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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151591 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 09/24/2015 |
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| NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING | STREET ADDRESS, CITY, STATE, ZIP CODE 3115 SOUTH WEBSTER STREET KOKOMO, IN 46902 |
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| L 0000 Bldg. 00 | <p>This visit was for a Hospice Federal Recertification and State Relicensure survey. A complaint was conducted concurrent.</p> <p>Complaint #: IN00156236 - Unsubstantiated; Lack of Sufficient Evidence</p> <p>Survey Dates: 9/14-9/18/15 and 9/22-9/24/15</p> <p>Facility #: 004283</p> <p>Medicaid Vendor #: 200523940</p> <p>Great Lakes Caring was found out of compliance with IC 16-25-3 and the Conditions of Participation 42 CFR 418.56 Interdisciplinary group, Care Planning, and Coordination of Services, 418.100 Organization and Administration of Services, 418.104 Clinical Records, and 418.114 Personnel Qualifications.</p> | L 0000 | | |
| L 0516 Bldg. 00 | <p>418.52(c)(5) RIGHTS OF THE PATIENT [The patient has a right to the following:] (5) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in</p> | | | |

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>accordance with 45 CFR parts 160 and 164. Based on observation, record review, and interview, the hospice failed to ensure the confidentiality of the clinical records was maintained in 15 of 15 records reviewed creating the potential to affect all 1,186 patient's of the hospice. (#1-15)</p> <p>Findings include:</p> <p>1. The facility policy with a review date of March 2015 titled "Patient Rights and Responsibilities" states, "Policy Statement: As a hospice provider, we have an obligation to protect your rights ... The patient has the right to the following: ... State of Indiana You have the right: ... C. Standard: Rights of the patient The patient has a right to the following: ... 5. Have a confidential clinical record."</p> <p>2. The facility policy with a review date of March 2015 titled "Clinical Records, Medical Record Retention" states, "Policy Statement: A clinical record will be maintained for every client receiving hospice services. All client information shall be regarded as confidential and available only to authorized users. ... Procedures: Clinical record: 1. A confidential record containing pertinent past and current findings in accordance with accepted professional standards is</p> | L 0516 | <p>Only staff that is employed by the Kokomo parent company and the branches associated with that parent will have access to review charts for QA purposes, write, receive or push orders. Only the bereavement coordinator or designee that is employed by the Kokomo parent company and the branches associated with that parent will have the ability to write a Bereavement care Plan and do the follow up associated with the Bereavement Care Plan. Administrator or designee will complete an audit (Exhibit 10) through our software vendor, Home Care Home base, to ensure that only those associated with the Kokomo parent company and branches associated with that parent have access to patients in HCHB by 11/13/15. This audit will continue weekly until 100% compliance is reached. Thereafter, this will be repeated quarterly to ensure continued compliance.</p> | 11/13/2015 | |

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| | <p>maintained for every client receiving hospice services. "</p> <p>3. Clinical record #1, election and start of care date 12/23/14, was available for access by non-employee B (acting administrator).</p> <p>4. Clinical record #2, election and start of care date 2/28/14, was available for access by non-employee B.</p> <p>5. Clinical record #3, election and start of care date 2/26/15, was available for access by non-employee B.</p> <p>6. Clinical record #4, election and start of care date 8/1/14, was available for access by non-employee B.</p> <p>A. The record contained a hospice certification and plan of care for certification period 8/1 to 10/29/14 stating, "23. Nurse's Signature and Date of Verbal SOC where applicable: (deemed as electronic signature) [employee C]/[non-employee F] 8/1/2014."</p> <p>On 9/18/15 at 12:15 PM, non-employee B (acting administrator) indicated non-employee F reviews the 485 "because of QA [quality assurance] and billing purposes because our nurses</p> | | | | |

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| | <p>aren ' t licensed coders." Non-employee B indicated non-employee F is an employee in Jackson, Michigan and does not have an Indiana Nursing license.</p> <p>B. The record contained a physician's verbal order dated 8/1/14 stating, "Order Description: Physician Certification of Terminal Illness ... Verbal Certification taken by agency Representative: [non-employee BB] (electronically signed) Date: 08/01/2014 Licensed Professional: [non-employee CC, Registered Nurse] (electronically signed) Date 08/04/2014" The document was then electronically signed by the medical director, employee E, on 09/12/2014.</p> <p>1. On 9/17/15 at 10:15 AM, non-employee B (acting administrator) indicated non-employee CC is a QA nurse that reviews the admission documentation, verifies the order came from the medical director and that the medical director's date matches the verbal order date, and then she approves the order.</p> <p>2. On 9/17/15 at 10:18 AM, non-employee B indicated employee's BB and CC are Michigan employees.</p> <p>C. The document listing all personnel failed to evidence</p> | | | |

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| | <p>non-employee's F, BB, and CC as personnel from the Kokomo, IN office or any listed branches.</p> <p>7. Clinical record #5, date of death 3/26/15, was available for access by non-employee B.</p> <p>8. Clinical record #6, election and start of care 3/12/13 and date of death 8/5/14, was available for access by non-employee B.</p> <p>A. The record evidenced a bereavement careplan report created 8/11/14 by non-employee V.</p> <p>B. On 9/17/15 at 2:30 PM, an interview with employee G (bereavement coordinator) was conducted. The employee indicated this bereaved individual had an initial contact via telephone call by non-employee V and a voicemail was left and was unable to locate documentation of any mailings being sent to the individual. Employee G indicated non-employee V is the bereavement coordinator located in Jackson, Michigan.</p> <p>C. On 9/23/15 at 4:15 PM, employee KK (human resources) indicated non-employee V is "not an employee" and is "located in Jackson" Michigan."</p> | | | |

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| | <p>9. Clinical record #7, election and start of care 11/23/14 and date of death 12/3/14, was available for access by non-employee B.</p> <p>A. The record evidenced a bereavement careplan report created 12/10/14 by non-employee I.</p> <p>B. On 9/23/15 at 3:50 PM, employee KK (human resources) indicated non-employee I is an employee at a Michigan hospice.</p> <p>10. Clinical record #8, election and start of care 3/18/14 and date of death 3/28/14, was available for access by non-employee B.</p> <p>A. The record evidenced a bereavement careplan report created 4/1/14 with a modification date as 10/14/14 by non-employee I.</p> <p>B. On 9/23/15 at 3:50 PM, an interview with employee KK (human resources) was conducted. The employee indicated non-employee I works at a hospice in Eastern Michigan.</p> <p>11. Clinical record #9, election and start of care 8/4/15, was available for access by non-employee B.</p> | | | |

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| | <p>The record contained a physician's verbal order dated 8/4/15 stating, "Order Description: Physician Certification of Terminal Illness ... Verbal Certification taken by agency Representative: [non-employee BB] (electronically signed) Date: 08/04/2015 Licensed Professional: [non-employee CC, Registered Nurse] (electronically signed) Date 08/05/2015" The document was then electronically signed by the medical director, employee R, on 08/16/15.</p> <p>12. Clinical record #10, election and start of care 7/16/15, was available for access by non-employee B.</p> <p>The record contained a hospice certification and plan of care for certification period 7/16 to 10/13/15 stating, "23. Nurse's Signature and Date of Verbal SOC where applicable: (deemed as electronic signature) [employee ZZ]/[non-employee AAA] 7/16/2015."</p> <p>On 9/22/15 at 5:12 PM, employee D (alternate administrator) indicated non-employee AAA is a Michigan corporate employee that generates the 485. The alternate administrator stated, "She just locks it. She has access to the 485 for coding purposes."</p> | | | |
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| | <p>13. Clinical record #11, election and start of care 8/7/15, was available for access by non-employee B.</p> <p>14. On 9/18/15 at 12:20 PM, non-employee B indicated he/she is the administrator of a hospice facility in Michigan and has access to all clinical records in Indiana "because I am an administrator."</p> <p>A. The document listing all hospice personnel failed to list non-employee B as a hospice staff member.</p> <p>B. Personnel file for non-employee B failed to evidence the non-employee was a staff member of the Indiana hospice.</p> <p>On 9/23/15 at 3:15 PM, non-employee B indicated being a regional director over Michigan hospice locations.</p> <p>15. On 9/23/15 at 1:55 PM, it was observed through employee A's (clinical supervisor) access into the electronic medical record (EMR), the clinical supervisor had access to all Hospice and Home Health agency patients of Indiana and Michigan. The clinical supervisor indicated she was not an employee of the Home Health Agency.</p> | | | |
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| L 0523 Bldg. 00 | <p>On 9/23/15 at 1:56 PM, employee D (alternate administrator) indicated not knowing why the clinical supervisor had access to Michigan patient's clinical records or why the Home Health agency patient's records were accessible through the EMR to this employee.</p> <p>418.54(b) TIMEFRAME FOR COMPLETION OF ASSESSMENT The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24. Based on record review and interview, the hospice failed to ensure all members of the hospice interdisciplinary group (IDG), in consultation with the individual's attending physician, completed the comprehensive assessment no later than 5 calendar days after the election of hospice care in 5 of 15 patient records reviewed. (#1, 2, 3, 4, 9)</p> <p>Findings include:</p> <p>1. Clinical record #1, election and start of care date 12/23/14, failed to evidenced</p> | | | L 0523 | <p>Staff will be educated that the hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care (Exhibit 9). Administrator or designee is responsible for the education and it will be completed by 11/6/2015. Administrator or designee will audit 100% of admission visits weekly to verify social worker and spiritual care were notified of admission and in agreement with the plan of care and the initial</p> | | 11/06/2015 |

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| | <p>all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>A. The record contained a skilled nursing start of care visit dated 12/23/14 by employee DD (Registered Nurse). The document failed to evidence the chaplain or medical social worker (MSW) was notified and in agreement with the plan of care.</p> <p>B. The record evidenced the first visit by the MSW, employee EE, was conducted 12/29/14.</p> <p>C. The record evidenced the first visit by the chaplain, employee FF, was conducted 12/30/14.</p> <p>D. On 9/23/15 at 4:46 PM, non-employee B indicated being unable to locate documentation of the delay in the visits.</p> <p>2. Clinical record #2, election and start of care date 2/28/14, failed to evidence all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>The record evidenced the first visit by</p> | | <p>Social Work and Spiritual care visits are scheduled no later than 5 days after the election to hospice care (Exhibit 1A & Exhibit 1B). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit.</p> | | | | |

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| | <p>the chaplain, employee FF, was conducted 3/5/14.</p> <p>3. Clinical record #3, election and start of care date 2/26/15, failed to evidence all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>A. The record contained a skilled nursing start of care visit dated 2/26/15 by employee GG (Registered Nurse). The document failed to evidence the MSW was notified and in agreement with the plan of care.</p> <p>B. The record evidenced the first visit by the MSW, employee HH, was conducted 3/4/15.</p> <p>C. The record evidenced the first visit by the chaplain, employee FF, was conducted 3/5/15.</p> <p>D. On 9/23/15 at 10:28 AM, employee D (alternate administrator) stated, "Looks like the patient was agreeable to MSW and I don't see where [employee GG] documented [he/she] contacted the social worker."</p> <p>E. On 9/23/15 at 4:44 PM, non-employee B (acting administrator)</p> | | | |

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| | <p>indicated being unable to locate documentation of the delay in the visits.</p> <p>4. Clinical record #4, election and start of care date 8/1/14, failed to evidence all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>A. The record contained a document dated 8/13/14 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "IDG Meeting Reason: NEW ADMISSION ... Discipline Spiritual Counselor Frequency Effective 08/03/2014 1WK[week]1 Order Date 08/01/2014 ... IDG team members ... Pastor/Counselor Team Member Name [employee II, spiritual counselor] Electronically Signed Details Participated in the IDG meeting and agree with the plan of care for this patient."</p> <p>B. The record evidenced the first visit by the spiritual counselor, employee II, was conducted 8/28/14.</p> <p>5. Clinical record #9, election and start of care date 8/4/15, failed to evidenced all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of</p> | | | |

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| | <p>hospice.</p> <p>A. The record contained a start of care visit note dated 8/4/15 by the registered nurse, employee XX that states (page 9 of 12), "Indicate the name/date/time of the first care member that was contacted about this patient's admission to hospice services [employee WW], MSW 9:50 PM 8/4/15"</p> <p>B. The record evidenced a physician's verbal order dated 8/6/15 by employee VV (registered nurse) stating, "Effective Date of Calendar Frequency: 8/4/2015 Calendar Frequency MSW 1WK1."</p> <p>C. The record evidenced the first visit by the MSW, employee WW, was 8/13/15.</p> <p>D. On 9/23/15 at 4:50 PM, non-employee B (acting administrator) indicated being unable to locate documentation of the delay in the MSW visit.</p> <p>6. On 9/16/15 at 10:53 AM, non-employee B (acting administrator), indicated the chaplain and MSW needs to make a visit within the first 5 days of admission, per policy.</p> | | | | |

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| | <p>7. The hospice policy with an annual review date as March 2015 titled "Assessment-Comprehensive assessment of the patient" states, "Policy Statement: The hospice interdisciplinary team conducts and documents a patient-specific comprehensive assessment that identifies the patient's need for hospice care, including medical, nursing, psychosocial, emotional and spiritual care. ... Procedures: ... 2. The comprehensive assessment of the patient is completed in a timely manner consistent with the patient's immediate needs by members of the interdisciplinary team in consultation with the patient's attending physician no later than 5 calendar days after the patient's start of care."</p> <p>8. The hospice policy with an annual review date as March 2015 titled "Assessment-Initial" states, "Procedures: ... 4. Based on the patient's needs and findings from the initial assessment, the hospice RN coordinates and designates disciplines that must participate in the comprehensive assessment of the patient within 5 days of his or her election of hospice care."</p> | | | |

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| L 0533 Bldg. 00 | <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, policy review, and interview, the hospice failed to ensure the update of the comprehensive assessment was accomplished by the hospice interdisciplinary group (IDG) in collaboration with the individual's attending physician, if any, and considered changes that had taken place since the initial assessment in 3 of 4 bereavement records reviewed. (#6, 7, 8)</p> <p>Findings include:</p> <p>1. Clinical record #6, election and start of care date 3/12/13 and date of death 8/5/14, evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date:</p> | L 0533 | <p>Staff will be educated that 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 (Exhibit 9). Administrator will be responsible and this will be completed by 11/6/2015 Administrator or designee will audit 100% of death IDG meetings bi-weekly to verify the documentation of the interdisciplinary teams' care planning meeting reflects the ongoing reassessment of the patient/caregiver status and needs and that the bereavement care plan is initiated (Exhibit 2). This audit will continue until 100% compliance is met for 4 consecutive audits, thereafter</p> | 11/06/2015 |
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| | <p>08/12/2014 ... Last Visit Date: 08/05/2014 IDG Meeting Reason: DEATH AT HOME Date/Time of Death: 08/05/2014 at 7:50 AM ... Current Meeting Summary IDG Team Members REGISTERED NURSE [employee SS] - Electronically signed Details Reviewed Hospice criteria, patient has life limiting prognosis medication(s) reviewed Current medication regimen effective YES ... Treatment(s) reviewed Current Treatment(s) regimen effective YES Next date for care plan review ... 8/26/14 ... SOCIAL WORKER [employee HH] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. SOCIAL WORKER [employee TT] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. PASTOR/COUNSELOR [employee II] - Electronically signed Details Participated in this IDG meeting and agree with the plan of care for this patient. MEDICAL DIRECTOR [employee UU] - Electronically signed Details Pt [patient] passed peacefully"</p> <p>2. Clinical record #7, election and start of care date 11/23/14 and date of death 12/3/14, evidenced a document titled</p> | | 10% of charts with a minimum of 10 charts will be audited quarterly at the quarterly chart audit | | | | |

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| | "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/16/2014 ... Last Visit Date: 12/03/2014 IDG Meeting Reason: DEATH AT HOME Date/Time of Death: 12/03/2014 at 8:20 AM ... Current Meeting Summary IDG Team Members REGISTERED NURSE [employee VV] - Electronically signed Details IDG reviewed hospice criteria, patient meets hospice eligibility Medication(s) reviewed Current medication regimen effective Treatment(s) reviewed Current Treatment(s) regimen effective Next date for care plan review ... Plan of care reviewed and accepted by patient/caregiver SOCIAL WORKER [employee WW] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. PASTOR/COUNSELOR [employee II] - Electronically signed Details Participated in this IDG meeting and agree with the plan of care for this patient. MEDICAL DIRECTOR [employee UU] - Electronically signed Details Pt passed on peacefully Current goals and interventions met PT and family needs Pt end of life and by your side program discussed social svc [services] and pastoral to bring loved ones closure" | | | |

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| | <p>3. Clinical record #8, election and start of care date 3/18/14 and date of death 3/28/14, evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 04/04/2014 ... Last Visit Date: 03/28/2014 IDG Meeting Reason: DEATH AT HOME Date/Time of Death: 03/28/2014 at 7:12 AM ... Current Meeting Summary IDG Team Members REGISTERED NURSE [employee XX] - Electronically signed Details Reviewed hospice criteria, patient has life limiting prognosis Medication(s) reviewed Current medication regimen effective ... Treatment(s) reviewed Current Treatment(s) regimen effective ... SOCIAL WORKER [employee WW] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. PASTOR/COUNSELOR [employee II] - Electronically signed Details Participated in this IDG meeting and agree with the plan of care for this patient. MEDICAL DIRECTOR [employee UU] - Electronically signed Details Passed away 3/28/14."</p> <p>4. On 9/23/15 at 11:25 AM, employee D (alternate administrator) indicated the</p> | | | |

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| | <p>first IDG meeting after the patient's death should be documented as "Initiate Bereavement." The employee indicated the documentation should be reviewed for accuracy because the electronic medical record has the ability to pull information forward from the last meeting.</p> <p>5. On 9/17/15 at 2:21 PM, an interview with the bereavement coordinator, employee G, was conducted. The employee indicated started employment in February, 2015 with the hospice. Employee G indicated people from Michigan were providing the bereavement services prior to her employment.</p> <p>6. The hospice policy with an annual review date as March, 2015 titled "Assessment-Updates to the comprehensive assessment" states, "Policy statement: The hospice's interdisciplinary team updates the comprehensive assessment and reassesses the patient's response to care on a regular basis. Procedures: ... 3. Information from the updated comprehensive assessment is reviewed by the interdisciplinary team at care planning meetings and is used to revise the patient's plan of care as needed. 4. Documentation of the interdisciplinary</p> | | | | |

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| L 0536 Bldg. 00 | <p>team's care planning meetings reflects the ongoing reassessment of the patient/caregiver's status and needs."</p> <p>Based on clinical record review, hospice document review, policy review, and interview, the hospice failed to ensure the registered nurse provided coordination of care and ensured continuous assessments of the patient's and family's needs in 1 of 7 active clinical records (See L540); failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care established by the hospice interdisciplinary group with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs in 2 of 15 patient records reviewed (See L 543); failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care in 2 of 7 active patient records (See L 555); and failed to ensure to maintain a system of communication and integration, in accordance with the hospice's own policies and procedures to ensure that the care and services provided were based on</p> | L 0536 | Education and Audits will be completed. Please see individual Tags L 0540, L 0543, L 0555, L 0556 for education and audit details. | 11/06/2015 |

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| L 0540 Bldg. 00 | <p>all assessments of the patient and family needs in 1 of 15 clinical records reviewed (See L 556).</p> <p>The cumulative effect of these systemic problems resulted in the hospice ' s inability to be in compliance with IC 16-25-3 and the Conditions of Participation 42 CFR 418.56 Interdisciplinary group, care planning, and coordination of services.</p> <p>418.56(a)(1) APPROACH TO SERVICE DELIVERY The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care.</p> <p>Based on clinical record review, hospice document review, policy review, and interview, the hospice failed to ensure the registered nurse provided coordination of care and ensured continuous assessments of the patient's and family's needs in 1 of 7 active clinical records reviewed creating the potential to affect all patient's and family of the patient's of the agency. (#3)</p> <p>Findings include:</p> | L 0540 | <p>Registered Nurses will be educated that they are to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care (Exhibit 9). Administrator will be responsible and this will be completed by 11/06/2015</p> <p>Administrator or designee will audit 100% of Admission Visits weekly to verify a Social Work and Spiritual Care Coordinator were notified of admission and are in agreement with the Plan of</p> | 11/06/2015 |

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| | <p>1. Clinical record #3, election and start of care date 2/26/15, contained a skilled nursing start of care visit dated 2/26/15 by employee GG (Registered Nurse). The document failed to evidence the MSW (Medical Social Worker) was notified of the admission.</p> <p>A. The record evidenced the first visit by the MSW, employee HH, was conducted 3/4/15.</p> <p>B. On 9/23/15 at 4:44 PM, non-employee B (acting administrator) indicated being unable to locate documentation of the delay in the visit.</p> <p>2. On 9/23/15 at 10:28 AM, employee D (alternate administrator) stated, "Looks like the patient was agreeable to MSW and I don't see where [employee GG] documented [he/she] contacted the social worker."</p> <p>3. The hospice policy with an annual review as March, 2015 titled "Coordination of Services" states, "Policy Statement: The interdisciplinary team maintains responsibility for directing, coordinating and supervising the care and services provided to the hospice's patients and their caregivers. Procedures: ... 2. The RN case manager coordinates the patient's plan of care and facilitates</p> | | <p>Care and the initial Social Work and Spiritual Care Visits are scheduled no later than 5 days after the election to hospice care (Exhibit 1A & Exhibit 1B). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit. Administrator or designee will audit 100% of completed Chaplain and Social Work initial visits (add on to comprehensive assessment) weekly to verify they are completed no later than 5 calendar days after the election of hospice care, or there is documentation supporting why the initial visits were completed after 5 days (Exhibit 3A & Exhibit 3B). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit.</p> | | | | |

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| L 0543 Bldg. 00 | <p>communication with the attending physician, contracted facilities, vendors, and other members of the interdisciplinary team."</p> <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, policy review, and interview, the hospice failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care established by the hospice interdisciplinary group with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs in 2 of 15 patient records reviewed creating the potential to affect all patients of the hospice. (#4 and #9)</p> | L 0543 | <p>Staff will be educated that 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 (Exhibit 9). Hospice administrator will be responsible and this will be completed by 11/6/2015 Administrator or designee will audit discipline</p> | 11/06/2015 |

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| | <p>Findings include:</p> <p>1. Clinical record #4, election and start of care date 8/1/14, evidenced a hospice certification and plan of care for certification period 8/1 to 10/29/14 with orders to include spiritual counseling services 1 time effective 8/3/14.</p> <p>A. The record evidenced a missed visit note dated 8/9/14 by employee II, spiritual counselor, stating, "Date of Missed Visit: 8/8/14 ... Reason for missed visit: Family requested [visit scheduled] for following week. The record failed to evidence a visit was made for week 3.</p> <p>B. The record evidenced the first visit by the spiritual counselor, employee II, was conducted 8/28/14.</p> <p>2. Clinical record #9, election and start of care date 8/4/15, evidenced a physician's verbal order dated 8/6/15 by employee VV (registered nurse) stating, "Effective Date of Calendar Frequency: 8/4/2015 Calendar Frequency MSW 1WK1." The record failed to evidence a MSW visit for week 1 and failed to evidence documentation of the missed visit.</p> | | <p>frequencies weekly to ensure they match the care plan and if there are deviations from the care plan frequency there is documentation that physician was notified and missed visit note entered (Exhibit 4). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audits.</p> | | |

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| L 0555 Bldg. 00 | <p>On 9/23/15 at 4:50 PM, non-employee B (acting administrator) indicated being unable to locate documentation of why the visit was not made until 8/13/15.</p> <p>3. The hospice policy with an annual review date as March, 2015 titled "Plan of Care" states, "Policy Statement: Hospice services provided to patients/caregivers are in accordance with a written plan of care established by the hospice interdisciplinary team in collaboration with the patient's attending physician."</p> <p>418.56(e)(2) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (2) Ensure that the care and services are provided in accordance with the plan of care. Based on clinical record review, policy review, and interview, the hospice failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care in 2 of 7 active patient records</p> | L 0555 | Staff will be educated that the care and services are to be provided in accordance with the plan of care (Exhibit 9). Hospice administrator will be responsible and this will be completed by 11/06/2015. Administrator or | 11/06/2015 |

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| | <p>reviewed creating the potential to affect all patients of the hospice. (#4 and #9)</p> <p>Findings include:</p> <p>1. Clinical record #4, election and start of care date 8/1/14, evidenced a hospice certification and plan of care for certification period 8/1 to 10/29/14 with orders to include spiritual counseling services 1 time effective 8/3/14.</p> <p>A. The record evidenced a missed visit note dated 8/9/14 by employee II, spiritual counselor, stating, "Date of Missed Visit: 8/8/14 ... Reason for missed visit: Family requested [visit scheduled] for following week. The record failed to evidence a visit was made for week 3.</p> <p>B. The record evidenced the first visit by the spiritual counselor, employee II, was conducted 8/28/14.</p> <p>2. Clinical record #9, election and start of care date 8/4/15, evidenced a physician's verbal order dated 8/6/15 by employee VV (registered nurse) stating, "Effective Date of Calendar Frequency: 8/4/2015 Calendar Frequency MSW 1WK1." The record failed to evidence a MSW visit for week 1 and failed to evidence documentation of the</p> | | <p>designee will audit discipline frequencies weekly to ensure they match the care plan and if there are deviations from the care plan frequency there is documentation that physician was notified and missed visit note entered (Exhibit 4). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit.</p> | |

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| L 0556 Bldg. 00 | <p>missed visit.</p> <p>On 9/23/15 at 4:50 PM, non-employee B (acting administrator) indicated being unable to locate documentation of why the visit was not made until 8/13/15.</p> <p>3. The hospice policy with an annual review date as March, 2015 titled "Plan of Care" states, "Policy Statement: Hospice services provided to patients/caregivers are in accordance with a written plan of care established by the hospice interdisciplinary team in collaboration with the patient's attending physician."</p> <p>418.56(e)(3) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (3) Ensure that the care and services provided are based on all assessments of the patient and family needs.</p> | | | |
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| | <p>Based on clinical record review, policy review, and interview, the hospice failed to ensure to maintain a system of communication and integration, in accordance with the hospice's own policies and procedures to ensure that the care and services provided were based on all assessments of the patient and family needs in 1 of 15 clinical records reviewed creating the potential to affect all patient's and family of patient's of the hospice. (#3)</p> <p>Findings include:</p> <p>1. Clinical record #3, election and start of care date 2/26/15, contained a skilled nursing start of care visit dated 2/26/15 by employee GG (Registered Nurse). The document failed to evidence the MSW (Medical Social Worker) was notified of the admission.</p> <p>A. The record evidenced the first visit by the MSW, employee HH, was conducted 3/4/15.</p> <p>B. On 9/23/15 at 10:28 AM, employee D (alternate administrator) stated, "Looks like the patient was agreeable to MSW and I don't see where [employee GG] documented [he/she] contacted the social worker."</p> | L 0556 | <p>Staff will be educated that the care and services provided are based on all assessments of the patient and family needs (Exhibit 9). Hospice administrator will be responsible and this will be completed by 11/06/2015 Administrator or designee will audit 100% of admission visits weekly to verify social worker and spiritual care were notified of admission and in agreement with the plan of care and the initial Social Work and Spiritual care visits are scheduled no later than 5 days after the election to hospice care (Exhibit 1A & Exhibit 1B). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit.</p> | 11/06/2015 | | | |

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| L 0596 Bldg. 00 | <p>C. On 9/23/15 at 4:44 PM, non-employee B (acting administrator) indicated being unable to locate documentation of the delay in the visit.</p> <p>2. The hospice policy with an annual review date as March, 2015 titled "Plan of Care" states, "Policy Statement: Hospice services provided to patients/caregivers are in accordance with a written plan of care established by the hospice interdisciplinary team in collaboration with the patient's attending physician. ... 4. All members of the interdisciplinary team participate in care planning and document problems, interventions, goals, observations, and outcomes based on the assessed and reassessed needs of the patient/caregiver."</p> <p>418.64(d)(1) COUNSELING SERVICES Counseling services must include, but are not limited to, the following: (1) Bereavement counseling. The hospice must: (i) Have an organized program for the</p> | | | | | | |

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| | <p>provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.</p> <p>(ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.</p> <p>(iii) Ensure that bereavement services reflect the needs of the bereaved.</p> <p>(iv) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c).</p> <p>Based on clinical record review, document review, policy review, and interview, the hospice failed to ensure counseling services included bereavement counseling with an organized program for the provision of bereavement services furnished under the supervision of a qualified professional and failed to ensure to make bereavement services available to family and other individuals in the bereavement plan of care up to 1 year following the death of the patient in 2 of 4 bereavement records reviewed. (#6 and #8)</p> <p>Findings include:</p> <p>1. Clinical record #6, election and start</p> | L 0596 | Education will be provided to our bereavement coordinators to ensure that bereavement services are available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Any deviations from the plan of care are documented. At least 2 attempts are made to reach the family member/caregiver/significant other of the deceased patient within the designated time as determined by the bereavement plan of care. Only the bereavement coordinator or designee that is employed by the Kokomo parent company and the branches associated with that parent will have the ability to write a Bereavement care Plan and do | 11/06/2015 |

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| | <p>of care 3/12/13 evidenced a bereavement risk assessment performed by the registered nurse on admission listing the patient's spouse as the bereaved individual. The record evidenced the patient's date and time of death was 8/5/14 at 7:50 AM. The record failed to evidence bereavement services were furnished under the supervision of a qualified professional and failed to evidence the services were available to the spouse for 1 year following the patient's death.</p> <p>A. The record evidenced a document titled "Bereavement Activity Report" stating, "Bereavement contact [name of bereaved individual] ... Hospice Client [patient #6] Date of Death 8/5/14 ... Case Manager [non-employee V] Risk Level LOW Form Letters 180 day letter ... 270 day letter ... 30 day letter ... 385 day letter ... 60 day letter ... 90 day letter ... Sympathy Card" The record failed to evidence the form letters were sent.</p> <p>B. The record evidenced a bereavement careplan report created 8/11/14 by non-employee V stating, "Problem: Grief D/T [due to] death of spouse Intervention: Bereavement letters with handouts at 30, 90, 180, 270, and 385 days. Follow up calls-Condolence call following death;</p> | | <p>the follow up associated with the Bereavement Care Plan. Administrator will be responsible for this and it will be completed by 11/06/2015 A bi weekly audit (Exhibit 5) will be done of 75% of the bereavement charts on patients that have passed away in the last 30 days to ensure that bereavement risk assessment have been completed by the bereavement coordinator and that at least 2 attempts have been made to reach the family member/caregiver/significant other of the deceased patient as determined by the bereavement plan of care. This audit will occur weekly until 100% compliance for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with quarterly chart audit. I t has been found that a problem with our software company exist. As stated by Home-Care Home Base (HCHB), a change was made to the letter status table. This change then resulted in an issue for Bereavement letters. When the Bereavement letters are printed to send out, the letter status is changed from New and marked as Sent. However, with this identified issue, it did not back fill those letters already sent so therefore when you print the bereavement tracking report, those letter statuses that have been sent will still show as open. A request has been made to our software vendor to correct this</p> | | | | |

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| | <p>f/u [follow up] in 3 to 6 weeks, then TBD [to be determined] Follow up visits - TBD Referral Made - TBD</p> <p>Individualized care note sent Invitation to memorial service Satisfaction survey sent Goal: To offer support, Education and information during grieving process Outcome: BC [bereavement counselor] left message offering support and encouraging return call. No f/u call scheduled at this time; will continue to send mailings."</p> <p>C. On 9/17/15 at 2:30 PM, an interview with employee G (bereavement coordinator) was conducted. The employee indicated this bereaved individual had an initial contact via telephone call by non-employee V and a voicemail was left and was unable to locate documentation of any mailings being sent to the individual. Employee G indicated non-employee V is the bereavement coordinator located in Jackson, Michigan.</p> <p>2. Clinical record #8, election and start of care 3/18/14 evidenced a bereavement risk assessment performed by the registered nurse on admission listing the patient's spouse as the bereaved individual. The record evidenced the patient's date and time of death was 3/28/14 at 7:12 AM. The record failed to</p> | | <p>known issue. Per HCHB, they have fully recognized this as an issue and have assigned this issue a TFS ticket. This issue/TFS ticket is plotted to be corrected in January 2016, and per HCHB, once this script is created and released, this will not only correct the letter statuses for any active Bereavement Clients with this known issue, but it will also correct the letter statuses of any Bereavement Clients who are no longer showing as current in the software. While waiting for the soft ware company to correct this issue, we will keep a spreadsheet tracking all bereavement letters being mailed out. Administrator or designee will be responsible and this will be effective by 11/06/15. A bi weekly audit (Exhibit 11) will be done of 75% of the bereavement charts on patients that have passed away in the last 30 days to ensure that letters and cards have been mailed per the Bereavement care plan and are listed on the spreadsheet. This audit will occur weekly until 100% compliance for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with quarterly chart audit until issue is corrected with our software vendor Home Care Home Base.</p> | | |

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| | <p>evidence bereavement services were furnished under the supervision of a qualified professional and failed to evidence the services were available to the spouse for 1 year following the patient's death.</p> <p>A. The record evidenced a document titled "Bereavement Activity Report" stating, "Bereavement contact [name of bereaved individual] ... Hospice Client [patient #8] Date of Death 3/28/14 ... Case Manager [employee FF, spiritual counselor] Risk Level MODERATE Form Letters 180 day letter ... 270 day letter ... 30 day letter ... 385 day letter ... 90 day letter ... Sympathy Card" The record failed to evidence the form letters were sent.</p> <p>B. The record evidenced a bereavement careplan report created 4/1/14 with a modification date as 10/14/14 by non-employee I stating, "Problem: Death of [bereaved individual's] spouse, [patient #8] 3-28-14. Bereavement letters with handouts at 30, 90, 180, 270, and 385 days. Follow up calls -TBD Follow up visits - TBD Additional mailings sent - TBD ... Goal: To assess and implement a grief support program for [bereaved individual] to effectively grieve [his/her] [spouse's] death. Outcome: Request for immediate</p> | | | |

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| | <p>care form: from: [employee YY, clinical coordinator] Sent: Monday, October 13, 2014 at 1:16 PM To: [non-employee I] Subject: spouse needs grieve counseling Importance: HIGH Good afternoon [non-employee I], [bereaved individual's name] needs grieve counseling, getting worse after [his/her] [husband/wife] passed away. ... From: [non-employee I] sent: Monday, October 13, 2014 2:24 PM to: [employee YY] ... I have followed up on your request. ... "</p> <p>C. On 9/23/15 at 3:50 PM, an interview with employee KK (human resources) was conducted. The employee indicated non-employee I works at a hospice in Eastern Michigan.</p> <p>D. On 9/23/15 at 5:05 PM, employee D (alternate administrator) indicated being unable to locate documentation of the bereavement mailings being sent. The employee indicated the bereavement coordinators are supposed to do the after death risk assessment and this was not done on this bereaved individual until October 13, 2014.</p> <p>3. The hospice policy with an annual review date as March 2015 titled "Bereavement-Services" states, "Policy Statement: Bereavement counseling services are made available to the patient</p> | | | |

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| L 0648 Bldg. 00 | <p>and family to assist the patient and family in minimizing the stress and problems that arise from the terminal illness, related conditions and the dying process. Procedures: ... 2. Make bereavement services available to the family and other individuals in the bereavement plan of care up to 13 months following the death of the patient. ... 4. Bereavement services provided include, but are not limited to:</p> <ul style="list-style-type: none"> a. letters and supportive information provided at one, three, six, nine and thirteen months after the patient's death ... d. bereavement visits and/or phone calls ... " <p>Based on hospice document review, hospice policy review, and interview, the hospice failed to ensure administration of written agreements with another agency, individual, or organization to furnish any services under arrangement to ensure the provision of quality care were authorized by the hospice in 6 of 6 written agreements (See L 655); failed to ensure all multiple locations were approved by Medicare before providing hospice care and services to Medicare patients (See L 656); and failed to ensure the medical director reviewed the clinical information for each hospice patient and considered</p> | L 0648 | Education and Audits will ensue. Please see individual tags L 0655 and L 0656 for education and audit details. | 11/06/2015 |

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| L 0655 Bldg. 00 | <p>the following when making this determination: (1) The primary terminal condition; (2) Related diagnosis(es); (3) Current subjective and objective medical findings; (4) current medication and treatment orders; and (5) information about the medical management of any of the patient's conditions unrelated to the terminal illness in 1 of 15 patient records reviewed (See L 667).</p> <p>The cumulative effect of these systemic problems resulted in the hospice 's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.100 Organization and Administration of Services.</p> <p>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-</p> <p>(1) Authorized by the hospice; (2) Furnished in a safe and effective manner by qualified personnel; and</p> | | | |

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| | <p>(3) Delivered in accordance with the patient's plan of care.</p> <p>Based on hospice document review, hospice policy review, and interview, the hospice failed to ensure administration of written agreements with another agency, individual, or organization to furnish any services under arrangement to ensure the provision of quality care were authorized by the hospice in 6 of 6 written agreements.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 9/15/15 at 2:41 PM, a request from survey was made to non-employee B (acting administrator) for 9 contracts from the list of contracted facilities. The non-employee indicated the contracts were electronic and would print them for surveyor. On 9/15/15 at 3:03 PM, a second request for the 9 contracts was made. Non-employee indicated corporate staff in Jackson, Michigan has access to the contracts through the electronic system called Cobblestone. The employee indicated not having personal access and was unable to locate anyone in the hospice that did and would have to wait until the Michigan office sent them. The document titled | L 0655 | <p>Administrator or designee will ensure that all contract agreements will be made to the Kokomo Parent and/or its associated branches. Administrator or designee will audit (Exhibit 12) 100% of all contracts to ensure they are made out to the Kokomo parent branch and/or its associated branches. Any contracts that are found to be out of compliance will be recreated and sent out for new signature. This audit will continue weekly until 100% of all contracts are corrected. Thereafter, contracts will be audited quarterly for compliance.</p> | 11/13/2015 | |

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| | <p>"Hospice-Nursing Facility Services Agreement" states (Page 10 of 15) To: Hospice Great Lakes Caring 900 Cooper st., Jackson, MI 49202 Attn: Contracts department. ... "</p> <p>4. The document titled "This Nursing Facility Services Agreement" states (page 16) To Hospice ... 900 Cooper st., Jackson, MI 49202 Attn: Contracts department. ... "</p> <p>5. The document titled "Nursing Facility and Hospice Services Agreement" states (page 25) Mailing Address of Hospice: Great Lakes Caring 900 Cooper st., Jackson, MI 49202 ... "</p> <p>6. The document titled "Hospices Services Agreement" states (Page 14 of 20) If To Hospice: Great Lakes Caring Attn: Contracts Dept. 900 Cooper st., Jackson, MI 49202."</p> <p>7. The document titled "Hospice-Nursing Facility Services Agreement" states (Page 10 of 15) To: Hospice Great Lakes ... 900 Cooper st., Jackson, MI 49202 Attn: Contracts department. ... "</p> <p>8. The document titled "Hospice and Inpatient Facility Services Agreement" states (Page 10 of 15) To: Hospice</p> | | | |

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| L 0656 | <p>Great Lakes Caring 900 Cooper st., Jackson, MI 49202 Attn: Contracts department. ... "</p> <p>9. The hospice policy with an annual review date as March 2015 titled "Appointment of Administrator" states, "Policy statement: The board of directors appoints a qualified individual with appropriate education and experience to serve as the Administrator of hospice and assume responsibility for the organization, direction and day to day administration of the hospice program. Procedures: ... 3. The administrator of hospice program, is employed by the hospice ... and fulfills the responsibilities outlined in the job description for this position, including but not limited to: ... b. implementing, monitoring and reporting on the hospice's services; c. assuring the quality of patient care; ... 4. In the absence of the administrator, the authority and responsibility for the daily operations of the hospice program are delegated to the vice president of hospice. ...</p> <p>418.100(f)(1)(i) HOSPICE MULTIPLE LOCATIONS</p> | | | | |

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| Bldg. 00 | <p>If a hospice operates multiple locations, it must meet the following requirements: (1) Medicare approval.</p> <p>(i) All hospice multiple locations must be approved by Medicare before providing hospice care and services to Medicare patients.</p> <p>Based on clinical record review, document review, hospice document review, and interview, the hospice failed to ensure all multiple locations were approved by Medicare before providing hospice care and services to Medicare patients.</p> <p>Findings include:</p> <p>1. On 9/14/15 at 10 AM during entrance conference, employee A (clinical supervisor) indicated having branch site locations in Plainfield, IN and Warsaw, IN.</p> <p>A. The Indiana State Department of Health's information failed to list the Plainfield and Warsaw locations as branches of the Kokomo, IN Hospice.</p> <p>B. On 9/14/15 employee A (clinical supervisor) presented surveyor with a list of personnel. The list included personnel from the location Plainfield, IN.</p> <p>C. On 9/14/15 at 12:35 PM, employee A indicated 74 patients were</p> | L 0656 | <p>Great Lakes Caring is in the process of establishing a hospice branch in Warsaw and and a New Provider number in Plainfield, We admitted our first patient to the Plainfield provider number on 9/22/15 as we had a temporary from the State of Indiana. All staff will be educated that consents reflect the parent Kokomo or associated branches and not the area such as Warsaw. Staff will be educated that patients and employees who live in areas such as Warsaw, are still associated with the Kokomo Parent Branch or other associated branches. Administrator will be responsible and this will be completed 11/06/15 Administrator or designee will audit (exhibit 6) weekly 100% of consents to ensure that the correct branch is entered on the consent form. This audit will continue until 100% compliance is reached for 4 consecutive weeks. Thereafter, this will be done quarterly during our quarterly chart audit.</p> | 11/06/2015 | | | |

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| | <p>being serviced in the Plainfield, IN location.</p> <p>2. On 9/14/15 at 3:04 PM, employee CCC (registered nurse) indicated the hospice is applying for branch status at the Warsaw, IN location. The employee indicated, when purchased, the location had a home health license but did not have a hospice license.</p> <p>On 9/14/15 at 3:05 PM, employee A indicated the first hospice patient seen by the Warsaw, IN location was admitted January 16, 2015.</p> <p>3. Clinical record #9, election and start of care date 8/4/15, evidenced a hospice consent for services and notice of hospice benefit election document stating, "Patient Name: [Patient 9] Branch: PLN"</p> <p>On 9/22/15 at 12:33 PM, employee D (alternate administrator) stated, "It says Plainfield but it should not."</p> <p>4. Clinical record #11, election and start of care date 8/7/15, evidenced a hospice consent for services and notice of hospice benefit election document stating, "Patient Name: [patient 11] Branch: WAH"</p> | | | |

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| | <p>On 9/24/15 at 1:31 PM, employee D (alternate administrator) indicated "WAH" is the Warsaw, Indiana branch.</p> <p>5. The document titled "Hospice and Inpatient Facility Services Agreement Face Sheet" states, "Date of Agreement: 11/6/2014 ... Hospice: ... Address: 334 N. Enterprise Drive Warsaw, In 46580."</p> <p>6. The document titled "Agreement Between" states, "Great Lakes Home Health Services, Inc. and Pill Box Pharmacy, Inc. ... [page 3 of 5] This agreement is in force for DME located as listed below. This location may be amended by written agreement between Hospice and DME. ... Hospice ... Great Lakes Home Health Services, Inc. 334 Enterprise Drive, Warsaw, IN 46580"</p> <p>7. The document dated 8/27/15 and addressed to the ISDH states, "Please accept our application to establish an additional site at 334 Enterprise Drive, Warsaw, Indiana 46580"</p> <p>8. The document dated July 20, 2015 address to the hospice from ISDH states, "RE: 90-Day approval of operation, beginning: 7/20/15 - 10/18/15"</p> <p>9. On 9/15/15 at 1:45 PM, employee</p> | | | |

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| L 0667 Bldg. 00 | <p>BBB (Vice president of compliance and education) indicated the Plainfield, IN office has a provisional license and stated, "We don't have a provider number to bill under. All patients right now are under the Kokomo [Indiana] provider number." The employee indicated the Warsaw site was purchased "Maybe a year ago."</p> <p>418.102(b) INITIAL CERTIFICATION OF TERMINAL ILLNESS The medical director or physician designee reviews the clinical information for each hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination: (1) The primary terminal condition; (2) Related diagnosis(es), if any; (3) Current subjective and objective medical findings; (4) Current medication and treatment orders; and (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness. Based on clinical record review and interview, the hospice failed to ensure the medical director reviewed the clinical information for each hospice patient and considered the following when making</p> | L 0667 | Registered Nurses and Medical Director to be educated that the medical director reviews the clinical information for each hospice patient and considers the following when making determination of 6 month or less | 11/06/2015 |

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| | <p>this determination: (1) The primary terminal condition: (2) Related diagnosis(es); (3) Current subjective and objective medical findings; (4) current medication and treatment orders; and (5) information about the medical management of any of the patient's conditions unrelated to the terminal illness in 1 of 15 patient records reviewed creating the potential to affect all new patient's of the hospice. (#4)</p> <p>Findings include:</p> <p>1. Clinical record #4, election and start of care date 8/1/14, failed to evidence the medical director (employee E) reviewed the patient's clinical information prior to the verbal order for certification of terminal illness.</p> <p>A. The record evidenced a physician's verbal order stating, "Order Date: 8/1/2014 7:55 AM Order Type: Hospice Physician Verbal Order Order Description: May initiate hospice care path for the following symptoms if not contra-indicated or if patient is allergic to medications below ... Entered/Taken by (electronically signed): GREATLAKES GREATLAKES, Date: 08/01/2014 Approved/Processed by (electronically signed): [employee JJ, Registered Nurse] Date: 08/03/2014 Licensed practitioner</p> | | <p>life expectancy: (1) The primary terminal condition: (2) Related diagnosis(es); (3) Current subjective and objective medical findings; (4) current medication and treatment orders; and (5) information about the medical management of any of the patient's conditions unrelated to the terminal illness (Exhibit 9). Hospice administrator is responsible and this will be completed by 11/06/2015. Administrator or designee will audit 100% of admission visit notes weekly to verify that the Medical Director was contacted and reviewed the clinical information for admission to hospice prior to the verbal order for the Certification of Terminal Illness (Exhibit 7). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit.</p> | | | | |

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| | <p>signature (electronically signed): [employee E, medical director] Date: 08/05/2014."</p> <p>B. The record evidenced a physician's verbal order stating, "Order Date: 8/1/2014 4:31 PM Order Type: Hospice CTI [Certification of Terminal Illness] Order Description: Physician Certification of Terminal Illness I give my consent for this patient to receive hospice services and certify, that based on the review of this patients medical history, this patient is suffering from a life limiting illness with a life expectancy of six months or less, if the disease runs it's normal course. [page 2 of 2] Physician Narratives: Brief narrative statement (review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for hospice services) 76 yo [year old] admitted to hospice with Alzheimer's dementia. Lives at home with support of [spouse]. ... Recent substantial decline in cognitive status and physical function. has had 23# [pound] wt [weight] loss in past 7 months, with current bmi 19. Minimal appetite and po [by mouth] intake. [spouse] assists with all ADL's [activities of daily living]. Current smoker, and has dyspnea with any exertion. Sleeps approx 20 hrs/day [hours per day]. Poor judgement, insight,</p> | | | |

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| | <p>and safety awareness. [spouse] exhibiting signs of caregiver stress. Hospice team approach during terminal decline is justified and desired by husband. ATTESTATION: i CONFIRM THAT I COMPOSED THE NARRATIVE ABOVE AND THAT IT IS BASED ON MY REVIEW OF THE PATIENTS MEDICAL RECORD AND/OR EXAMINATION OF THE PATIENT. Physician Signature (Electronically signed) [Employee E, medical director] Date Signed 9/12/2014 The attending physician and hospice medical director have been identified as the same person for this client Verbal Certification taken by agency representative: [non-employee BB] (electronically signed) Date: 08/01/2014 Licensed Professional: [non-employee CC, Registered nurse] (electronically signed) Date: 08/04/2014 Certification from medical director: [employee E, medical director] (electronically signed) Date: 09/12/2014."</p> <p>1. On 9/17/15 at 10:15 AM, non-employee B (acting administrator) indicated non-employee CC is a QA nurse that reviews the admission documentation, verifies the order came from the medical director and that the medical director's date matches the verbal</p> | | | |
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| | <p>order date, and then she approves the order.</p> <p>2. On 9/17/15 at 10:18 AM, non-employee B indicated non-employee's BB and CC are Michigan employees.</p> <p>3. On 9/23/15 at 2:15 PM, employee D (alternate administrator) indicated non-employee's BB and CC did not take the order from the physician.</p> <p>C. The record evidenced a start of care visit note dated 8/1/14 by employee C, Registered Nurse, stating, "Time: ... In-Home Time Began 08/01/2014 12:49 PM ... Documentation Time ... Completed 08/01/2014 05:57 PM ... [page 8 of 11] Indicate which medical director and date/time they were contacted about the admission of this patient to hospice services [Employee E, medical director] 8/1/14 at 5:30 PM Indicate who the primary physician is and what date/time they were contacted about the admission of this patient to hospice services [Employee E, medical director] 8/1/14 5:30"</p> <p>On 9/18/15 at 12:08 PM an interview with the admitting nurse (employee C) was conducted. The employee indicated going to the patient's</p> | | | | | | |

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| | <p>home prior to August 1, 2014 to conduct an "Informational" at which time they "go over what hospice is, end of life care, the services that are available." The employee indicated being in training during the informational and at the time of admission on August 1, 2014 and employee O (registered nurse) was present also on this day. Employee C indicated not speaking to the medical director (employee E), which was also the patient's attending physician, but instead copy and pasted the narrative of her visit into an email and sent this to the medical director at 5:30 PM, during the completion of her documentation of the visit.</p> <p>D. The record evidenced the patient was assessed by employee E, medical director, in the physician's office on 8/7/14.</p> <p>E. The record evidenced the first IDG meeting was on 8/13/14.</p> <p>2. On 9/17/15 at 2:05 PM, non-employee B (acting administrator) indicated being unable to locate documentation of the physician's review of the patient's clinical record prior to the verbal order for certification of terminal illness.</p> | | | | |

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| L 0670 Bldg. 00 | Based on clinical record review, policy review, and interview, the hospice failed to ensure the clinical record contained correct clinical information that is available to the patient's attending physician and hospice staff in 3 of 4 bereavement records (See L 671); failed to ensure the medical director reviewed the clinical information for each hospice patient and considered the following when making this determination: (1) The primary terminal condition; (2) Related diagnosis(es); (3) Current subjective and objective medical findings; (4) current medication and treatment orders; and (5) information about the medical management of any of the patient's conditions unrelated to the terminal illness in 1 of 15 patient records (See L 676); failed to ensure all entries to the clinical record were appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice in 4 of 15 clinical records (See L 679); and failed to ensure the contents of the clinical records were safeguarded against unauthorized use in 15 of 15 records reviewed (See L 680). | L 0670 | Education and Audits to ensue Please see Tags L0671, L0676, L0679, L0680 for education and Audit details. | 11/06/2015 |

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| L 0671 Bldg. 00 | <p>The cumulative effect of these systemic problems resulted in the hospice 's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.104 Clinical Records.</p> <p>418.104 CLINICAL RECORDS</p> <p>A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.</p> <p>Based on clinical record review, policy review, and interview, the hospice failed to ensure the clinical record contained correct clinical information that is available to the patient's attending physician and hospice staff in 3 of 4 bereavement records reviewed. (#6, 7, 8)</p> <p>Findings include:</p> <p>1. Clinical record #6, election and start of care date 3/12/13 and date of death 8/5/14, evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 08/12/2014 ... Last Visit Date: 08/05/2014 IDG Meeting Reason: DEATH AT HOME Date/Time of</p> | L 0671 | <p>Staff will be educated that the clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff (Exhibit 9). Hospice administrator will be responsible and this will be completed by 11/06/2015 Administrator or designee will audit 100% of Death IDG Meetings weekly to verify the documentation of the interdisciplinary team's care planning meetings reflects the ongoing reassessment of the patient/caregiver's status and needs and bereavement care plan is initiated (Exhibit 2). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with quarterly chart audit.</p> | 11/06/2015 |

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| | <p>Death: 08/05/2014 at 7:50 AM ... Current Meeting Summary IDG Team Members REGISTERED NURSE [employee SS] - Electronically signed Details Reviewed Hospice criteria, patient has life limiting prognosis medication(s) reviewed Current medication regimen effective YES ... Treatment(s) reviewed Current Treatment(s) regimen effective YES Next date for care plan review ... 8/26/14 ... SOCIAL WORKER [employee HH] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. SOCIAL WORKER [employee TT] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. PASTOR/COUNSELOR [employee II] - Electronically signed Details Participated in this IDG meeting and agree with the plan of care for this patient. MEDICAL DIRECTOR [employee UU] - Electronically signed Details Pt [patient] passed peacefully"</p> <p>2. Clinical record #7, election and start of care date 11/23/14 and date of death 12/3/14, evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date:</p> | | | |

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| | <p>12/16/2014 ... Last Visit Date: 12/03/2014 IDG Meeting Reason: DEATH AT HOME Date/Time of Death: 12/03/2014 at 8:20 AM ... Current Meeting Summary IDG Team Members REGISTERED NURSE [employee VV] - Electronically signed Details IDG reviewed hospice criteria, patient meets hospice eligibility Medication(s) reviewed Current medication regimen effective Treatment(s) reviewed Current Treatment(s) regimen effective Next date for care plan review ... Plan of care reviewed and accepted by patient/caregiver SOCIAL WORKER [employee WW] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. PASTOR/COUNSELOR [employee II] - Electronically signed Details Participated in this IDG meeting and agree with the plan of care for this patient. MEDICAL DIRECTOR [employee UU] - Electronically signed Details Pt passed on peacefully Current goals and interventions met PT and family needs Pt end of life and by your side program discussed social svc [services] and pastoral to bring loved ones closure"</p> <p>3. Clinical record #8, election and start of care date 3/18/14 and date of death</p> | | | |

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| | <p>3/28/14, evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 04/04/2014 ... Last Visit Date: 03/28/2014 IDG Meeting Reason: DEATH AT HOME Date/Time of Death: 03/28/2014 at 7:12 AM ... Current Meeting Summary IDG Team Members REGISTERED NURSE [employee XX] - Electronically signed Details Reviewed hospice criteria, patient has life limiting prognosis Medication(s) reviewed Current medication regimen effective ... Treatment(s) reviewed Current Treatment(s) regimen effective ... SOCIAL WORKER [employee WW] - Electronically signed Details Participated in the IDG meeting and agree with the plan of care for this patient. PASTOR/COUNSELOR [employee II] - Electronically signed Details Participated in this IDG meeting and agree with the plan of care for this patient. MEDICAL DIRECTOR [employee UU] - Electronically signed Details Passed away 3/28/14."</p> <p>4. On 9/23/15 at 11:25 AM, employee D (alternate administrator) indicated the first IDG meeting after the patient's death should be documented as "Initiate Bereavement." The employee indicated</p> | | | | | | |

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| | <p>the documentation should be reviewed for accuracy because the electronic medical record has the ability to pull information forward from the last meeting.</p> <p>5. On 9/17/15 at 2:21 PM, an interview with the bereavement coordinator, employee G, was conducted. The employee indicated started employment in February, 2015 with the hospice. Employee G indicated people from Michigan were providing the bereavement services prior to her employment.</p> <p>6. The hospice policy with an annual review date as March, 2015 titled "Assessment-Updates to the comprehensive assessment" states, "Policy statement: The hospice's interdisciplinary team updates the comprehensive assessment and reassesses the patient's response to care on a regular basis. Procedures: ... 3. Information from the updated comprehensive assessment is reviewed by the interdisciplinary team at care planning meetings and is used to revise the patient's plan of care as needed. 4. Documentation of the interdisciplinary team's care planning meetings reflects the ongoing reassessment of the patient/caregiver's status and needs."</p> | | | |

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| L 0676 Bldg. 00 | <p>7. The hospice policy with an annual review date as March 2015 titled "Clinical Records/Medical Record Retention" states, "Policy statement: A clinical record will be maintained for every client receiving hospice services. ... Clinical records are legal documents containing comprehensive, accurate, and organized information concerning the client's health and emotional status, treatments, and services rendered by the health care team members. ... Purpose: To maintain an accurate record of the services provided by Hospice for each client. ... Procedure: Clinical Record: 1. A confidential clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every client receiving hospice services."</p> <p>418.104(a)(5) CONTENT [Each patient's record must include the following:] (5) Physician certification and recertification of terminal illness as required in §418.22 and §418.25 and described in §418.102(b) and §418.102(c) respectively, if appropriate.</p> | | | |
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| | <p>Based on clinical record review and interview, the hospice failed to ensure the medical director reviewed the clinical information for each hospice patient and considered the following when making this determination: (1) The primary terminal condition: (2) Related diagnosis(es); (3) Current subjective and objective medical findings; (4) current medication and treatment orders; and (5) information about the medical management of any of the patient's conditions unrelated to the terminal illness in 1 of 15 patient records reviewed creating the potential to affect all new patient's of the hospice. (#4)</p> <p>Findings include:</p> <p>1. Clinical record #4, election and start of care date 8/1/14, failed to evidence the medical director (employee E) reviewed the patient's clinical information prior to the verbal order for certification of terminal illness.</p> <p>A. The record evidenced a physician's verbal order stating, "Order Date: 8/1/2014 7:55 AM Order Type: Hospice Physician Verbal Order Order Description: May initiate hospice care path for the following symptoms if not contra-indicated or if patient is allergic to medications below ... Entered/Taken by</p> | L 0676 | <p>Staff will be educated that Physician certification and re certification of terminal illness and documentation reflects the clinical information for each hospice patient was reviewed and considers the following when making determination of 6 month or less life expectancy: (1) The primary terminal condition: (2) Related diagnosis(es); (3) Current subjective and objective medical findings; (4) current medication and treatment orders; and (5) information about the medical management of any of the patient's conditions unrelated to the terminal illness (Exhibit 9). Hospice Administrator will be responsible and this will be completed by 11/06/2015.</p> <p>Administrator or designee will audit 100% of admission visit notes weekly to verify that the Medical Director was contacted and reviewed the clinical information for admission to hospice prior to verbal order for the Certification of Terminal Illness (Exhibit 7). This audit will continue until 100% compliance is met for 4 consecutive weeks, thereafter 10% of charts with a minimum of 10 charts will be audited quarterly with the quarterly chart audit.</p> | 11/06/2015 | |

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| | <p>(electronically signed): GREATLAKES GREATLAKES, Date: 08/01/2014 Approved/Processed by (electronically signed): [employee JJ, Registered Nurse] Date: 08/03/2014 Licensed practitioner signature (electronically signed): [employee E, medical director] Date: 08/05/2014."</p> <p>B. The record evidenced a physician's verbal order stating, "Order Date: 8/1/2014 4:31 PM Order Type: Hospice CTI [Certification of Terminal Illness] Order Description: Physician Certification of Terminal Illness I give my consent for this patient to receive hospice services and certify, that based on the review of this patients medical history, this patient is suffering from a life limiting illness with a life expectancy of six months or less, if the disease runs it's normal course. [page 2 of 2] Physician Narratives: Brief narrative statement (review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for hospice services) 76 yo [year old] admitted to hospice with Alzheimer's dementia. Lives at home with support of [spouse]. ... Recent substantial decline in cognitive status and physical function. has had 23# [pound] wt [weight] loss in past 7 months, with current bmi 19. Minimal appetite and po</p> | | | |

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| | <p>[by mouth] intake. [spouse] assists with all ADL's [activities of daily living]. Current smoker, and has dyspnea with any exertion. Sleeps approx 20 hrs/day [hours per day]. Poor judgement, insight, and safety awareness. [spouse] exhibiting signs of caregiver stress. Hospice team approach during terminal decline is justified and desired by husband. ATTESTATION: I CONFIRM THAT I COMPOSED THE NARRATIVE ABOVE AND THAT IT IS BASED ON MY REVIEW OF THE PATIENTS MEDICAL RECORD AND/OR EXAMINATION OF THE PATIENT. Physician Signature (Electronically signed) [Employee E, medical director] Date Signed 9/12/2014 The attending physician and hospice medical director have been identified as the same person for this client Verbal Certification taken by agency representative: [non-employee BB] (electronically signed) Date: 08/01/2014 Licensed Professional: [non-employee CC, Registered nurse] (electronically signed) Date: 08/04/2014 Certification from medical director: [employee E, medical director] (electronically signed) Date: 09/12/2014."</p> <p>1. On 9/17/15 at 10:15 AM, non-employee B (acting administrator)</p> | | | |

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| | <p>indicated non-employee CC is a QA nurse that reviews the admission documentation, verifies the order came from the medical director and that the medical director's date matches the verbal order date, and then she approves the order.</p> <p>2. On 9/17/15 at 10:18 AM, non-employee B indicated non-employee's BB and CC are Michigan employees.</p> <p>3. On 9/23/15 at 2:15 PM, employee D (alternate administrator) indicated non-employee's BB and CC did not take the order from the physician.</p> <p>C. The record evidenced a start of care visit note dated 8/1/14 by employee C, Registered Nurse, stating, "Time: ... In-Home Time Began 08/01/2014 12:49 PM ... Documentation Time ... Completed 08/01/2014 05:57 PM ... [page 8 of 11] Indicate which medical director and date/time they were contacted about the admission of this patient to hospice services [Employee E, medical director] 8/1/14 at 5:30 PM Indicate who the primary physician is and what date/time they were contacted about the admission of this patient to hospice services [Employee E, medical director] 8/1/14 5:30"</p> | | | |

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| | <p>On 9/18/15 at 12:08 PM an interview with the admitting nurse (employee C) was conducted. The employee indicated going to the patient's home prior to August 1, 2014 to conduct an "Informational" at which time they "go over what hospice is, end of life care, the services that are available." The employee indicated being in training during the informational and at the time of admission on August 1, 2014 and employee O (registered nurse) was present also on this day. Employee C indicated not speaking to the medical director (employee E), which was also the patient's attending physician, but instead copy and pasted the narrative of her visit into an email and sent this to the medical director at 5:30 PM, during the completion of her documentation of the visit.</p> <p>D. The record evidenced the patient was assessed by employee E, medical director, in the physician's office on 8/7/14.</p> <p>E. The record evidenced the first IDG meeting was on 8/13/14.</p> <p>2. On 9/17/15 at 2:05 PM, non-employee B (acting administrator) indicated being unable to locate documentation of the</p> | | | |
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| L 0679 Bldg. 00 | <p>physician's review of the patient's clinical record prior to the verbal order for certification of terminal illness.</p> <p>418.104(b) AUTHENTICATION All entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice. Based on clinical record review, document review, policy review, and interview, the hospice failed to ensure all entries to the clinical record were appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice in 4 of 15 clinical records reviewed. (#4 and 9-11)</p> <p>Findings include:</p> <p>1. Clinical record #4, election and start of care date 8/1/14, evidenced a physician's verbal order stating, "Order Date: 8/1/2014 7:55 AM Order Type: Hospice Physician Verbal Order Order Description: May initiate hospice care path for the following symptoms if not contra-indicated or if patient is allergic to medications below ... Entered/Taken by (electronically signed): GREATLAKES GREATLAKES, Date: 08/01/2014</p> | L 0679 | All Hospice staff will be educated that all entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice. Hospice Administrator will be responsible for this and this will be completed by 11/6/2015. A weekly audit (Exhibit 7) will be completed on 100% of all Starts of Care to verify that no verbal orders, including CTI and Hospice Care Path are dated prior to admission and that all signature lines will contain a name and title of employee of Kokomo parent branch or it's associated branches. This audit will continue until 100% compliance is met for 4 consecutive weeks. Thereafter, this will be done quarterly at the quarterly chart audit. | 11/06/2015 |

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| | <p>Approved/Processed by (electronically signed): [employee JJ, Registered Nurse] Date: 08/03/2014 Licensed practitioner signature (electronically signed): [employee E, medical director] Date: 08/05/2014."</p> <p>B. The record evidenced a physician's verbal order stating, "Order Date: 8/1/2014 4:31 PM Order Type: Hospice CTI [Certification of Terminal Illness] Order Description: Physician Certification of Terminal Illness I give my consent for this patient to receive hospice services and certify, that based on the review of this patients medical history, this patient is suffering from a life limiting illness with a life expectancy of six months or less, if the disease runs it's normal course. [page 2 of 2] Physician Narratives: Brief narrative statement (review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for hospice services) 76 yo [year old] admitted to hospice with Alzheimer's dementia. Lives at home with support of [spouse]. ... Recent substantial decline in cognitive status and physical function. has had 23# [pound] wt [weight] loss in past 7 months, with current bmi 19. Minimal appetite and po [by mouth] intake. [spouse] assists with all ADL's [activities of daily living].</p> | | | |

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| | <p>Current smoker, and has dyspnea with any exertion. Sleeps approx 20 hrs/day [hours per day]. Poor judgement, insight, and safety awareness. [spouse] exhibiting signs of caregiver stress. Hospice team approach during terminal decline is justified and desired by husband. ATTESTATION: I CONFIRM THAT I COMPOSED THE NARRATIVE ABOVE AND THAT IT IS BASED ON MY REVIEW OF THE PATIENTS MEDICAL RECORD AND/OR EXAMINATION OF THE PATIENT. Physician Signature (Electronically signed) [Employee E, medical director] Date Signed 9/12/2014 The attending physician and hospice medical director have been identified as the same person for this client Verbal Certification taken by agency representative: [non-employee BB] (electronically signed) Date: 08/01/2014 Licensed Professional: [non-employee CC, Registered nurse] (electronically signed) Date: 08/04/2014 Certification from medical director: [employee E, medical director] (electronically signed) Date: 09/12/2014."</p> <p>1. On 9/17/15 at 10:15 AM, non-employee B (acting administrator) indicated non-employee CC is a QA nurse that reviews the admission</p> | | | |

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| | <p>documentation, verifies the order came from the medical director and that the medical director's date matches the verbal order date, and then she approves the order.</p> <p>2. On 9/17/15 at 10:18 AM, non-employee B indicated non-employee's BB and CC are Michigan employees.</p> <p>3. On 9/23/15 at 2:15 PM, employee D (alternate administrator) indicated non-employee's BB and CC did not take the order from the physician.</p> <p>2. Clinical record #9, election and start of care date 8/4/15, evidenced a physician's verbal order stating, "Order Date: 8/4/2015 8:35 AM Order Type: Hospice Physician Verbal Order Order Description: May initiate hospice care path for the following symptoms if not contra-indicated or if patient is allergic to medications below ... Entered/Taken by (electronically signed): GREATLAKES GREATLAKES, Date: 08/04/2015 Approved/Processed by (electronically signed): [employee A, Clinical Supervisor] Date: 08/05/2015 Licensed practitioner signature (electronically signed): [employee R, medical director] Date: 08/06/2015."</p> | | | |

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| | <p>On 9/23/15 at 10:40 AM, employee D (alternate administrator) indicated the "Greatlakes Greatlakes" signature is used at corporate office in Jackson, Michigan as a way to create the standing order with the referral but if the patient is never admitted, "it goes away."</p> <p>3. Clinical record #10, election and start of care date 7/16/15, evidenced a physician's verbal order stating, "Order Date: 7/16/2015 ... May initiate hospice care path ... Entered/Taken by (electronically signed): GREATLAKES GREATLAKES, Date: 07/16/2015 Approved/Processed by (electronically signed): [employee P, Registered Nurse] Date: 07/16/2015"</p> <p>On 9/22/15 at 4:40 PM, employee A (clinical supervisor) indicated "Greatlakes Greatlakes" orders are standing orders and are generated at admission.</p> <p>4. Clinical record #11, election and start of care date 8/7/15, evidenced a physician's verbal order stating, "Order Date: 08/07/2015 ... May initiate hospice care path ... Entered/Taken by (electronically signed): GREATLAKES GREATLAKES, Date: 08/07/2015</p> | | | |
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| NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING | STREET ADDRESS, CITY, STATE, ZIP CODE 3115 SOUTH WEBSTER STREET KOKOMO, IN 46902 |
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| | <p>Approved/Processed by (electronically signed): [employee A, clinical supervisor] Date: 08/11/2015"</p> <p>5. The hospice policy with an annual review date as March 2015 titled "Clinical Records/Medical Record Retention" states, "Policy statement: A clinical record will be maintained for every client receiving hospice services. ... Clinical records are legal documents containing comprehensive, accurate, and organized information concerning the client's health and emotional status, treatments, and services rendered by the health care team members. ... Purpose: To maintain an accurate record of the services provided by Hospice for each client. ... Procedure: Clinical Record: 1. A confidential clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every client receiving hospice services. 2. In addition to the plan of care, the clinical record shall contain appropriate identifying information, including, but not limited to: ... o. physician orders ... 7. Any person who gives client care and who is professionally involved in the management and/or coordination of client services may make an entry into the clinical record. The individual must date ... and sign the entry, complete with his</p> | | | |
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| L 0680 Bldg. 00 | <p>or her titled to authenticate an entry in the clinical record. ... "</p> <p>418.104(c) PROTECTION OF INFORMATION The clinical record, its contents and the information contained therein must be safeguarded against loss or unauthorized use. The hospice must be in compliance with the Department's rules regarding personal health information as set out at 45 CFR parts 160 and 164. Based on observation, facility document and policy review, personnel file review, and interview, the hospice failed to ensure the contents of the clinical records were safeguarded against unauthorized use in 15 of 15 records reviewed creating the potential to affect all 1,186 patient's of the hospice. (#1-15)</p> <p>Findings include:</p> <p>1. The facility policy with a review date of March 2015 titled "Patient Rights and Responsibilities" states, "Policy Statement: As a hospice provider, we have an obligation to protect your rights ... The patient has the right to the following: ... State of Indiana You have</p> | L 0680 | <p>Only staff that is employed by the Kokomo parent company and the branches associated with that parent will have access to review charts for QA purposes, write, receive or push orders. Only the bereavement coordinator or designee that is employed by the Kokomo parent company and the branches associated with that parent will have the ability to write a bereavement care plan and do the follow up associated with the bereavement care plan. Administrator or designee will complete an audit (exhibit 10) through our software Home Care Home base, to ensure that only those associated with the Kokomo parent company and branches associated with that parent have access to patients in HCHB. This will be completed by</p> | 11/13/2015 | |

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| | <p>the right: ... C. Standard: Rights of the patient The patient has a right to the following: ... 5. Have a confidential clinical record."</p> <p>2. The facility policy with a review date of March 2015 titled "Clinical Records, Medical Record Retention" states, "Policy Statement: A clinical record will be maintained for every client receiving hospice services. All client information shall be regarded as confidential and available only to authorized users. ... Procedures: Clinical record: 1. A confidential record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every client receiving hospice services."</p> <p>3. Clinical record #1, election and start of care date 12/23/14, was available for access by non-employee B (acting administrator).</p> <p>4. Clinical record #2, election and start of care date 2/28/14, was available for access by non-employee B.</p> <p>5. Clinical record #3, election and start of care date 2/26/15, was available for access by non-employee B.</p> <p>6. Clinical record #4, election and start</p> | | 11/13/15 and will continue weekly until 100% compliance is achieved. Thereafter, this will be repeated quarterly to ensure on going compliance. | | |

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| | <p>of care date 8/1/14, was available for access by non-employee B.</p> <p>A. The record contained a hospice certification and plan of care for certification period 8/1 to 10/29/14 stating, "23. Nurse's Signature and Date of Verbal SOC where applicable: (deemed as electronic signature) [employee C]/[non-employee F] 8/1/2014."</p> <p>On 9/18/15 at 12:15 PM, non-employee B (acting administrator) indicated non-employee F reviews the 485 "because of QA [quality assurance] and billing purposes because our nurses aren ' t licensed coders." Non-employee B indicated non-employee F is an employee in Jackson, Michigan and does not have an Indiana Nursing license.</p> <p>B. The record contained a physician's verbal order dated 8/1/14 stating, "Order Description: Physician Certification of Terminal Illness ... Verbal Certification taken by agency Representative: [non-employee BB] (electronically signed) Date: 08/01/2014 Licensed Professional: [non-employee CC, Registered Nurse] (electronically signed) Date 08/04/2014" The document was then electronically signed by the medical director, employee E, on 09/12/2014.</p> | | | |

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| | <p>1. On 9/17/15 at 10:15 AM, non-employee B (acting administrator) indicated non-employee CC is a QA nurse that reviews the admission documentation, verifies the order came from the medical director and that the medical director's date matches the verbal order date, and then she approves the order.</p> <p>2. On 9/17/15 at 10:18 AM, non-employee B indicated employee's BB and CC are Michigan employees.</p> <p>C. The document listing all personnel failed to evidence non-employee's F, BB, and CC as personnel from the Kokomo, IN office or any listed branches.</p> <p>7. Clinical record #5, date of death 3/26/15, was available for access by non-employee B.</p> <p>8. Clinical record #6, election and start of care 3/12/13 and date of death 8/5/14, was available for access by non-employee B.</p> <p>A. The record evidenced a bereavement careplan report created 8/11/14 by non-employee V.</p> | | | |
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| | <p>B. On 9/17/15 at 2:30 PM, an interview with employee G (bereavement coordinator) was conducted. The employee indicated this bereaved individual had an initial contact via telephone call by non-employee V and a voicemail was left and was unable to locate documentation of any mailings being sent to the individual. Employee G indicated non-employee V is the bereavement coordinator located in Jackson, Michigan.</p> <p>C. On 9/23/15 at 4:15 PM, employee KK (human resources) indicated non-employee V is "not an employee" and is "located in Jackson" Michigan."</p> <p>9. Clinical record #7, election and start of care 11/23/14 and date of death 12/3/14, was available for access by non-employee B.</p> <p>A. The record evidenced a bereavement careplan report created 12/10/14 by non-employee I.</p> <p>B. On 9/23/15 at 3:50 PM, employee KK (human resources) indicated non-employee I is an employee at a Michigan hospice.</p> <p>10. Clinical record #8, election and start of care 3/18/14 and date of death 3/28/14,</p> | | | |

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| | <p>was available for access by non-employee B.</p> <p>A. The record evidenced a bereavement careplan report created 4/1/14 with a modification date as 10/14/14 by non-employee I.</p> <p>B. On 9/23/15 at 3:50 PM, an interview with employee KK (human resources) was conducted. The employee indicated non-employee I works at a hospice in Eastern Michigan.</p> <p>11. Clinical record #9, election and start of care 8/4/15, was available for access by non-employee B.</p> <p>The record contained a physician's verbal order dated 8/4/15 stating, "Order Description: Physician Certification of Terminal Illness ... Verbal Certification taken by agency Representative: [non-employee BB] (electronically signed) Date: 08/04/2015 Licensed Professional: [non-employee CC, Registered Nurse] (electronically signed) Date 08/05/2015" The document was then electronically signed by the medical director, employee R, on 08/16/15.</p> <p>12. Clinical record #10, election and start of care 7/16/15, was available for access by non-employee B.</p> | | | |

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| | <p>The record contained a hospice certification and plan of care for certification period 7/16 to 10/13/15 stating, "23. Nurse's Signature and Date of Verbal SOC where applicable: (deemed as electronic signature) [employee ZZ]/[non-employee AAA] 7/16/2015."</p> <p>On 9/22/15 at 5:12 PM, employee D (alternate administrator) indicated non-employee AAA is a Michigan corporate employee that generates the 485. The alternate administrator stated, "She just locks it. She has access to the 485 for coding purposes."</p> <p>13. Clinical record #11, election and start of care 8/7/15, was available for access by non-employee B.</p> <p>14. On 9/18/15 at 12:20 PM, non-employee B indicated he/she is the administrator of a hospice facility in Michigan and has access to all clinical records in Indiana "because I am an administrator."</p> <p>A. The document listing all hospice personnel failed to list non-employee B as a hospice staff member.</p> <p>B. Personnel file for non-employee B</p> | | | |
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| L 0783 Bldg. 00 | <p>failed to evidence the non-employee was a staff member of the Indiana hospice.</p> <p>On 9/23/15 at 3:15 PM, non-employee B indicated being a regional director over Michigan hospice locations.</p> <p>15. On 9/23/15 at 1:55 PM, it was observed through employee A's (clinical supervisor) access into the electronic medical record (EMR), the clinical supervisor had access to all Hospice and Home Health agency patients of Indiana and Michigan. The clinical supervisor indicated she was not an employee of the Home Health Agency.</p> <p>On 9/23/15 at 1:56 PM, employee D (alternate administrator) indicated not knowing why the clinical supervisor had access to Michigan patient's clinical records or why the Home Health agency patient's records were accessible through the EMR to this employee.</p> <p>Based on personnel file review and interview, the hospice failed to ensure all professionals furnishing services directly,</p> | L 0783 | Education and Audits will ensue. Details will be found in Tags L 0784 and L 0796 | 11/06/2015 | |

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| L 0784 Bldg. 00 | <p>under an individual contract, or under arrangements with a hospice, were legally authorized in accordance with applicable federal, state and local laws, and acted only within the scope of his or her State license, or State certification, or registration in 10 of 24 personnel files reviewed (See L 784); and failed to ensure criminal background checks were obtained in accordance with State requirements in 1 of 24 personnel files reviewed (See L 796).</p> <p>The cumulative effect of these systemic problems resulted in the hospice ' s inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.114 Personnel Qualifications.</p> <p>418.114(a) PERSONNEL QUALIFICATION Except as specified in paragraph (c) of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times. Based on personnel file review and</p> | L 0784 | The person observing the new | 11/06/2015 |

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| | <p>interview, the hospice failed to ensure all professionals furnishing services directly, under an individual contract, or under arrangements with a hospice, were legally authorized in accordance with applicable federal, state and local laws, and acted only within the scope of his or her State license, or State certification, or registration in 10 of 24 personnel files reviewed creating the potential to affect all patients of the hospice. (employees A-D, F-I, K-L)</p> <p>Findings include:</p> <p>1. Personnel file for employee A (Registered nurse, clinical supervisor), date of hire 11/12/12, evidenced a document titled "Competency based skills orientation checklist for Registered Nurse (Hospice)" stating, "Module 6-10 (Day 6-10) Will be spent in field with Mentor ... Disposal of sharps/wastes Preceptor Evaluator Name [initials of non-employee LL] ... '12/10/12' ... Observe Admission Preceptor [initials of non-employee LL] ... '12-10-12'" The file evidenced non-employee initialed as the evaluator for the following on 12/10/12; Observe Recertification, Observe Death visit, Observe Discharge, Communicate with family and other caregivers at their level of understanding, communicate with physician, supervisor,</p> | | <p>employee will be employed by the Kokomo parent company or its associated branches and will sign the orientation check list for all disciplines. The hospice administrator will be responsible and this will be in effect by 11/06/15. A weekly audit (Exhibit 8) will be conducted on 100% of new employees orientation checklist to ensure that the person observing the new employee has signed the orientation check list and is an employee of the Kokomo parent company or its associated branches. This audit will continue until 100% compliance has been reached for 4 consecutive weeks. Thereafter, this will be done at a annual personnel record review.</p> | | |

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| | <p>other disciplines, and peers per agency policy and procedure, IV starts, Oxygen Administration, Titration and conversion on analgesic dosage, alternative pain management technique, and demonstrates knowledge of the death and dying process.</p> <p>On 9/23/15 at 3:06 PM, employee KK (human resources) indicated non-employee LL is a registered nurse. Employee KK indicated non-employee LL resides in Michigan and is unsure how he was able to monitor employee A's progress.</p> <p>2. Personnel file for non-employee B (acting administrator) failed to evidenced orientation to the job (specific to the Indiana Hospice), failed to evidence an Indiana Registered Nurse License, and failed to evidence an Indiana Criminal Background check.</p> <p>On 9/23/15 at 3:15 PM, employee KK indicated non-employee B is a hospice regional director in Michigan.</p> <p>3. Personnel for employee C (Registered nurse), date of hire 7/14/14, evidenced a document titled "Competency based skills orientation checklist for Registered Nurse (Hospice)" stating, "Demonstrate/observe ... Titration and</p> | | | | |

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| | <p>conversion on analgesic dosage Mentor [initials of non-employee LL] ... '8-19-14'" The file evidenced non-employee LL initialed as the evaluator for the following on 8/19/14; alternative pain management technique, enclara, careplanning, IDG POC update documentation, and nursing participation in IDG.</p> <p>On 9/23/15 at 3:19 PM, employee KK indicated non-employee is not local and should not be documenting as observing employee C's skills.</p> <p>4. Personnel file D (alternate administrator) failed to evidenced orientation to the job (specific to the Indiana Hospice).</p> <p>5. On 9/23/15 at 3:46 PM, employee KK indicated non-employee F was not an employee of the Kokomo, IN office and works in Jackson, MI at the corporate office.</p> <p>6. Personnel file G (bereavement coordinator), date of hire 2/9/15, evidenced a competency skills checklist with the evaluators initials as "PB."</p> <p>On 9/23/15 at 3:50 PM, employee KK indicated the initials was not an employee of the hospice and works in</p> | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151591 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 09/24/2015 |
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| NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING | STREET ADDRESS, CITY, STATE, ZIP CODE 3115 SOUTH WEBSTER STREET KOKOMO, IN 46902 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|---|---------------|---|----------------------|
| | <p>Michigan.</p> <p>7. Personnel file H (medical social worker), date of hire 4/6/15, evidenced a competency skills checklist with the evaluators initials as "PB." This person signed the document under "Preceptor."</p> <p>8. On 9/23/15 at 3:55 PM, employee KK indicated non-employee I was not an employee of the Kokomo, IN office and works in eastern Michigan.</p> <p>9. Personnel file K (spiritual counselor), date of hire 4/6/15, evidenced a competency skills check list with evaluators initials as "S.W." This person signed the document under "Preceptor."</p> <p>On 9/23/15 at 4 PM, employee KK indicated the initials was not for an employee of the Kokomo, IN hospice and works in Michigan.</p> <p>10. Personnel file for employee L (administrator), date of hire 11/25/08, evidenced a preceptor for orientation was non-employee LL.</p> | | | |

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|--------------------|--|---------------|--|----------------------|
| L 0796 Bldg. 00 | <p>418.114(d)(2) CRIMINAL BACKGROUND CHECKS 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 personnel file review and interview, the hospice failed to ensure criminal background checks were obtained in accordance with State requirements in 1 of 24 personnel files reviewed. (employee D)</p> <p>Findings include:</p> <p>Personnel file D (alternate administrator) failed to evidence an Indiana state criminal background check had been completed on hire.</p> <p>On 9/23/15 at 3:35 PM, employee KK indicated the personnel file for employee D had a Michigan state criminal background check but did not contain an Indiana State background check.</p> | L 0796 | <p>All employees of the Kokomo parent and its associated branches will have an Indiana criminal background check. Administrator is responsible for this and it will be completed by 11/13/15. Administrator or designee will complete an audit weekly (Exhibit 13) on 100% of all employees for the Kokomo parent and its associated branches to ensure an Indiana criminal background check has been completed until 100% compliance is achieved. Thereafter, this will be done quarterly to ensure ongoing compliance.</p> | 11/13/2015 |