

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/21/2014
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NAME OF PROVIDER OR SUPPLIER CAMERON HOME HEALTH CARE & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 416 E MAUMEE ST ANGOLA, IN 46703
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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
L000000	<p>This was a hospice federal recertification and state licensure survey.</p> <p>Survey Dates: October 15, 16, 20, and 21, 2014.</p> <p>Facility Number: 010002</p> <p>Medicaid Number: 200139630A</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 22, 2014</p>	L000000		
L000543	<p>418.56(b) PLAN OF CARE</p> <p>All hospice care and services furnished to patients and their families must follow an 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 review, policy</p>	L000543	L 5431. Re-inservice with clinical staff regarding internal guideline	11/10/2014

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>review, document review, and interview, the hospice failed to ensure all hospice aide (HA) visits were completed as ordered for 1 of 6 clinical records reviewed of patients that received HHA services. (#4)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. Clinical record #4, start of care date 3/15/14, contained a physician order for HA services 1 visit times 1 week to begin 4/3/14, then 2 times a week for 9 weeks. The record failed to evidence two HA visits were provided the week of 4/6-4/12/14. 2. During interview on 10/16/14 at 9:50 AM, employee J indicated the visit was missed due to a scheduling error. 3. The hospice's policy titled "Standard: Content of the plan of care," #18, reviewed 12/2/08 states, "The plan of care includes all services necessary for the palliation and management of the terminal illness and related conditions ..." 4. The hospice's internal guidance titled "Documentation of missed visits," dated 9/23/12 states, "1. Any time a visit is not performed as directed in the plan of care, the clinician will be responsible for documenting the reason the visit did not 		<p>for the documentation of missed visits was provided on 11/10/14.2. The nursing assistant scheduled to perform the visit is responsible for documenting the missed visit. This will be performed on the visit note and forwarded to the case manager who will notify the physician by method of choice. 3. The case manager is responsible to perform weekly chart audits for amount/frequency/duration and applicable documentation of 100% of case load.4. The Nursing Team Leader and Director are responsible to monitor this process for compliance, ensuring correction and prevention of this deficiency.</p>				

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	take place. 2. The physician's office will then be notified by method of choice."				