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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>151509 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/12/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>INDIANA UNIVERSITY HEALTH HOSPICE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>619 W 1ST ST<br>BLOOMINGTON, IN 47403 |
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| L 000<br><br>Bldg. 00 | <p>This was a federal and state hospice complaint investigation survey. An full survey was completed.</p> <p>Complaint ID # IN00153035: substantiated federal and state deficiencies related to the allegations are cited. Unrelated deficiencies are also cited.</p> <p>Facility # 005811</p> <p>Medicaid # 200141660</p> <p>Survey Dates 2/18-2/20/2015, 3/10/2015, and 3/12/2015</p> <p>Surveyor Nina Koch, RN, PHNS</p> <p>12 Month unduplicated census 565</p> <p>An immediate jeopardy ( IJ) was identified on 2/24/2015 with regard to the hospice having failed to effectively assess, monitor and manage patient's skin integrity to prevent worsening or development of skin pressure areas. The agency also failed to ensure the plan of care/treatment was modified when new or changes to pressure areas were documented to prevent and/or minimize worsening.</p> | L 000         |   |                      |

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>There was evidence that wound care was being performed by a hospice aide.</p> <p>This resulted in the development of multiple pressure areas (6-8) and a large infected wound to the left heel of patient #1. Employee F, the agency's administrator, was notified of the IJ on 2/24/2015.</p> <p>The IJ was removed on 3/12/2015 but the agency remained out of compliance at the condition level. The agency continues to monitor staff compliance with newly established wound care/skin care protocols, accurate and timely updates of the comprehensive assessment and notification to the IDG and medical director when revisions are needed to the plan of care. The agency submitted a plan of correction to ISDH on indicating retraining and education has been provided to the nurses and hospice aides regarding scope of practice.</p> <p>Condition level deficiency remains at L520 and L536 as IU Health Hospice will need to revise and update wound care procedures and clinical assessment protocols and complete retraining of all hospice staff regarding the process to update plans of care.</p> |   |   |                      |   |

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| L 520<br><br>Bldg. 00 | <p>Indiana University Health Hospice was found out of compliance with Conditions of Participation 42 CFR 418.54 Initial and comprehensive assessment of the patient, and 418.56 and Interdisciplinary group, care planning and coordination of services related to the immediate jeopardy.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>March 20, 2015</p> | L 520         | <p>1. Plan of Correction: Met with all nursing staff on 3/3/2015 to instruct that Braden Scale and integumentary system are required components of initial assessment. Also instructed that Braden Scale and integumentary system are required components of comprehensive assessment. Comprehensive assessment must also address any/all integumentary symptoms identified at initial assessment.</p> <p>2. Prevention strategy (How are you going to prevent the deficiency from recurring in the future, i.e. monitoring, observation?): Beginning on 3/1/2015 a quality audit was</p> | 03/13/2015           |

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| L 524<br>Bldg. 00  | <p>The cumulative effect of these systemic problems resulted in the hospice being out of compliance with the Condition of Participation 418.54 Initial and Comprehensive Assessment of the Patient.</p> <p>This deficient practice resulted in an immediate jeopardy (IJ). The IJ was identified on 2/14/15, with regard to failure to effectively assess, monitor and manage patient's skin integrity to prevent worsening or development of skin pressure areas. The agency also failed to ensure the plan of care/treatment was modified when new or changes to pressure areas were documented to prevent and/or minimize worsening. There was evidence that wound care was being performed by a hospice aide.</p> <p>Employee F, the facility administrator, was notified of the IJ on 2/14/15. The IJ was removed on 3/12/15, Condition level noncompliance remains at L 529 and L 536.</p> <p>418.54(c)<br/>CONTENT OF COMPREHENSIVE ASSESSMENT<br/>The comprehensive assessment must</p> |               | <p>initiated to include 20% of all admission records from the prior month: (1) Initial assessment must include Braden Scale and full assessment of integumentary system. (2) Comprehensive assessment must include Braden scale and full assessment of integumentary system. (3) Comprehensive assessment must address integument symptoms identified at initial assessment. 3. Responsibility: Administrator: Oversight of Nursing staff Quality Manager: Quality audits Hospice Educator: Education of Hospice staff 4. Implementation Date: Corrected per Staff Meeting on 3/3/2015, however had to enter 3/13/15 post exit; Ongoing compliance will be measured by 180 day Quality Audit beginning 3/1/2015.</p> |                      |

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|                    | <p>identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.</p> <p>Based on clinical record and agency policy review and interview, The agency failed to ensure the comprehensive assessment addressed the hospice patient's physical needs for 3 of 13 ( #s 2, 3 and 10) records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #3 evidenced a nursing assessment dated 12/29/2014. The assessment indicated the patient was receiving treatment for 6 wounds. The assessment identified only 5 wound sites that were assessed by the nurse. A nursing note dated 1/12/2015 indicated the patient was receiving care for 8 wounds. That nursing assessment identified only 7 wounds assessed by the nurse.</p> <p>A. Clinical record #3 evidenced a nursing assessment completed by employee A, a hospice RN, on 1/12/2015. The assessment identifies a left heel wound with moderate serosanguinous drainage. An assessment completed 1/14/2105 by employee B, a hospice licensed practical nurse (LPN)</p> | L 524         | <p>1. Plan of Correction:</p> <p>Met with all nursing staff on 3/3/2015 to instruct that all integumentary issues identified at prior assessment must be addressed on each subsequent assessment and that Braden Scale is required. This problem was corrected on 3/3/2015.</p> <p>All nursing staff is required to complete National Data Base for Nursing Quality Indicators (NDNQI) 4 part education on appropriate assessment and identification of pressure wounds. Required completion date is 3/31/2015.</p> <p>Two supervisory visits concerning the appropriateness of wound assessment were completed with each primary Primary Case Management RN.</p> <p>This was completed on 3/9/2015.</p> | 03/31/2015           |

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|                    | <p>describes a left heel wound with a large amount of purulent drainage.</p> <p>B. Patient #3's family member was interviewed on 2/20/2015 at 5:40 PM and provided a photograph of patient #3's left heel taken on 1/17/2015. Photograph A depicts a lateral view of a purulent draining wound to the patient's left heel with a large area of tissue loss. Wound cultures ordered by the patient's primary care physician on 1/17/2015 evidence multiple organisms had infected the wound. ( see photograph A).</p> <p>2. Clinical record #10 for a patient who resides in a skilled nursing facility (SNF) contained a nursing assessment dated 2/16/2015 completed by employee A, the hospice registered nurse (RN), which stated ..."skin pale, cool, dry and intact." The SNF nursing staff documented in the nursing assessment notes at that time documented, "L gluteal fold excoriation observed from 2/1/2015-2/20/2015, Breast folds, fungal rash observed 2/10/2015- 2/18/2015 and bilateral rash on groin observed 2/10/2015- 2/20/2015." The hospice RN failed to document problems with the patient's skin in the nursing assessment.</p> <p>3. Clinical record #2 evidenced a document dated 11/11/2014 and titled</p> |               | <p>2. Prevention strategy:</p> <p>All nursing staff will continue wound care education with mandated modules from National Hospice and Palliative Care Organization (NHPCO)</p> <p>a. Pressure Ulcer Management – to be completed by 4/30/2015</p> <p>b. Lower Extremity Ulcers – to be completed by 5/30/2015</p> <p>Beginning March 1, 2015 a Quality Audit was initiated to include 20% of all patients on census from prior month.</p> <p>Most current assessment must address any integumentary concerns identified in 3 most recent previous assessments to include:</p> <p>a. Patient response to care</p> <p>b. Changes in patient condition including level of deterioration</p> <p>3. Responsibility:</p> |                      |

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|                    | <p>Hospice House Careplan update. The document states, under subheading G "skin breakdown,"the patient has a small open area to the right buttock. The nursing assessments completed by the RN on 10/29/2014 and 11/17/2014 failed to evidence observation of the wounds or a detailed skin assessment.</p> <p>4. An agency policy dated 12/2008 titled Comprehensive Assessment Update states, "Hospice personnel will reevaluate the patient according to the problems identified during the initial visit and afterwards. Reassessment for all hospice personnel should focus on: Patient's response to care/service; Changes in the patient's condition, level of deterioration;..."</p> <p>5. In an interview with employee F, the agency's administrator, on 2/19/2015 at 4 PM the administrator agreed that skin and wound assessments were not comprehensive and accurate for these patients.</p> |               | <p>Administrator: Oversight of Nursing staff</p> <p>Quality Manager: Quality audits</p> <p>Hospice Educator: Education of Hospice staff</p> <p>4. Implementation Date:</p> <p>All issues corrected by 3/31/15. Ongoing compliance will be measured by 180 day Quality Audit beginning 3/1/2015.</p> |                      |

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| L 529<br>Bldg. 00  | <p>418.54(c)(5)<br/>CONTENT OF COMPREHENSIVE ASSESSMENT<br/>[The comprehensive assessment must take into consideration the following factors:]<br/>(5) Severity of symptoms.</p> <p>Based on clinical record review and interview, The hospice agency failed to accurately assess and identify the severity of the patient's skin complications for 2 of 13 ( #2, 3) clinical records reviewed with the potential to affect all of the agency's patient's with wounds.</p> <p>Findings:</p> <p>1. Clinical record #3 evidenced a nursing assessment dated 12/29/2014 that indicated the patient was receiving treatment for 6 wounds. The assessment identified only 5 wound sites that were assessed by the nurse. A nursing note dated 1/12/2015 indicated the patient was receiving care for 8 wounds. That nursing assessment identified only 7</p> | L 529         | <p>1. Plan of Correction:</p> <p>Met with all nursing staff on 3/3/2015 to instruct that all integumentary issues require patient consent for photo, and wound photo or appropriate declination from patient/caregiver. Corrected per staff meeting on 3/3/2015.</p> <p>All nursing staff is required to complete National Data Base for Nursing Quality Indicators (NDNQI) 4 part education on appropriate assessment and identification of pressure wounds. Required completion date is 3/31/2015.</p> | 03/13/2015           |

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|                    | <p>wounds assessed by the nurse.</p> <p>A. Clinical record #3 evidenced a nursing assessment completed by employee A, a hospice registered nurse (RN) on 1/12/2015. The assessment identified a left heel wound with moderate serosanguinous drainage. An assessment completed 1/14/2105 by employee B, a hospice licensed practical nurse (LPN), describes a left heel wound with a large amount of purulent drainage.</p> <p>B. Patient #3's family member was interviewed on 2/20/2015 at 540 PM and provided a photograph of patient #3's left heel taken on 1/17/2015. Photograph A depicts a lateral view of a purulent draining wound to the patient's left heel with a large area of tissue loss. Wound cultures ordered by the patient's primary care physician on 1/17/2015 evidence multiple organisms had infected the wound. ( see photograph A).</p> <p>2. Clinical record #2 evidences a document, dated 11/11/2014, titled Hospice House Careplan update. The document states, under subheading G "skin breakdown," the patient has a small open area to the right buttock. The nursing assessments completed by the RN on 10/29/2014 and 11/17/2014 failed to evidence observation of a wound on</p> |               | <p>Two supervisory visits concerning the appropriateness of wound assessment were completed with each primary Primary Case Management RN.</p> <p>This was completed on 3/9/2015.</p> <p>2. Prevention strategy:</p> <p>All nursing staff will continue wound care education with mandated modules from National Hospice and Palliative Care Organization (NHPCO)</p> <p>a. Pressure Ulcer Management – to be completed by 4/30/2015</p> <p>b. Lower Extremity Ulcers – to be completed by 5/30/2015</p> <p>Supervisory visits concerning the appropriateness of wound assessment will continue at a rate of 2 per month for each primary nurse team. Focused supervisory nursing visits will continue for a period of 180 days.</p> <p>Beginning March 1, 2015 a Quality Audit was initiated to include 20% of all patients on census from prior month.</p> |                      |

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| L 533              | <p>the right buttock or detailed skin assessment.</p> <p>3. In an interview with employee F, the agency's administrator, on 2/19/2015 at 4 PM, the administrator agreed that skin and wound assessments were not comprehensive and accurate for these patients.</p> |               | <p>Most current assessment must address any integumentary concerns identified in 3 most recent previous assessments to include:</p> <p>a. Patient response to care</p> <p>b. Changes in patient condition including level of deterioration</p> <p>3. Responsibility</p> <p>Administrator: Oversight of Nursing staff, Supervisory Visits</p> <p>Quality Manager: Quality Audits, Supervisory Visits</p> <p>Hospice Educator: Education of Hospice staff, Supervisory Visits</p> <p>Director of Nursing: Supervisory Visits</p> <p>4. Implementation Date:</p> <p>This was completed on 3/9/2015, however had to enter date post exit. Ongoing compliance will be measured by 180 day Quality Audit beginning 3/1/2015.</p> |                      |

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| Bldg. 00           | <p><b>UPDATE OF COMPREHENSIVE ASSESSMENT</b></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 and agency policy review, the hospice interdisciplinary group (IDG) failed to accurately update the comprehensive assessment with changes that occurred since the initial assessment and with regard to the patient's response to care for 2 (#s 2 and 3) of 13 records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #3 included nursing assessment notes that evidenced the patient had pressure areas to the coccyx and left hip on 12/1/2014. An updated IDG plan of care dated 12/13/2014 failed to evidence updated skin care interventions to prevent further skin compromise. A nurse's clinical note dated 1/12/2015 evidenced the patient then had eight wound sites including</p> | L 533         | <p>1. Plan of Correction</p> <p>Met with all nursing staff on 3/3/2015 to initiate required use of "Interdisciplinary Team Conference Report Guide," (IDG Guide) which requires inclusion of current status of all new or existing wounds at each IDG conference.</p> <p>Document introduced and teaching given at staff meeting on 3/3/2015.</p> <p>Initiated practice of Quality Manager RN adding a clinical note during IDG Conference that summarizes IDG's discussion of each patient.</p> | 03/13/2015           |

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|                    | <p>seven pressure areas and one skin tear.</p> <p>2. Clinical record #2 included a document, dated 11/11/2014, titled Hospice House Careplan update. The document states, under subheading G "skin breakdown," the patient has a small open area to the right buttock. The IDG plan of care dated 11/17/2014 failed to evidence interventions to manage or prevent skin breakdown.</p> <p>3. An agency policy dated 12/2008 titled Comprehensive Assessment Update states, " Hospice personnel will reevaluate the patient according to the problems identified during the initial visit and afterwards."</p> |               | <p>Practice implemented on 3/3/2015; IDG Guide correctly implemented on 3/10/2015</p> <p>2. Prevention strategy</p> <p>Hospice Administrator or Director of Nursing will exercise oversight of correct use of IDG Guide concurrently during each IDG conference for a period of 180 days beginning on 3/10/2015.</p> <p>3. Responsibility</p> <p>Administrator: Oversight of IDG format</p> <p>Director of Nursing: Oversight of IDG format</p> <p>Quality Manager: Clinical Note summaries at IDG</p> <p>4. Implementation Date</p> <p>Practice implemented on 3/3/2015, however had to enter post exit date. Concurrent review of IDG format began on 3/10/2015 and will continue for a period of 180 days.</p> |                      |

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| L 536<br><br>Bldg. 00 | <p>Based on clinical record and agency policy review and interview it was determined that the hospice IDG failed to supervise care and services for 1 of 13 clinical records reviewed; failed to ensure continuous assessment of the patient's needs for 3 of 13 clinical records reviewed and failed to ensure that care and services were provided in accordance with the plan of care for 3 of 13 clinical records reviewed (See L 539), failed to ensure continuous assessment of the patient's needs for 3 of 13 clinical records reviewed (See L 540), and failed to ensure care and services were provided in accordance with the plan of care for 3 of 13 records reviewed (See L 555).</p> <p>The cumulative effect of these systemic problems resulted in the hospice being found out of compliance with the Condition of Participation 418.56 Interdisciplinary Group, Care Planning and Coordination of Services.</p> <p>This deficient practice resulted in an immediate jeopardy (IJ). The IJ was identified on 2/14/15, with regard to failure to effectively assess, monitor and manage patient's skin integrity to prevent worsening or development of skin</p> | L 536 | <p>1. Plan of Correction</p> <p>Met with all nursing staff on 3/3/2015 to initiate required use of "Interdisciplinary Team Conference Report Guide," (IDG Guide) which requires inclusion of current status of all new or existing wounds at each IDG conference.</p> <p>Document introduced and teaching given at staff meeting on 3/3/2015.</p> <p>RN Educator met with all Hospice Aide staff to clarify wound care and dressing changes are not included in Hospice Aide scope of practice.</p> <p>Also formalized communication process for Aides reporting change in patient status to RN staff.</p> <p>Educator met with all Hospice Aide staff on 3/3/2015</p> | 03/13/2015 |
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|                    | <p>pressure areas. The agency also failed to ensure the plan of care/treatment was modified when new or changes to pressure areas were documented to prevent and/or minimize worsening. There was evidence that wound care was being performed by a hospice aide.</p> <p>Employee F, the facility administrator, was notified of the IJ on 2/14/15. The IJ was removed on 3/12/15, Condition level noncompliance remains at L 529 and L 536.</p> |               | <p>Formalized the practice that Hospice Aide paper charting must be initialed by each patient's primary RN prior to being filed in patient chart. Complete on 3/3/2015</p> <p>2. Prevention strategy</p> <p>Beginning March 1, 2015 a Quality Audit was initiated to include 20% of all patients on census from prior month.</p> <p>Charts are evaluated for inclusion of Aide documentation that has been initialed by Supervising RN. 180 day Quality audit beginning 3/1/2015</p> <p>3. Responsibility</p> <p>Administrator: Oversight of Nursing staff</p> <p>Quality Manager: Quality audits</p> <p>Hospice Educator: Education of Hospice staff</p> <p>4. Implementation Date</p> <p>Complete on 3/3/2015, however</p> |                      |

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| L 539<br>Bldg. 00  | <p>418.56(a)(1)<br/>APPROACH TO SERVICE DELIVERY</p> <p>(1) The hospice must designate an interdisciplinary group or groups composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patients and families facing terminal illness and bereavement. Interdisciplinary group members must provide the care and services offered by the hospice, and the group, in its entirety, must supervise the care and services.</p> <p>Based on clinical record and policy review, the hospice failed to supervise care and services for 1 of 13 ( #3) clinical records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #3 included nursing assessment notes that evidenced the patient had pressure areas to the coccyx and left hip on 12/1/2014. An updated Interdisciplinary Group (IDG) plan of care dated 12/13/2014 failed to evidence discussion with the IDG to ensure skin care interventions to prevent further skin compromise. A nurse's clinical note dated 1/12/2015 evidenced the patient then had eight wounds including seven pressure areas and one skin tear.</p> | L 539         | <p>had to enter date post exit. Ongoing compliance will be measured by 180 day Quality Audit beginning 3/1/2015.</p> <p>1. Plan of Correction:</p> <p>Met with all nursing staff on 3/3/2015 to initiate required use of "Interdisciplinary Team Conference Report Guide," (IDG Guide) which requires inclusion of current status of all new or existing wounds at each IDG conference. IDG Guide requires update to Plan of Care relative to all changes discussed at IDG Conference.</p> <p>Document introduced and teaching given at staff meeting on 3/3/2015.</p> | 03/13/2015           |

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|                    | <p>2. Patient #3's family member was interviewed on 2/20/2015 at 540 PM and provided a photograph of patient #3's left heel taken on 1/17/2015. Photograph A depicts a lateral view of a purulent draining wound to the patient's left heel with a large area of tissue loss. Wound cultures ordered by the patient's primary care physician on 1/17/2015 evidenced multiple organisms had infected the wound. (see photograph A). The IDG plan of care dated 1/5/2015 failed to evidence discussion of management of the wound.</p> <p>3. An agency policy dated 12/2008 titled IDT (IDG) Role states, "Provides or supervised hospice care and services. ... Supervision may be accomplished by conferences, evaluations, discussions and general oversight as well as direct observations."</p> |               | <p>Initiated practice of Quality Manager RN adding a clinical note during IDG Conference that summarizes IDG discussion of each patient.</p> <p>Practice implemented on 3/3/2015</p> <p>2. Prevention strategy:</p> <p>Hospice Administrator or Director of Nursing will exercise oversight of use of IDG Guide concurrently during IDG Conference for a period of 180 days beginning March 10, 2015.</p> <p>3. Responsibility</p> <p>Administrator: Oversight of IDG format/structure</p> <p>Quality Manager: Clinical Note summary at IDG</p> <p>Director of Nursing: Oversight of IDG format/structure</p> <p>4. Implementation Date:</p> |                      |

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| L 540<br><br>Bldg. 00 | <p>418.56(a)(1)<br/>APPROACH TO SERVICE DELIVERY<br/>The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care.<br/>Based on clinical record review and interview, the registered nurse member of the interdisciplinary group (IDG) failed to ensure continuous assessment of the patient's needs for 3 of 13 (#s 2, 3, 10) clinical records reviewed.</p> <p>Findings include:</p> <p>1. Clinical record #3 evidenced a nursing assessment dated 12/29/2014 that indicated the patient was receiving treatment for 6 wounds. The assessment identified only 5 wound sites that were assessed by the nurse. A nursing note dated 1/12/2015 indicated the patient was receiving care for 8 wounds. That nursing assessment identified only 7 wounds assessed by the nurse.</p> | L 540         | <p>Practice implemented on 3/3/2015, however required to enter date post exit. Concurrent weekly review beginning March 10, 2015 for a period of 180 days.</p> <p>1. Plan of Correction:</p> <p>Met with all nursing staff on 3/3/2015 to instruct that all integumentary issues identified at prior assessment must be addressed on each subsequent assessment and Branden Scale is required. This problem was corrected per staff meeting on 3/3/2015.</p> <p>2. Prevention strategy:</p> <p>Beginning March 1, 2015 a Quality Audit was initiated to</p> | 03/13/2015           |

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|                    | <p>A. Clinical record #3 evidenced a nursing assessment completed by employee A, a hospice registered nurse (RN), on 1/12/2015. The assessment identified a left heel wound with moderate serosanguinous drainage. An assessment completed 1/14/2105 by employee B, a hospice licensed practical nurse (LPN), describes a left heel wound with a large amount of purulent drainage.</p> <p>B. Patient #3's family member was interviewed on 2/20/2015 at 5:40 PM and provided a photograph of patient #3's left heel taken on 1/17/2015. Photograph A depicts a lateral view of a purulent draining wound to the patient's left heel with a large area of tissue loss. Wound cultures ordered by the patient's primary care physician on 1/17/2015 evidenced multiple organisms had infected the wound. (see photograph A).</p> <p>2. Clinical record #10 for a patient who resides in a skilled nursing facility (SNF) contained a nursing assessment dated 2/16/2015 completed by employee A, the hospice registered nurse (RN), which stated ..."skin pale, cool, dry and intact." The SNF nursing staff documented in the nursing assessment notes at that time, "L gluteal fold excoriation observed from 2/1/2015-2/20/2015, Breast folds, fungal</p> |               | <p>include 20% of all patients on census from the prior month.</p> <p>Most recent assessment must address any integumentary concerns identified in most recent 3 previous assessments to include:</p> <p>(1) Patient response to care</p> <p>(2) Changes in patient condition including level of deterioration</p> <p>Hospice Administrator or Director of Nursing oversight of use Interdisciplinary Team Conference Report Guide for 180 days</p> <p>3. Responsibility:</p> <p>Administrator: Oversight of IDT format/structure</p> <p>Director of Nursing: Oversight of IDT format/structure</p> <p>RN Quality Manager: Quality Audits</p> <p>4. Implementation Date:</p> |                      |

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|                    | <p>rash observed 2/10/2015- 2/18/2015 and bilateral rash on groin observed 2/10/2015- 2/20/2015." The hospice RN failed to document problems with the patient's skin in the nursing assessment.</p> <p>3. Clinical record #2 evidences a document, dated 11/11/2014 and titled Hospice House Careplan update. The document states, under subheading G "skin breakdown," the patient has a small open area to the right buttock. The nursing assessments completed by the RN on 10/29/2014 and 11/17/2014 failed to evidence observation of wounds on the right buttock or a detailed skin assessment.</p> <p>4. In an interview with employee F, the agency's administrator, on 2/19/2015 at 4 PM, the administrator agreed skin and wound assessments were not comprehensive and accurate for these patients.</p> |               | <p>Correction made on 3/3/15, however required to enter date post exit. Concurrent weekly review beginning March 10, 2015 for a period of 180 days.</p> |                      |

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| L 555<br>Bldg. 00  | <p>418.56(e)(2)<br/>COORDINATION OF SERVICES<br/>[The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-]<br/>(2) Ensure that the care and services are provided in accordance with the plan of care. Based on clinical record, document, and agency policy review and interview, the hospice failed to ensure care and services were provided in accordance with the plan of care for 3 of 13 (#3, 9 and 11) records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #3 included orders dated 1/12/2015 for dressing changes to a left heel wound for the nurse to cleanse with wound cleanser, pat dry, paint with betadine, dry, apply mepilex dressing, change every Monday, Wednesday, Friday.</p> <p>A. In a nursing noted dated 1/14/2015, employee B, a licensed practical nurse (LPN) documented wound care as follows: "Wound cleaned with wound cleanser and painted with betadine swab. Then covered with nonadherent 4X4 gauze and wrapped with kerlix secured with paper tape." The clinical record failed to evidence a</p> | L 555         | <p>1. Plan of Correction:</p> <p>Met with all nursing staff on 3/3/2015 to distribute and discuss Hospice Wound Protocol and Wound Prevention Strategies. This problem was corrected per staff meeting on 3/3/2015.</p> <p>RN Educator met with all Hospice Aide staff to clarify wound care and dressing change is not included in Hospice Aide scope of practice. This problem was corrected on 3/3/2015.</p> <p>2. Prevention strategy:</p> <p>Beginning March 31, 2015 a Quality Audit will be initiated that identifies all hospice patients currently on census with the problem "wound present"</p> | 03/13/2015           |

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|                    | <p>physician order for a change to the patient's wound care.</p> <p>B. A home health aide visit note dated 1/13/2015 evidenced the hospice aide changed the dressing to the patient's left heel. The agency's undated job description for hospice aides does not list changing wound dressings as a task to be completed by the aide.</p> <p>2. Clinical record #9, start of care date 1/6/2015, included a plan of care established by the physician with orders for the nurse to visit twice weekly and the volunteer once weekly. The record evidenced for the week of January 18-24, 2015, only one visit was made from the nurse on January 20, 2015, and no visits from the volunteer.</p> <p>3. Clinical record #11 start of care date 1/13/2015, included a plan of care established by the physician with orders for hospice aide to visit twice weekly. The record evidenced only one aide visit the week of January 25- 31, 2015, and no aide visits for the week of February 8-4, 2015.</p> <p>4. An agency policy dated 12/2008 titled Plan of Care states, " Purpose: to provide direction to hospice personnel providing direct patient care."</p> |               | <p>identified.</p> <p>Records of patients found to have "wound present" will be audited for:</p> <p>(1) Wound is included in Plan of Care</p> <p>(2) Wound Care orders are present</p> <p>(3) Wound care is provided in accordance with orders in Plan of Care</p> <p>(4) Documented visit frequencies are in compliance with orders</p> <p>Beginning on March 1, 2015 a Quality Audit was initiated to include 20% of all patients on census for the prior month.</p> <p>Charts are evaluated for inclusion of Aide documentation that has been initialed by Supervising RN.</p> <p>3. Responsibility:</p> <p>Administrator: Oversight of Hospice Staff</p> |                      |

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| L 591<br>Bldg. 00  | <p>5. In an exit conference interview at 4 pm on 3/20/2015 with employee F, the agency's administrator, the employee was unable to provide documentation of the missed visits.</p> <p>418.64(b)(1)<br/>NURSING SERVICES<br/>(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.<br/>Based on clinical record and agency policy review and interview, the hospice failed to ensure the nursing needs were met and supervised by the registered nurse as identified in the patient's assessments for 2 of 13 clinical records reviewed ( #s 2 and 3)</p> <p>Findings:</p> <p>1. Clinical record #2 includes a</p> | L 591         | <p>Quality Manager: Quality Audits</p> <p>Hospice Educator: Education of Hospice staff</p> <p>4. Implementation Date:</p> <p>Correction made on 3/3/15, however required to enter date post exit. Ongoing compliance will be measured by 180 day Quality Audit beginning 3/1/2015.</p> <p>1. Plan of Correction:</p> <p>Met with all nursing staff on 3/3/2015 to distribute and discuss Hospice Wound Protocol and Wound Prevention Strategies. This problem was corrected per staff meeting on 3/3/2015.</p> | 03/13/2015           |

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|                    | <p>document, dated 11/11/2014, titled Hospice House Careplan update. The document states under, subheading G "skin breakdown," the patient had a small open area to the right buttock. The record failed to evidence nursing interventions or goals to manage the patient's skin integrity.</p> <p>2. Clinical record #3 included orders dated 1/12/2015 for dressing changes to a left heel wound for the nurse to cleanse with wound cleanser, pat dry, paint with betadine, dry, apply mepilex dressing, change every Monday, Wednesday, Friday.</p> <p>3. In a nursing note dated 1/14/2015, employee B, an licensed practical nurse, documented wound care as follows: "Wound cleaned with wound cleanser and painted with betadine swab. Then covered with nonadherent 4X4 gauze and wrapped with kerlix secured with paper tape." The clinical record failed to evidence a physician order for a change to the patient's wound care.</p> <p>4. A home health aide visit note dated 1/13/2015 evidenced the hospice aide changed the dressing to the patient's left heel. The agency's undated job description for hospice aides does not lists changing dressings as a task for the</p> |               | <p>RN Educator met with all Hospice Aide staff to clarify wound care and dressing change is not included in Hospice Aide scope of practice. This problem was corrected on 3/3/2015.</p> <p>2. Prevention strategy:</p> <p>Beginning March 31, 2015 a Quality Audit will be initiated that identifies all hospice patients currently on census with the problem "wound present" identified.</p> <p>Records of patients found to have "wound present" will be audited for:</p> <p>(1) Wound is included in Plan of Care</p> <p>(2) Wound Care orders are present</p> <p>(3) Wound care is provided in accordance with orders in Plan of Care</p> <p>(4) Documented visit frequencies are in compliance with orders</p> <p>Beginning on March 1, 2015 a</p> |                      |



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|                    | <p>(i) Ordered by the interdisciplinary group.<br/>(ii) Included in the plan of care.<br/>(iii) Permitted to be performed under State law by such hospice aide.<br/>(iv) Consistent with the hospice aide training.</p> <p>Based on clinical record and agency policy review and interview, the hospice agency failed to ensure the hospice aide provided services as ordered by the Interdisciplinary Group (IDG), included in the plan of care and permitted by state law, consistent with hospice aide training for 2 ( #s 3 and 11) of 13 records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #3 included orders dated 1/12/2015 for dressing changes to multiple pressure areas by the nurse. Hospice aide visit notes dated 1/2, 1/6, 1/9 and 1/13 of 2015 evidenced the hospice aide changed the dressings. The agency's undated job description for hospice aides does not permit the aide to change wound dressings. Indiana state rules do not permit wound care to be performed by a hospice aide. IC 16-25-3 does not permit wound care by the hospice aide.</p> <p>2. Clinical record # 11 included a plan of care for the certification period 1/13-4/12/2015 with physician orders for</p> | L 626         | <p>1. Plan of Correction:</p> <p>RN Educator met with all Hospice Aide staff to clarify wound care and dressing change is not included in the Hospice Aide scope of practice. This problem was corrected per staff meeting on 3/3/2015.</p> <p>Also formalized communication process for Aides reporting change in patient status to RN staff. This problem was corrected per staff meeting on 3/3/2015.</p> <p>Formalized practice that Hospice Aide paper charting must be initialed by each patient's primary RN prior to being filed in chart. This problem was corrected on 3/3/3015.</p> <p>2. Prevention strategy:</p> <p>Beginning March 1, 2015 a</p> | 03/13/2015           |

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| L 633<br><br>Bldg. 00   | <p>hospice aide visits twice weekly beginning the week of 1/25/2015. The hospice aide notes evidenced that only one visit was made the week of 1/25-1/31/2015 and that no aide visits were made the week of 2/8-2/14/2015.</p> <p>3. An agency policy dated 12/2008 titled Plan of Care states, " Purpose to provide direction to hospice personnel providing direct patient care."</p> <p>4. In an interview with employee D, the hospice aide, on February 21st, 2015, at 6 PM, the employee stated that she had changed the patient's dressing and they are allowed to do simple dressing changes.</p> <p>418.76(h)(3)<br/>SUPERVISION OF HOSPICE AIDES<br/>(3) The supervising nurse must assess an aide's ability to demonstrate initial and continued satisfactory performance in</p> |   | <p>Quality Audit was initiated to include 20% of all patients on census for the prior month.</p> <p>Charts are evaluated for inclusion of Aide documentation that has been initialed by supervising RN.</p> <p>3. Responsibility:</p> <p>Administrator: Oversight of Nursing staff</p> <p>Quality Manager: Quality Audit</p> <p>Hospice Educator: Education of Hospice Aide staff</p> <p>4. Implementation Date:</p> <p>Correction made on 3/3/15, however required to enter date post exit. Ongoing compliance will be measured by 180 day Quality Audit beginning 3/1/2015.</p> |                      |   |

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|                    | <p>meeting outcome criteria that include, but is not limited to--</p> <p>(i) Following the patient's plan of care for completion of tasks assigned to the hospice aide by the registered nurse.</p> <p>(ii) Creating successful interpersonal relationships with the patient and family.</p> <p>(iii) Demonstrating competency with assigned tasks.</p> <p>(iv) Complying with infection control policies and procedures.</p> <p>(v) Reporting changes in the patient's condition.</p> <p>Based on clinical record review and interview, the supervising nurse failed to ensure the hospice aide followed the plan of care for completion of assigned tasks for 1 (#3) of 13 records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #3 included a plan of care dated 12/29/2014 with physician orders dated 12/29/2014 and 1/12/2015 for dressing changes to multiple pressure areas to be performed by the nurse.</p> <p>2. Hospice aide visit notes dated 1/2, 1/6, 1/9 and 1/13 of 2015 evidenced the hospice aide performed dressing changes to the patient's wounds. The agency's undated job description for hospice aides does not permit the aide to change wound dressings. Indiana state rules, do not permit wound care to be performed by a hospice aide. IC 16-25-3 does not permit</p> | L 633         | <p>1. Plan of Correction:</p> <p>RN Educator met with all Hospice Aide staff to clarify wound care and dressing change is not included in the Hospice Aide scope of practice. This problem was corrected per staff meeting on 3/3/2015.</p> <p>Also formalized communication process for Aides reporting change in patient status to RN staff. This problem was corrected per staff meeting on 3/3/2015.</p> <p>Formalized practice that Hospice Aide paper charting must be initialed by each patient's primary RN prior to being filed in chart. This problem was corrected on 3/3/2015.</p> | 03/13/2015           |

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|   | <p>wound care to be performed by hospice aide.</p> <p>3. In an interview with employee D, the hospice aide, on February 21, 2015, at 6 PM, the employee stated that she had changed the patient's dressing and they are allowed to do simple dressing changes.</p> <p>4. In an interview with employee A, the patient's registered nurse, the employee stated that she was not aware the aide was changing the patient's wound dressings. The wounds were complex in nature and this task was not assigned to the aide on the patient's plan of care</p> |   | <p>2. Prevention strategy:</p> <p>Beginning March 1, 2015 a Quality Audit was initiated to include 20% of all patients on census for the prior month.</p> <p>Charts are evaluated for inclusion of Aide documentation that has been initialed by supervising RN.</p> <p>Focused Hospice Aide Supervisory visits at a rate of 2 visits per Aide per month will continue for a period of 180 days with attention to adherence to:</p> <p>(1) Patients individual Plan of Care</p> <p>(2) Hospice Aide compliance with reporting requirements to Primary RN</p> <p>3. Responsibility:</p> <p>Administrator: Oversight of Aides, Supervisory visits</p> |                      |   |

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|   |  |   | <p>Quality Manager: Quality Audit, Supervisory visits</p> <p>Hospice Educator: Hospice Educator, Supervisory visits</p> <p>RN Director of Nursing, Supervisory visits</p> <p>4. Implementation Date:</p> <p>Correction made on 3/3/15, however required to enter date post exit. Ongoing compliance will be measured by 180 day Quality Audit beginning 4/1/2015.</p> |                      |   |