

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151599	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/14/2013
NAME OF PROVIDER OR SUPPLIER PREMIER HOSPICE & PALLIATIVE CARE - INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 11550 N MERIDIAN STREET CARMEL, IN 46032		
(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 relicensure survey.</p> <p>Survey dates: August 12, 13, and 14, 2013</p> <p>Facility number: IN007409</p> <p>Medicaid number: 200990000A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">August 16, 2013</p>	L000000			

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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L000663	<p>418.100(g)(3) TRAINING (3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.</p> <p>Based on personnel file review, policy review, and interview, the agency failed to ensure the initial orientation of staff was completed in 3 of 14 personnel files reviewed creating the potential to affect all the agency's patients. (employees G, I, and L)</p> <p>Findings include:</p> <p>1. The undated policy titled, ""0060 Policy ... 0060 Procedure" states, "In order to assure uniform performance of patient services, each staff member hired for service in The Hospice will receive a comprehensive training in hospice services. ... A. The basic course content for all staff training will be based on the following topics: 1. Definition, history, philosophy of hospice and its concepts of care. 2. Pain and symptom control ... 7. Basic Infection control/Safety"</p>	L000663	<p>The Program Administrator, VP of Clinical Operations, Compliance RN, Patient Care Managers and Human Relations Manager will all be responsible for the completion of the orientation and the filing of completed orientation paperwork. 1) General orientation takes place in Carmel office. Each discipline responsible for conducting their portion of orientation will have a SEPARATE check off/check list. Each discipline conducting their portion will then be responsible to place the signed AND COMPLETED check list in a file with the candidates name on it. Once all check lists are completed for initial orientation, originals will be placed in their employee file and copies of each will then be put in a file/packet (preceptor packet) and given to the employee. 2) The employee will then be instructed to report the following day to their "hired" office and give the preceptor packet to their Patient Care</p>	09/06/2013			

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	<p>2. Review of personnel file G, date of hire 5/28/13, failed to evidence orientation to the hospice philosophy, pain and symptom control, and infection control.</p> <p>3. Review of personnel file I, date of hire 6/24/13, failed to evidence orientation to the hospice philosophy, pain and symptom control, and infection control.</p> <p>4. Review of personnel file L, date of hire 4/15/13, failed to evidence orientation to the hospice philosophy, pain and symptom control, and infection control.</p> <p>5. On 8/13/13 at 11:45 AM, employee A (administrator) indicated new staff should have their orientation completed and documented within the first few days of hire.</p>		<p>Manager. The PCM will review all documents completed during general orientation in Carmel to ensure all documents are SIGNED AND COMPLETE. PCM will then set employee up with a preceptor to be trained in the field along with completion of their skills check off. Employee will also be assigned to shadow with each discipline. They will then bring their preceptor packet back to their PCM. The PCM will then go over everything the employee has learned or been taught as well as ensure all check offs are COMPLETED AND SIGNED OFF ON. This will be a great time for the employee to go over questions they may be unsure of as well as determine if they are ready complete training or need additional orientation/training. 3) All COMPLETED training and check offs will be scanned to Carmel office Human Resources. and the completed documents will be filed in the employee files.4) All completed orientation will be entered in to Home Care Home Base (EMR) by Human Resources to allow on going monthly reports of completion.</p>		

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L000784	<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 agency failed to ensure all personnel qualifications were kept current in 1 of 14 files reviewed. (employee N)</p> <p>Findings include:</p> <p>1. Review of personnel file N evidenced a document dated 11/15/11 titled "Indiana Online Licensing" which states, "[Medical Director] ... Profession: Medical Licensing Board License Type: Osteopathic Physician ... Expiration Date: 6/30/2013"</p> <p>2. On 8/13/13 at 11:35 AM, employee O indicated the file did not contain the current license information for this employee.</p>	L000784	<p>The program administrator and the Human Resources Manager will insure current license are available in every employee file.</p> <p>1) Human Resources Manager will enter Medical Directors in electronic medical record system, (Home Care Home Base), and set alert notices for upcoming license expirations. At the time of alert the current license will be printed off the ISDH website and placed in the physicians file.</p> <p>2) The program administrator will run a monthly report from HCHB on outstanding compliance pieces needed for all employees including physicians. 3) Employees with expired compliance pieces will not be able to see patients until they have presented needed items.</p>	09/06/2013
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