

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151547		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/01/2012	
NAME OF PROVIDER OR SUPPLIER HANCOCK MEMORIAL HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 1560B STATE ST GREENFIELD, IN 46140			
(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			
L0000	<p>This visit was for the addition of an inpatient hospice center.</p> <p>Dates: January 31 and February 1, 2012</p> <p>Facility #: 9173</p> <p>Medicaid #: 200192200A</p> <p>Surveyors: Bridget Boston, RN Public Health Nurse Surveyor Susan E. Sparks, RN Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 7, 2012</p>	L0000					

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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L0733	<p>The hospice must maintain an infection control program that protects patients, staff and others by preventing and controlling infections and communicable disease as stipulated in §418.60.</p> <p>Based on document review and interview, the hospice failed to ensure the inpatient hospice unit had a infection control program in 1 of 1 in-centers reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of agency documents failed to evidence an infection control program for the inpatient unit. 2. On February 1, 2012, at 4 PM, employee M indicated the hospice did not have an infection control program for the inpatient hospice. 	L0733	<p>Correction and Prevention: Implemented Inpatient Hospice Infection Control Program supported by a written Inpatient Hospice Infection Control Plan (Attachment # 9). The program is designed to protect patient, families, associates, and others from infections and communicable diseases. The Plan takes into account prevention, early detection, control, education, and investigation of communicable diseases. The Infection Control Program will be evaluated on an annual basis and corrective actions taken when necessary. Person Responsible: Crissa Mulkey, RN, Clinical Supervisor</p>	03/02/2012	