

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2015
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 619 W 1ST ST BLOOMINGTON, IN 47403
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(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
L 0000  Bldg. 00	<p>This was an offsite licensure investigation survey.</p> <p>Survey Date: August 7, 2015</p> <p>Facility Number: #005811</p> <p>During this offsite investigation, the agency was found to be operating without a current Indiana Hospice Health license.</p>	L 0000		
L 0798  Bldg. 00	<p>418.116 FEDERAL, STATE, LOCAL LAWS &amp; REGULATIONS</p> <p>The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed.</p> <p>Based on document review and interview, the agency failed to ensure it was operating with a current Indiana hospice license.</p> <p>Findings include:</p> <p>1. The following was the Indiana statute for licensure of hospice agencies, "IC [Indiana Code] 16-25-3-9 License</p>	L 0798	<p><b>Plan of Correction:</b></p> <p>The deficiency was corrected within 90 minutes of identification on August 7, 2015. The license renewal application was submitted along with the required fee on that date.</p> <p>-</p> <p><b>Prevention strategy:</b></p>	08/07/2015

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>required for persons providing services Sec. 9. A per may not:</p> <p>(1) provide hospice services; or (2) represent to the public that the person provides hospice services; unless the person holds a license issued or approval granted by the state department of health under this chapter."</p> <p>2. A letter from Indiana State Department of Health dated 3/26/15, stated, "Dear [administrator's name]: Our records indicate that your hospice program's license to operate in the State of Indiana will expire 7/31/15. Enclosed is a renewal application for you to complete and submit with requested documentation and \$100 license fee to: ..."</p> <p>3. As of 8/7/15, the Indiana State Department of Health had not received the license renewal application.</p> <p>4. The administrator was called on 8/7/15 at 11:40 a.m., and indicated the agency was currently operational with 90 hospice patients. The administrator indicated not being responsible for the renewal applications being submitted to the Indiana State Department of Health and would discuss with the compliance officer.</p>		<p>IU Health Bloomington Hospice will ensure ISDH has on file the appropriate Hospice Administrator and address for future mailings and notifications. IU Health Bloomington Hospice will remain licensed independently of IU Health Bloomington Hospital, and will ensure its timely renewal of its license on an annual basis, on or before August 1 of each year. License renewal has been placed in computerized contract and licensure monitoring program called Ntracts. License renewal will auto-alert in addition to the expectation of notification by ISDH.</p> <p>-</p> <p><b>Responsibility:</b></p> <p>The IU Health Bloomington Hospice Administrator will be responsible for ensuring this deficiency does not recur in the future.</p> <p>-</p> <p><b>Implementation Date:</b></p> <p>IU Health Bloomington Hospice corrected the deficiency immediately, within 90 minutes of its identification on August 7, 2015, by submitting its license renewal application and fee.</p>				

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	5. The administrator contacted the Indiana State Department of Health on 8/7/15 at 12:11 p.m., and indicated she had a conversation with the administrative assistant of the CEO of the hospital who indicated the hospice was under the hospital's license. The administrator indicated the hospice had always been separately licensed from the hospital, as she observed the previous renewal applications submitted to the Indiana State Department of Health for the hospice.				