 2/22/2016 through 4/21/2016 included orders for the nurse to visit weekly to assess the patient and set-up medication planners. A. At a home visit observation on 4/7/2016 at 3:00 PM, employee D, a registered nurse (RN) was observed while filling a daily pill box for patient #2 with meds to be taken at three separate times during the day . Patient #2 was observed to be non-verbal and disoriented to place and time. When asked if the patient was able to self administer the medication from the pill boxes the RN stated that she was unable to self administer her meds and that they were given by the staff of an agency (Heartfelt Helping Hands) that provided 24 hour care for the patient.		skills and competence of individuals administering medications are assessed ongoing through the Initial, Comprehensive and Updates to the Comprehensive Assessments as specified in 418.100(g)(3) and identified problems are discussed with the Interdisciplinary Group (IDG). Our Hospice policies and procedures related to medication administration were reviewed (Completed May10, 2016). The Staff Development Coordinator or designee is providing education to all RNs and MSWs regarding assessment of administration of drugs and biologicals. The individualized plan of care will specify who administers medications to the patient and ongoing evaluation and education regarding safe administration will be evident in the clinical documentation. To prevent this deficiency from recurring, 100% of new admission records will be audited for thirty (30)days initially followed by 10% quarterly, to ensure the plan of care identifies who administers medications and ongoing assessments evaluates medication administration safety. The Director of Clinical Services is responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not occur again.	

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	B. The program director for the acute care division of the Indiana State Department of Health was contacted regarding the possible presence of an unlicensed agency with unlicensed personnel administering medication on 4/8/2016 at 9:10 AM. The program director reviewed the databases of licensed home health and personal services agencies and determined that no agency named Healthfelt Helping Hands was licensed in Indiana. C. In an interview with the agency's director of clinical services on 4/8/2016 at 1045, the director indicated that a written agreement with the agency Heartfelt Helping Hands had not been established and that the caregivers had been arranged by the patient's daughter who was POA. No determination had been made by the hospice as to whether the paid caregivers were working within their scope of practice when administering medication to the patient or whether the agency was licensed to provide attendant care. E. A skilled nurse note dated 4/7/2016 stated " Spoke to caregiver, [caregiver] said that they had not been giving afternoon dose of ativan or the "little brown pill" at night. The caregiver stated, had been told not to give			

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	medication by the manager of the group".			
L 0692 Bldg. 00	418.106(d) ADMINISTRATION OF DRUGS AND BIOLOGICALS (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home. (2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals: (i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law; (ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group. Based on record review, observation and interview, the interdisciplinary group failed to ensure the ability of the caregivers to safely administer drugs to the patient at home for 1 (#2) of 16 records reviewed. Findings Include: 1. The clinical record for patient #2 was reviewed on 4/6/2016. The record evidenced a start of care and date of hospice election 4/28/2015 and a hospice diagnosis of Alzheimers Dementia. The	L 0692	L692 Our Hospice will ensure the skills and competence of individuals administering medications are assessed ongoing through the Initial, Comprehensive, and Updates to the Comprehensive Assessments as specified in 418.106(d) and identified problems are discussed with the Interdisciplinary Group (IDG). Our Hospice policies and procedures related to medication administration were reviewed (Completed May10, 2016). The Staff Development Coordinator or designee is providing education all RNs and MSWs regarding assessment of administration of	05/27/2016

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	plan of care for the certification period 2/22/2016 through 4/21/2016 included orders for the nurse to visit weekly to assess the patient and set-up medication planners. A. At a home visit observation on 4/7/2016 at 3:00 PM, employee D, a registered nurse (RN) was observed while filling a daily pill box for patient #2 with meds to be taken at three separate times during the day . Patient #2 was observed to be non-verbal and disoriented to place and time. When asked if the patient was able to self administer the medication from the pill boxes the RN stated that she was unable to self administer her meds and that they were given by the staff of an agency (Heartfelt Helping Hands) that provided 24 hour care for the patient. B. The supervisor for the hospice/home health acute care division of the Indiana State Department of Health was notified regarding the possible presence of an unlicensed agency with unlicensed personnel administering medication on 4/8/2016 at 9:10 AM. The supervisor reviewed the databases of licensed home health and personal services agencies and determined that no agency named Healthfelt Helping Hands was licensed in Indiana.		drugs and biologicals and discussing identified problems with IDG to ensure a plan is in place for safe administration of medications. To prevent this deficiency from recurring, 100% of new admission records will be audited for thirty (30) days initially followed by 10% quarterly to ensure the plan of care identifies who administers medications and ongoing assessments evaluates medication administration safety. The Director of Clinical Services is responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not occur again.	

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	C. In an interview with the agency's director of clinical services on 4/8/2016 at 1045, the director indicated that the caregivers responsible for administering medications had been arranged by the patient's daughter who was POA. No determination had been made by the hospice as to whether the paid caregivers were working within their scope of practice when administering medication to the patient or whether the agency was licensed to provide attendant care. D. A social work noted dated 1/7/2016 stated " Met with [family member] who was in home to discuss drug diversion with [hospice agency RN]...[Police department] contacted to file police report [family member] was visibly upset...Caregiver was present as well...stated concerns towards caregiver from another agency that is not providing appropriate care". "[Caregiver] stated financial status only allow for [private caregivers] at night, A&D waivered services are provided during the day. E. A skilled nurse note dated 4/7/2016 stated " Spoke to caregiver, [caregiver] said that they had not been giving afternoon dose of ativan or the "little brown pill" at night. The caregiver stated, had been told not to give			

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	medication by the manager of the group".			