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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>151518 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/22/2012 |
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| L0000              | <p>This was a federal and state hospice complaint investigation survey.</p> <p>Complaint #: IN00099245 -<br/>Substantiated: Federal and state deficiencies are cited. Unrelated deficiencies are also cited.</p> <p>Facility #; 005939</p> <p>Survey Date: 3-22-12</p> <p>Medicaid Vendor #: 200141390A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>March 29, 2012</p> | L0000         | <p>VNA Plus ("the Agency") hereby submits its Plan of Correction pursuant to the State and Federal rules and regulations governing the licensing and certification of hospice providers. It is the Indiana State Department of Health's ("ISDH") and the Centers for Medicare and Medicaid Services' ("CMS") stated position that an agency submitting a Plan of Correction ("POC") must respond to each alleged violation, regardless of whether the agency denies or disagrees with a factual or legal allegation contained in the survey. It is ISDH's and CMS's position that even if the agency has requested Informal Dispute Resolution ("IDR") and has set forth specific grounds for its disputes, the agency must still provide a POC for each disputed tag. It is ISDH's position and CMS's position that failure to provide the POC may result in fines, probations, or loss of the Agency's license.</p> <p>In order to comply with these procedural requirements, the Agency has responded to each alleged deficiency below. These responses are made only for informational purposes of establishing the Agency's compliance, and do not constitute an admission or agreement with the allegations contained in the survey. The Agency denies any</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>and all wrong doing and/or liability arising out of or relating to those factual or legal allegations contained in the survey dated March 22, 2012.</p> <p>The Agency also notes for the record that ISDH has taken the position that administrative and legal review is unavailable to home health agencies that disagree with a survey, and routinely denies such requests. Thus the Agency has no ability to challenge the survey before an objective finder of fact and law.</p> <p>This being said, no admission of guilt or concession of agreement should be implied by the lack of administrative or other appeal in this instance by the Agency or by the descriptions of means to correct the alleged and disputed deficiencies. To the extent that such legal or administrative appeal becomes available to the Agency at a later time, the Agency hereby reserves the right to pursue all formal and informal administrative, civil, and legal processes available in contesting the allegations contained in this survey.</p> |                      |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>151518 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | X3) DATE SURVEY COMPLETED<br><br>03/22/2012 |
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| L0503                                                                  | <p>418.52(a)(2)<br/>NOTICE OF RIGHTS AND RESPONSIBILITIES</p> <p>(2) The hospice must comply with the requirements of subpart I of part 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law.</p> <p>Based on clinical record and hospice policy review and interview, the hospice failed to ensure it had followed its own advance directive policy in 1 (# 4) of 5 records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The hospice's December 2010 "Advance Directive Policy" states, "Patients/clients will be asked if they have executed advance directives. This information will become a part of the patient's client's medical record. A copy of any executed advance directives will be requested, and if received, will be placed in the patient/client's medical record at VNA Plus.</li> <li>2.. Clinical record number 4 evidenced the patient had been admitted to the inpatient hospice center on 3-5-12. The record included an initial comprehensive assessment dated 3-5-12 that identified the patient had executed an advance directive. The record failed to evidence</li> </ol> | L0503                                                           | The Operations/Hospice Managers will re-educate staff regarding the Agency Advance Directive Policy, specifically documenting in the patient record that a copy of any advance directive will be requested and if received, will be placed in the patient/client's medical record at VNA Plus. To keep this deficiency from recurring, the Operations/Hospice Managers will review a sample of patient records to ensure that requests for any advance directives are documented. The Executive Director will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur. | 04/21/2012           |                                             |

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|                    | <p>the hospice had requested a copy of the advance directive to be placed in the medical record.</p> <p>3. The hospice director, employee A, stated, on 3-22-12 at 2:00 PM, "There is no documentation in the record a copy of the advance directive was requested."</p> |               |                                                                                                                 |                      |

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| L0543              | <p>418.56(b)<br/>PLAN OF CARE<br/>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 and hospice policy review and interview, the hospice failed to ensure skilled nursing services had been provided in accordance with the written plan of care in 1 (# 5) of 5 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 5 included a plan of care established by the interdisciplinary team (IDT) on 8-27-11. The plan of care identified the hospice registered nurse was to provide services 1 time per week. The plan of care states, "Assess body systems R/T [related to] disease process/meds . . . Other: J tube VNA protocol with . . . tube feeding."</p> <p>A. The record included an initial physical assessment completed by the registered nurse, employee C, on 8-27-11, that states, "Has terminal lung CA [cancer] with esophageal stenosis and is one day post op placement of J tube and starting tube fdings [feedings] . . . recent</p> | L0543         | The Operations/Hospice Managers will re-educate staff that skilled nursing services will be provided in accordance with the written plan of care. To keep this deficiency from recurring, Operations/Hospice Managers will review a sample of patient records to ensure that skilled nursing services are being provided in accordance with the written plan of care. The Executive Director will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur. | 04/21/2012           |

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|                                                                        | <p>surgery new enteral feeding Jevity 1.5 at 42 cc hr [cubic centimeters per hour] thru J tube . . . J tube in place, with several stiches [sic], no redness or drainage."</p> <p>B. Skilled nurse visit notes, dated 8-30-11, 9-9-11, 9-12-11, and 9-16-11, failed to evidence the nurse had assessed the J tube insertion site.</p> <p>C. A skilled nurse visit note dated 9-23-11 evidenced the patient had been to the hospital emergency room on 9-18-11 for reinsertion of the J tube. The note states, "Was seen in ER on 9/18/11 for G-tube re-insertion by Dr. [name of physician] [the patient] thinks was the surgeon's name. Has 14 Fr G-tube in place now."</p> <p>The note failed to evidence the nurse had assessed the J tube insertion site during the visit.</p> <p>D. A skilled nurse visit note dated 9-27-11 evidenced the nurse had difficulty flushing the J tube and had contacted the physician. The note evidenced the nurse had changed the dressing around the feeding tube site with "no redness noted."</p> <p>E. Skilled nurse visit notes, dated 10-4-11, 10-11-11, and 10-18-11, failed</p> |                                                                 |                                                                                                                 |                                                                                  |  |                                             |  |

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|                                                                        | <p>to evidence the nurse had assessed the feeding tube insertion site.</p> <p>F. A skilled nurse visit note dated 10-25-11 states, "Patient reports last Friday AM upon awakening was wet all over and noted that [the patient's] G-tube was completely out. [The patient] says called [adult child] and was taken to PCMH [hospital] where two nurses put current tube in. It appears to be foley catcher. [The patient] says MD checked for placement and then was sent to Owensboro and they did Xray and sutured the G tube in place but those sutures are already gone."</p> <p>G. A skilled nurse visit note dated 10-26-11 evidenced the patient's temperature was 101.8 degrees and the patient experienced pain "around J tube insertion site." The note states, "Pt c/o [complained of] soreness at J tube site. Area around J tube is red there is a large amt [amount] of purulent greenish yellow drainage from around J tube, Pt has a temp of 101.8, states has had nausea past few days. Pt wants to go to ER, pt agreed to revoke hospice benefit."</p> <p>2. The hospice operations manager, employee B, indicated, on 3-22-12 at 2:15 PM, the nurse had not assessed the J tube insertion site each visit.</p> |                                                                 |                                                                                                                 |                      |                                             |

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|                    | <p>3. The hospice's November 2004 "Plan of Care (POC)" policy states, "A written plan of care is established and maintained for each patient admitted to the Hospice program. Care provided to the patient will be in accordance with the plan."</p> <p>4. The hospice's November 2004 "Nursing Services" policy states, "Nursing services are provided in accordance with . . . the plan of care."</p> |               |                                                                                                                 |                      |