

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151545	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2012
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NAME OF PROVIDER OR SUPPLIER WABASH-MIAMI HOME HEALTH CARE & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992
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L0000	<p>This was a Hospice federal recertification and state relicensure survey.</p> <p>Survey date: 7/9/12 to 7/13/12</p> <p>Facility #: 009125</p> <p>Medicaid vendor #: 200141540</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 98</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 17, 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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L0533	<p>418.54(d) UPDATE OF COMPREHENSIVE ASSESSMENT</p> <p>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 and procedure review, and interview, the hospice failed to ensure the interdisciplinary group (IDG) updated the comprehensive assessment at least every 15 days for 6 of 11 records reviewed (patients #3-8).</p> <p>Findings:</p> <p>1. Clinical record #3 evidenced a comprehensive assessment update by the IDG was completed on 5/8/12 with a subsequent IDG update on 5/24/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG</p>	L0533	<p>The administrator will ensure that the interdisciplinary team meets every 14 days by changing the day of the meeting to Tuesday. At this meeting we review then revise, if needed, all hospice patients comprehensive assessments. The Medical Director has changed her day off to Tuesday to coincide with the Assistant Medical Director's day off so that when one is on vacation there is no change to the meeting day. This will prevent our team meetings from going 16 days when the Medical Director is on vacation.</p>	07/17/2012	

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	<p>meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 5/8/12. The hospice medical director resumed IDG meetings starting Thursday, 5/24/12.</p> <p>2. Clinical record #4 evidenced a comprehensive assessment update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>3. Clinical record review #5 evidenced a comprehensive assessment update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on</p>						

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	<p>Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>4. Clinical record #6 evidenced a comprehensive assessment update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>5. Clinical record #7 evidenced a comprehensive assessment update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical</p>				

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	<p>director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>6. Clinical record #8 evidenced a comprehensive assessment update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>7. The undated policy titled "Policy Procedure #684.1.02, Subject: Patient" states, "Quality care is provided through a regular review of the patient's care plan. All members of the IDG will at least every 15 days, or whenever the patient's condition warrants, hold a conference regarding the physical, emotional, social, and spiritual needs of patient/caregiver. ... IDG (interdisciplinary group) The Hospice IDG provides an interdisciplinary approach of holistic care to the patient, family/primary caregiver (PCG). In order to ensure adequate communication, coordination, continuity, the Hospice IDG</p>						

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	<p>holds a conference regarding the physical, emotional, social, and spiritual needs of the patient/caregiver, which meets at least every 15 days, or whenever the patient's condition warrants."</p> <p>8. The undated policy titled "Policy Procedure #684.1.01, Subject: Department" states, "The role of the interdisciplinary group is to: ... 2. Review each patient's plan of care (in collaboration with the individual's attending physician, if any), revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days."</p>				

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L0552	<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> <p>Based on clinical record review, policy and procedure review, and interview, the hospice failed to ensure the interdisciplinary group (IDG) revised the individualized plan of care at least every 15 days for 6 of 11 records reviewed (patients #3-8).</p> <p>Findings:</p> <p>1. Clinical record #3 evidenced a plan of care update by the IDG was completed on 5/8/12 with a subsequent IDG update on 5/24/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 5/8/12. The hospice medical director resumed IDG meetings starting</p>	L0552	The administrator will ensure that the interdisciplinary team meets every 14 days by changing the day of the meeting to Tuesday. At this meeting we review and revise, if needed, every hospice patients individual care plan. The Medical Director has changed her day off to Tuesday to coincide with the Assistant Medical Director's day off so that when one is on vacation there is no change to the meeting day. This will prevent our team meetings from going 16 days when the Medical Director is on vacation.	07/17/2012	

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	<p>Thursday, 5/24/12.</p> <p>2. Clinical record #4 evidenced a plan of care update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>3. Clinical record review #5 evidenced a plan of care update by the IDG on 6/19/12 with a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p>						

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	<p>a subsequent IDG meeting on 7/5/12, 16 days later.</p> <p>On 7/11/12 at 2:30 PM, employee D indicated the hospice medical director, who only could meet on Thursdays, was on vacation at the time of the IDG meeting and the alternate medical director, who could only meet on Tuesdays, had covered the meeting on Tuesday, 6/19/12. The hospice medical director resumed IDG meetings starting Thursday, 7/5/12.</p> <p>7. The undated policy titled "Policy Procedure #684.1.02, Subject: Patient" states, "Quality care is provided through a regular review of the patient's care plan. All members of the IDG will at least every 15 days, or whenever the patient's condition warrants, hold a conference regarding the physical, emotional, social, and spiritual needs of patient/caregiver. ... IDG (interdisciplinary group) The Hospice IDG provides an interdisciplinary approach of holistic care to the patient, family/primary caregiver (PCG). In order to ensure adequate communication, coordination, continuity, the Hospice IDG holds a conference regarding the physical, emotional, social, and spiritual needs of the patient/caregiver, which meets at least every 15 days, or whenever the patient's condition warrants."</p>						

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L0784	<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.</p> <p>Based on personnel file review and interview, the hospice failed to ensure personnel qualifications were kept current for 2 of 8 files reviewed. (employees D and G)</p> <p>Findings:</p> <ol style="list-style-type: none"> Personnel file D evidenced an "Indiana Online Licensing" document that identified the employee's license had an expiration date of 10/31/2011. Personnel file G evidenced an "Indiana Online Licensing" document that identified the employee's license had an expiration date of 10/31/2011. On 7/12/12 at 2 PM, employee D indicated there was no current license verification in the files. 	L0784	The Administrator ensured that the HR department of the hospital printed off all active professional licenses from the Indiana online licensing website and placed in all licensed hospice employee personnel files. All licenses were currently active on website, just the printed document was needed for file. HR has set up a excel spreadsheet to alert them when a new license needs printed off on all hospice licensed employees to prevent this from happening in the future.	07/17/2012