

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151572		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/21/2013	
NAME OF PROVIDER OR SUPPLIER  SOUTHERNCARE INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 2345 S LYNHURST DR STE 108 INDIANAPOLIS, IN 46241			
(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 19, 20, and 21, 2013</p> <p>Facility number: IN002998</p> <p>Medicaid number: 200424080</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">August 23, 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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L000625	<p>418.76(g)(1) HOSPICE AIDE ASSIGNMENTS AND DUTIES (1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section. Based on clinical record review, policy review, and interview, the agency failed to ensure written patient care instructions for the hospice aide prepared and reviewed by the registered nurse were accurate in 1 of 10 records reviewed creating the potential to affect all the patients of the hospice receiving hospice aide services. (#7)</p> <p>Findings include:</p> <p>1. Clinical record #7, election date and start of care 3/15/13, contained a document dated 7/10/13 signed by all members of the interdisciplinary group titled "Update to Plan of Care" which states, "HA [hospice aide]: [employee K] Freq [frequency]: 2 x[times]/wk[week]." The record evidenced a physician's order dated 3/21/13 indicating a decrease of hospice aide visits to 2 times per week by family request.</p> <p>A. The document titled "Hospice</p>	L000625	<p>The Executive Director will review with the Clinical Director, Admission Nurse and RNCase Managers SC-HA-101 Hospice Aide Plan of Care to ensure that the frequency ordered for the Hospice Aide is correct on the Hospice Aide Plan of Care. RESPONSIBLE PARTY: Executive Director COMPLETION DATE: September 21, 2013 MONITORING: The Clinical Director will review 100% of all active medical records and new admissions for September, October and November to ensure that the frequency ordered for the Hospice Aide is correct on the Hospice Aide Plan of Care. Ongoing 10% of all active charts will be monitored for the above.</p>	09/10/2013			

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	<p>Aide POC [plan of care]" initiated on 3/15/13 by the registered nurse with updates on 4/10, 6/13, and 8/9/13 states, "HA Freq. (per week) 3."</p> <p>B. On 8/19/13 at 2:05 PM, employee D (registered nurse) indicated the hospice aide frequency was 3 times a week at start of care but then decreased to 2 times a week per physicians order on 3/21/13. The employee indicated the change in frequency was not updated on the hospice aide plan of care when reviewed by the registered nurse.</p> <p>C. On 8/19/13 at 2:30 PM, a home visit was conducted with patient #7 at which time patient's primary caregiver indicated the hospice aide makes visits 2 times a week.</p> <p>2. Agency policy with a revision date as 7/1/10 titled "Hospice Aide Plan of Care" states, "I. Policy In order to ensure safe, complete and efficient care of all patients and to inform each Hospice Aide of a new patient assignment, individualized written patient care instructions will be completed, reviewed and given to the hospice aide by a registered nurse who is a member of the interdisciplinary group and is responsible for the supervision of the hospice aide. II. Procedure ... C. The hospice aide plan of care is reviewed and</p>			

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	revised whenever necessary and no less frequently than every certification period by the RN [registered nurse] case manager."			