STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	151578		07/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERNCARE EVANSVILLE	12251 C HWY 41 N EVANSVILLE, IN 47725

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L 0000 Bldg. 00	This was a hospice state relicensure and federal recertification survey Survey Dates: June 29, 2015 - July 2, 2015 Facility ID 003321 Medicaid Vendor ID 200406650 Clinical Records Reviewed 13 Home Visits 3 Census: 236 QR: JE 7/7/15	L 0000		
L 0531 Bldg. 00	418.54(c)(7) CONTENT OF COMPREHENSIVE ASSESSMENT [The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care. Based on agency policy and clinical	L 0531	The DOO/designee will educate	10/01/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	record review and interview, the hospice failed to ensure an initial bereavement assessment was completed and the information gathered was incorporated into the plan of care for 3 of 13 records reviewed (#5, 7 and 9). Findings: 1. Clinical record #5 failed to evidence an initial bereavement risk assessment completed by the IDG and incorporated into the plan of care. 2. Clinical record #7 failed to evidence an initial bereavement risk assessment completed by the IDG and incorporated into the plan of care. 3. Clinical record #9 failed to evidence an initial bereavement risk assessment completed by the IDG and incorporated into the plan of care. 4. An agency policy titled Bereavement Assessment (policy number 4-049.1) states, "The hospice bereavement plan of care will be developed based on the initial assessment of the patient and family/caregiver needs." 5. On July 2, 2015, at 1:30 PM, Employee H, the hospice agency's		all clinical staff on Policy 4-049 Bereavement Assessment to ensure proper timing of bereavement risk assessments. The DOO/designee will audit all new admits to ensure that initial bereavement assessments are completed. Audits will be performed until a threshold of at least 100% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.	

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	director of operations, indicated the initial bereavement assessment had not been completed for records 5, 7, and 9.			
L 0543 Bldg. 00	418.56(b) PLAN OF CARE 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. Based on observation and review of clinical records and agency policy, the registered nurse (RN) failed to follow the plan of care for 1 of 3 home visit observations (patient #3). Findings : 1. Clinical record number 3, with a start of care and hospice election of benefits dated 10/3/2012, included a plan of care with physician orders to instruct regarding effect of bladder incontinence on skin integrity as well as measures to protect skin, instruct regarding routine inspection of the skin, need for skilled	L 0543	The DOO/designee will educate all staff on Policy 4-027-"The Plan of Care", and Policy 4-080 Patient Education Process to ensure an individualized plan of care and education. The DOO/designee will audit 25% of all records to ensure proper individualized care and education provided to patient and family according to care. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All finding will be reported to the QAPI committee.	10/01/2015

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	teaching related to preservation of skin integrity, and instruct regarding use of support surfaces. The RN failed to provide skilled teaching regarding skin integrity as ordered in the plan of care and failed to assess the patient's skin during the visit completed June 30, 2015, at 2 PM. 2. An agency policy titled The Plan of Care (Policy number 4-027.1) states, "The care provided to the patient must be in accordance with the plan of care."			
L 0596 Bldg. 00	418.64(d)(1) COUNSELING SERVICES Counseling services must include, but are not limited to, the following: (1) Bereavement counseling. The hospice must: (i) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling. (ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care. (iii) Ensure that bereavement services reflect the needs of the bereaved.			

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	(iv) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c). Based on agency policy and clinical record review and interview, the hospice failed to ensure an initial bereavement assessment was completed and the information gathered was incorporated into the plan of care for 3 of 13 records reviewed (#5, 7 and 9). Findings: 1. Clinical record #5 failed to evidence an initial bereavement risk assessment completed by the IDG and incorporated into the plan of care. 2. Clinical record #7 failed to evidence an initial bereavement risk assessment completed by the IDG and incorporated into the plan of care. 3. Clinical record #9 failed to evidence an initial bereavement risk assessment completed by the IDG and incorporated into the plan of care. 4. An agency policy titled Bereavement Assessment (policy number 4-049.1)	L 0596	The DOO/designee will educate all clinical staff on Policy 4-049 Bereavement Assessment to ensure proper timing of bereavement risk assessments. The DOO/designee will audit all new admits to ensure that bereavement risk assessments have been completed. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.	10/01/2015

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	states, "The hospice bereavement plan of care will be developed based on the initial assessment of the patient and family/caregiver needs." 5. On July 2, 2015, at 1:30 PM, Employee H, the hospice agency's director of operations, indicated the initial bereavement assessment had not been completed for records 5, 7, and 9.			