

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151550	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/17/2014
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NAME OF PROVIDER OR SUPPLIER  PULASKI MEMORIAL HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 616 E 13TH ST WINAMAC, IN 46996
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L000000	<p>This visit was for a hospice federal recertification and state relicensure survey.</p> <p>Survey dates: July 15 - 17, 2014</p> <p>Facility #: 9450</p> <p>Medicaid Vendor #: 200131990A</p> <p>Surveyors: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor Deborah Franco, RN, Public Health Nurse Surveyor Observer</p> <p>Total census: 0 active patients 15 patients in past year</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 22, 1014</p>	L000000		
L000505	<p>418.52(b)(1) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON</p> <p>(1) The patient has the right:</p> <p>(i) To exercise his or her rights as a patient of the hospice;</p> <p>(ii) To have his or her property and person treated with respect;</p> <p>(iii) To voice grievances regarding treatment</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>or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice; and (iv) To not be subjected to discrimination or reprisal for exercising his or her rights.</p> <p>Based on document and clinical record review and interview, the hospice failed to ensure the patient was provided accurate information and was knowledgeable regarding how to call the Indiana State Department of Health's toll free number for voicing complaints for 11 of 11 records reviewed (1 - 11).</p> <p>Findings</p> <p>1. The facility policy titled "Pulaski Memorial Home Health and Hospice Hospice Patient Rights" with no effective date stated, "Medicare Provides a toll free HHC [home health care] hotline at 1 -800 - 227 - 6334 to receive complaints or questions about Medicare Certified Home Health &amp; Hospice organizations and Advanced Directives." The phone number identified in this policy was for the Indiana State Department of Health and not Medicare.</p> <p>2. The facility document titled "Patient Memorial Home Health &amp; Hospice Hospice Patient Rights" with no effective</p>	L000505	L0505 On 071714 Pulaski Memorial Hospice Patient Rights form was amended to state: You have the right to be advised of the availability of the toll-free Indiana State Department of Health hotline. Anyone may call 1-800-227-6334 to voice a complaint and answer questions concerning Medicare certified hospice agencies and advanced directives.A copy of the Patient Rights was given to the surveyors on 071714.	07/17/2014	

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	<p>date stated, "Medicare Provides a toll free HHC [home health care] hotline at 1 -800 - 227 - 6334 to receive complaints or questions about Medicare Certified Home Health &amp; Hospice organizations and Advanced Directives." The phone number identified in this document was for the Indiana State Department of Health and not Medicare.</p> <p>3. On 7/17/14 at 9:30 AM, Employee A, the director of the hospice, indicated the phone number of the Indiana State Department of Health had been listed as the Medicare number in error.</p> <p>4. Clinical record #1, Start of Care (SOC) 5/12/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 5/12/14. This document evidenced the patient had received the patient rights on 5/12/14.</p> <p>5. Clinical record #2, SOC 4/2/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient on 4/2/14. This document evidenced the patient had received the patient rights on 4/2/14.</p> <p>6. Clinical record #3, SOC 2/3/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient</p>			

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	<p>on 2/3/14. This document evidenced the patient had received the patient rights on 2/3/14.</p> <p>7. Clinical record #4, SOC 3/11/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient's representative on 3/11/14. This document evidenced the patient had received the patient rights on 3/11/14.</p> <p>8. Clinical record #5, SOC 5/15/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 5/15/14. This document evidenced the patient had received the patient rights on 5/15/14.</p> <p>9. Clinical record #6, SOC 2/26/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 2/26/14. This document evidenced the patient had received the patient rights on 2/26/14.</p> <p>10. Clinical record #7, SOC 3/7/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient's representative on 3/7/14. This document evidenced the patient had received the patient rights on 3/7/14.</p> <p>11. Clinical record #8, SOC 12/9/13 evidenced a document titled "Hospice</p>			

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	<p>Consent to Care" and signed by the patient's caregiver on 12/9/13. This document evidenced the patient had received the patient rights on 12/9/13.</p> <p>12. Clinical record #9, SOC 9/11/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 9/11/13. This document evidenced the patient had received the patient rights on 9/11/13.</p> <p>13. Clinical record #10, SOC 10/26/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 10/26/13. This document evidenced the patient had received the patient rights on 10/26/13.</p> <p>14. Clinical record #11, SOC 9/27/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 9/27/13. This document evidenced the patient had received the patient rights on 9/27/13.</p>			

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L000506	<p>418.52(b)(2) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON (2) If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf.</p> <p>Based on document and clinical record review, the hospice failed to ensure the patient was informed of the right for someone appointed by the court to act on the patient's behalf if the patient was found to be incompetent under law for 11 of 11 clinical records (1 - 11) reviewed.</p> <p>Findings</p> <p>1. The facility policy titled "Pulaski Memorial Home Health and Hospice Hospice Patient Rights" with no effective date failed to evidence the patient was to be informed of the right for someone appointed by the court to act on the patient's behalf if the patient was found to be incompetent under law.</p>	L000506	L0506 On 071714 Pulaski Memorial Hospice Patient Bill of Rights was amended to state: If you have been adjudged incompetent under state law by a court of proper jurisdiction, your rights are exercised by the person appointed pursuant to state law to act on your behalf.A copy of the amended Patient Rights was given to the surveyors on 071714.	07/17/2014	

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	<p>2. The facility document titled "Patient Memorial Home Health &amp; Hospice Hospice Patient Rights" with no effective date failed to evidence the patient was to be informed of the right for someone appointed by the court to act on the patient's behalf if the patient was found to be incompetent under law.</p> <p>3. Clinical record #1, Start of Care (SOC) 5/12/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 5/12/14. This document evidenced the patient had received the patient rights on 5/12/14.</p> <p>4. Clinical record #2, SOC 4/2/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient on 4/2/14. This document evidenced the patient had received the patient rights on 4/2/14.</p> <p>5. Clinical record #3, SOC 2/3/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient on 2/3/14. This document evidenced the patient had received the patient rights on 2/3/14.</p> <p>6. Clinical record #4, SOC 3/11/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient's</p>			

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	<p>representative on 3/11/14. This document evidenced the patient had received the patient rights on 3/11/14.</p> <p>7. Clinical record #5, SOC 5/15/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 5/15/14. This document evidenced the patient had received the patient rights on 5/15/14.</p> <p>8. Clinical record #6, SOC 2/26/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 2/26/14. This document evidenced the patient had received the patient rights on 2/26/14.</p> <p>9. Clinical record #7, SOC 3/7/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient's representative on 3/7/14. This document evidenced the patient had received the patient rights on 3/7/14.</p> <p>10. Clinical record #8, SOC 12/9/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 12/9/13. This document evidenced the patient had received the patient rights on 12/9/13.</p> <p>11. Clinical record #9, SOC 9/11/13 evidenced a document titled "Hospice</p>			

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L000507	<p>Consent to Care" and signed by the patient on 9/11/13. This document evidenced the patient had received the patient rights on 9/11/13.</p> <p>12. Clinical record #10, SOC 10/26/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 10/26/13. This document evidenced the patient had received the patient rights on 10/26/13.</p> <p>13. Clinical record #11, SOC 9/27/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 9/27/13. This document evidenced the patient had received the patient rights on 9/27/13.</p> <p>418.52(b)(3) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON (3) If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.</p> <p>Based on document and clinical record review, the hospice failed to ensure the patient was informed of the right to appoint a person to exercise the patient's rights for 11 of clinical records reviewed</p>	L000507	L0507 On 071714 Pulaski Memorial Hospice Patient Rights was amended to state: If you are incapable of consenting and directing your medical care, and had an appointed guardian, the hospice will follow the direction(s)	07/17/2014

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	(1 - 11).  Findings  1. The facility policy titled "Pulaski Memorial Home Health and Hospice Hospice Patient Rights" with no effective date failed to evidence the patient was informed of the right to appoint a person to exercise the patient's rights.  2. The facility document titled "Patient Memorial Home Health & Hospice Hospice Patient Rights" with no effective date failed to evidence that the patient was informed of the right to appoint a person to exercise the patient's rights.  3. Clinical record #1, Start of Care (SOC) 5/12/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 5/12/14. This document evidenced the patient had received the patient rights on 5/12/14.  4. Clinical record #2, SOC 4/2/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient on 4/2/14. This document evidenced the patient had received the patient rights on 4/2/14.  5. Clinical record #3, SOC 2/3/14		of your guardian. If you have a designated health care representative, hospice will follow the direction(s) of your care representative. Each patient has the right to have family involved in decision making as appropriate, concerning your care, treatment, and services, when approved by you or your surrogate decision maker and allowed by law. Copy of amended patient rights given to surveyors on 071714.		

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	<p>evidenced a document titled "Hospice Consent to Care" . signed by the patient on 2/3/14. This document evidenced the patient had received the patient rights on 2/3/14.</p> <p>6. Clinical record #4, SOC 3/11/14 evidenced a document titled "Hospice Consent to Care" . signed by the patient's representative on 3/11/14. This document evidenced the patient had received the patient rights on 3/11/14.</p> <p>7. Clinical record #5, SOC 5/15/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 5/15/14. This document evidenced the patient had received the patient rights on 5/15/14.</p> <p>8. Clinical record #6, SOC 2/26/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 2/26/14. This document evidenced the patient had received the patient rights on 2/26/14.</p> <p>9. Clinical record #7, SOC 3/7/14 evidenced a document titled "Hospice Consent to Care" and signed by the patient's representative on 3/7/14. This document evidenced the patient had received the patient rights on 3/7/14.</p>			

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L000521	<p>10. Clinical record #8, SOC 12/9/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 12/9/13. This document evidenced the patient had received the patient rights on 12/9/13.</p> <p>11. Clinical record #9, SOC 9/11/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient on 9/11/13. This document evidenced the patient had received the patient rights on 9/11/13.</p> <p>12. Clinical record #10, SOC 10/26/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 10/26/13. This document evidenced the patient had received the patient rights on 10/26/13.</p> <p>13. Clinical record #11, SOC 9/27/13 evidenced a document titled "Hospice Consent to Care" and signed by the patient's caregiver on 9/27/13. This document evidenced the patient had received the patient rights on 9/27/13.</p> <p>418.54 INITIAL &amp; COMPREHENSIVE ASSESSMENT OF PATIENT The hospice must conduct and document in writing a patient-specific comprehensive</p>			

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L000543	<p>assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.</p> <p>Based on clinical record review and interview, the hospice failed to ensure the nursing comprehensive assessment was complete for 1 of 11 records (8) reviewed with a comprehensive assessment.</p> <p>Findings</p> <ol style="list-style-type: none"> <li>1. Clinical record #8, start of care 12/9/13, failed to evidence the comprehensive assessment dated 12/9/13 was complete. This document was left blank with the question of how many times a day do you usually need to take the pain medications.</li> <li>2. On 7/16/14 at 11:30 AM, the administrator indicated the question about how often pain medications had been taken by the patient per day had been left blank on the comprehensive assessment.</li> </ol> <p>418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an</p>	L000521	L0521 On 072114 all Hospice RNs received education from the Hospice Director on the correct completion of the comprehensive assessment. All Hospice charts will be audited for the next 6 months to ensure compliance. Further education will be given as needed/indicated by the audit. The Director of Hospice will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	07/21/2014	

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	<p>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 the care provided to the patient followed the written plan of care for 2 of 11 records reviewed (record #1 and 8).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Clinical record #1, start of care 5/12/13, failed to evidence orders for nectar thickened liquids. Employee F, Registered Nurse (RN), completed a skilled visit note on 6/6/14 at 12:05 PM that stated, "RN recommended [caregiver] use thickener with liquids ... RN suggested [caregiver] get thickener from [pharmacy] and make all ... liquids nectar thick."</li> <li>On 7/17/14 at 1:40 PM, Employee A, the director of the hospice, indicated the nurse had indicated the liquids given to the patient were to be nectar thickened.</li> <li>Clinical record #8, start of care 12/9/13, included an initial plan of care with orders for skilled nurse services and</li> </ol>	L000543	L0543 On O72114 all Hospice RNs received education on compliance with following the physician's ordered plan of care. All Hospice charts will be audited for the next six months to ensure compliance. Further education will be given as needed/indicated by the audit. The Hospice Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected.	07/21/2014			

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	<p>master's of social work visits. The plan of care for the certification period of 12/9/13 - 3/8/14 failed to evidence aide services were ordered.</p> <p>a. A visit note dated 12/11/13 with a time in of 9:45 AM and time out of 10:45 AM, evidenced that the hospice aide, Employee R, had completed a bed bath and other personal care for the patient.</p> <p>b. On 7/16/14 at 1:45 PM, Employee E, RN, indicated there was no order for the hospice aide to provide care.</p> <p>3. The agency policy titled "Plan of Care: IDG [interdisciplinary group] care plan and care coordination" with an effective date of 1/1/09 stated, "The IDG establishes an individual plan of care for all care and services provided to each patient in collaboration with the patient's attending physician, the patient / representative, and the primary caregiver."</p>			

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L000549	<p>418.56(c)(4) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (4) Drugs and treatment necessary to meet the needs of the patient.</p> <p>Based on clinical record review, policy review, and interview, the hospice failed to ensure the plan of care was accurate and included accurate and complete medication orders for the management of the terminal illness for 2 of 11 records reviewed (1 and 3).</p> <p>Findings</p> <p>1. Clinical record #1, with an election date of 5/12/14, included a plan of care for the election period of 5/12/14 - 8/9/14. This plan of care failed to evidence a complete and accurate medication list. Included on the medication list were Hydrocodone / acetaminophen 5 / 325 milligram prn (as needed) by mouth 1 - 2 tabs every 4 hours as needed - Maximum dose of 12 tabs per 24 hours, morphine 20 milligram prn by mouth every 2 hours as needed 30 ml (milliliter) per bottle, prochlorperazine 25 milligram prn rectal</p>	L000549	L0549 On 072814 all Hospice RNs and clerical staff received education from the Hospice director on correct/clear documentation and transcription of medication orders. All medication orders will be audited by the primary RN or RN supervisor prior to being submitted to the physician. All Hospice charts will be audited for the next 6 months to ensure compliance. Further education will be given as needed/indicated by the audits. The Hospice director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected.	07/28/2014

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	<p>every 6 hours as needed, Lorazepam 1 milligram prn rectal every 6 hours as needed, Lorazepam 1 milligram prn by mouth every 4 hours as needed ...</p> <p>Miralax 17 grams 1/2 cup daily, Fentanyl Patch 25 microgram transdermal apply 2 patches and change every 72 hours, and Percocet 5/325 microgram prn by mouth 1 tab every 4 hours as needed.</p> <p>a. On 7/17/14 at 12:45 PM, Employee A, administrator, indicated the plan of care did not have accurate medications listed. Employee A indicated the secretaries type up the plan of care and then the nurses review it. This plan of care was not reviewed completely by the nurse and was inaccurate. The percocet order was to be milligrams and not micrograms. Miralax was 1/2 cap and not 1/2 cup. PRN medications did not list the purpose of the medications. The nurses know the purpose already.</p> <p>b. The patient's discharge orders from the hospital on 5/12/14 included a current medication list of Percocet 5 mg / 325 mg tablet 1 tablet every 4 hours as needed.</p> <p>2. Clinical record #3, with an election date of 2/3/14 and start of care 2/3/14, included a plan of care for the election period of 2/3/14 - 5/3/14 that failed to</p>			

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L000795	<p>evidence the as needed medications included the purpose of these medications. These medications were listed on the plan of care as follows: Lorazepam 1 milligram every 4 hours by mouth prn (as needed), Milk of magnesia 30 milliliters prn by mouth.</p> <p>On 7/17/14 at 4:20 PM, Employee A, administrator, indicated the reason for the medications to be given prn was not on the plan of care.</p> <p>3. The hospice policy titled "Plan of care: IDG [interdisciplinary group] care plan and care coordination" with a date of 1/1/09 stated, "The IDG establishes and individualized written plan of care for each patient ... drugs and treatments necessary to meet the patient's needs ... the IDG, in collaboration with the patient's attending physician, reviews, revises, and documents the plan as frequently as the patient's condition requires."</p> <p>418.114(d)(1) CRIMINAL BACKGROUND CHECKS The hospice must obtain a criminal background check on all hospice employees</p>						

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	<p>who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.</p> <p>Based on policy and personnel file review and interview, the agency failed to ensure a limited criminal history was applied for within 3 business days of first patient contact per policy for 1 of 18 files reviewed (file G) of employees that required a limited criminal history with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Personnel file G, Master's of Social Work, with a date of hire 4/16/13 and first patient contact 5/12/13, failed/ to evidence a limited criminal history had been filed per policy. The criminal history was sent and received on 8/21/13.</p> <p>2. The agency policy titled "Criminal History Checks / Nurses Aide Registry" with a date of 4/2/07 stated, "Pulaski Memorial Hospital Human Resource Department will be responsible to apply for a copy of each new hire's limited criminal history. This must be submitted within 3 days of hire for all individuals [16 - 27- 2 - 4]. Date of receipt will be documented to assure compliance within</p>	L000795	L0795 On 072114 conference held with current HR director. Oversight of Criminal History Check was noted at the end of the MSW probationary period. Criminal History Check was immediately sent when the oversight was noted. The MSW had no solo patient visits prior to the obtaining the Criminal History Check. Supervising MSW was present at all visits. HR director responsible for the oversight no longer employed. Current HR director will be responsible for ensuring all associates Criminal Background checks are done per policy.	07/21/2014

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	21 day requirements [16 - 27 - 2 - 5]."  3. On 7/17/14 at 10:50 AM, Employee T, human resources, indicated the criminal history had been completed 3 months after the hire of Employee G.				