

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151581	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/03/2014
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NAME OF PROVIDER OR SUPPLIER BLUE SKIES HOSPICE INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 2714 169TH ST HAMMOND, IN 46323
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L000000	<p>This visit was for a Hospice federal and state complaint investigation survey.</p> <p>Complaint IN # 139308: Substantiated - No deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Survey date: 1/2/14 and 1/3/14</p> <p>Facility #: 3611</p> <p>Medicaid Vendor: 200440920</p> <p>Surveyor: Ingrid Miller, RN, Public Health Nurse Surveyor</p> <p>Census: 6 active patients 50 skilled unduplicated admissions in past 12 months</p>	L000000		
L000552	<p>418.56(d) REVIEW OF THE PLAN OF CARE The hospice interdisciplinary group (in collaboration with the individual's attending physician, (if any) must review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.</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>Based on policy review, clinical record review, and interview, the hospice interdisciplinary group failed to collaborate with the individual's attending physician 1 of 1 closed clinical record reviewed of patients with an attending physician (#2) with the potential to affect any patients with an attending physician.</p> <p>Findings</p> <p>1. Clinical record #2, start of care 10/16/13, included an initial plan of care / physician orders for the benefit period of 10/16/13 - 1/13/14. The medical director, Employee C, had signed this document on 10/16/13. The clinical record and plan of care evidenced the patient's attending physician had not signed this plan of care.</p> <p>2. On 1/3/14 at 12:30 PM, the director of nursing indicated the attending physician had not signed the patient's initial plan of care.</p> <p>3. The hospice policy titled "Attending Physician Role" with an effective date of 12/2/08 stated, "The interdisciplinary team sends the plan of care to the attending physician for review and signature."</p>	L000552	<p>Tag L552 418.56(d) Standard: Review of the Plan of careHospice Policy: Attending Physician Role; Subsection: Interdisciplinary Team Coordination; Point 3 stating: "The physician and the hospice interdisciplinary team collaborate in changing the Plan of Care. Team members tell the attending physician (if any) about any changes in the patient's status." Will be updated to include the wording, " Updates will occur no less than every 15 days." 10% of clinical records will be audited quarterly for evidence that the attending physician (if any) is updated about changes in patient's status no less than every 15 days. The clinical manager will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	01/15/2014			

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L000629	<p>418.76(h)(1)(i) SUPERVISION OF HOSPICE AIDES (I) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit. Based on interview and review of clinical records and agency documents, the agency failed to ensure the supervision of the hospice aide was completed by a registered nurse every 14 days in 1 of 3 records reviewed (#2) when hospice aides provided services for more than 14 days with the potential to affect all of the hospice patients with aide services.</p> <p>The findings include</p> <p>1. Clinical record #2, start of care 10/16/14, included services by the registered nurse and hospice aide.</p> <p>a. The record evidenced service was provided by the hospice aide 3 times a week from 10/16/13 - 12/25/13. The record evidenced a supervisory visit was completed by the registered nurse, Employee D, on 11/9/13 and 11/30/13,</p>	L000629	<p>L 629 The clinical manager presented a repeat of "August 30, 2013 Self Study In-service" as a mandatory in-service for all hospice nurses and hospice aides on January 15, 2014 at 5PM. Hospice Policy: Patient's Response to Treatment; Section entitled 'Procedures' was amended to include the following statement; "Nurse to make an onsite visit to the patient's home no less than every 14 days to assess the quality of care and services provided by the hospice aide and ensure these services meet the patient's needs." 10% of all clinical records will be audited quarterly for evidence that hospice aide supervision is no less than every 14 days. The Clinical manager will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	01/15/2014
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	<p>not every 14 days as required.</p> <p>b. On 1/3/14 at 12:56 PM, Employee B, the director of nursing, indicated the supervision of the hospice aide was not completed by the registered nurse.</p> <p>c. On 1/3/14 at 2:05 PM, Employee B indicated there is no policy that hospice aides will be supervised every two weeks. However, an inservice was conducted last summer which included teaching on the federal regulation that the hospice aide supervision be completed by the registered nurse every 2 weeks.</p> <p>2. The agency document titled "Self Study Inservice August 30, 2013 Memo to Hospice Aides and Nurses" with a date of August 30, 2013, stated, "Supervision of hospice aide follows 1.) An RN must make an on-site visit to the patient's home [i] no less frequently that every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice IDG meet the patient's needs. The hospice aide does not have to be present during this visit."</p> <p>3. The agency document titled "Inservice 8/30/13 Topic Hospice aides</p>				

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L000651	<p>assignments duties and supervision" stated, "Presenter [Employee B] and included the signatures of Employee D, Registered Nurse, Employee H, Registered Nurse, Employee I, Registered Nurse, and Employee J, Hospice Aide.</p> <p>418.100(b) GOVERNING BODY AND ADMINISTRATOR A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.</p> <p>Based on observation, interview, and document review, the governing body failed to follow the notification protocols in the SOM by notifying the state agency of a location change for the hospice for 1 of 1 hospice reviewed with the potential to affect all the hospice's patients.</p> <p>Findings</p>	L000651	The state was notified of the address change and CMS was notified of the address change via PECOS.A policy was developed on change of address and board members and staff members were inserviced on 01/08/2013.See policy below1/16/2014 Blue Skies Hospice Policy on address change location within the same county When relocating within the same county Blue Skies Hospice will submit the following information and/or	01/08/2014

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	<p>1. On 1/2/14 at 10 AM, the location at 2714 169th Street in Hammond, Indiana, was observed to not be open for business.</p> <p>2. On 1/2/14 at 10:50 AM, the hospice was called via phone. Employee E answered and indicated the hospice had relocated to 649 Mulberry Street in Hammond.</p> <p>3. On 1/2/14 at 11 AM, the location at 649 Mulberry Street was observed to have a sign on the front door which stated, "Blue Skies Hospice." Employee E, administrative assistant, and Employee B, director of nursing, were observed inside the hospice.</p> <p>4. On 1/2/14 at 11:15 AM, Employee B, the director of nursing, indicated the hospice had relocated about two weeks ago. All records from the old location had been moved over to the new location. Employee B was unaware if the state department had been notified of the move.</p> <p>5. On 1/2/14 at 1 PM, Employee A, the administrator indicated sending an update of the move to the state on 12/14/13 (see finding #6 and #8 below). However, there was no fax documents to show that this had occurred.</p>		<p>documentation: A letter on Blue Skies Hospice letterhead to relocate within the same county to include the following: • The agency's license number. • The address of the organization is requesting to relocate. Include the organizations name, complete address, city, county, state, zip code and telephone number. • The new location, complete address, city, county, state, zip code, and telephone number. • Effective date of the change. • Signature of administrator on the letter Blue Skies will file an 855a with our Fiscal Intermediary or provide updated information in the PECOS system. The administrator is responsible for correcting this deficiency. To prevent this from recurring the board meeting minutes will be audited by the governing body annually and provider information would be audited quarterly.</p>				

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	<p>6. A hospice document with a date of 12/16/14 on the hospice stationary evidenced that the hospice had changed locations on 12/16/13. This document was signed by Employee A, administrator.</p> <p>7. On 1/2/14 at 1:10 PM, the administrator indicated the state was updated on the new location today. The administrator indicated that CMS had not been updated on the new location yet.</p> <p>8. A second document with a date of 12/16/13 on the hospice stationary evidenced the hospice had changed locations on 12/16/13. This document was signed by Employee A, Administrator.</p>				