

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151585	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/23/2015
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NAME OF PROVIDER OR SUPPLIER  SOUTHERNCARE KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 2985 S WEBSTER ST KOKOMO, IN 46901
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L000000	<p>This visit was for a Hospice Federal re-certification and state relicensure survey.</p> <p>Survey Date: 1/13/15 - 1/23/15</p> <p>Facility #: 003913</p> <p>Medicaid Vendor #: 200470040</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Southerncare Hospice Kokomo was found out of compliance with IC 16-25-3 and the Conditions of Participation 42 CFR 418.52 Patient Rights, 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services, 418.58 Quality Assessment and Performance Improvement, 418.76 Hospice Aide and Homemaker Services, 418.104 Clinical Records, 418.106 Drugs/Biological's/Medical Supplies/DME, and 418.114 Personnel Qualifications.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 10, 2015</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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L000500	Based on administrative document review, clinical record review, policy review, and interview, it was determined the hospice failed to ensure the patient received written notice of the patient's rights and responsibilities for 1 of 2 admission packets reviewed and 6 of 9 clinical records reviewed (See L 0502); failed to ensure written advance directive information was provided to the patient on admission in 1 of 2 admission packets reviewed and 6 of 9 clinical records reviewed (See L 0503); failed to ensure the patient's or representative's signature confirming that he or she received a copy of the notice of rights and responsibilities was obtained in 6 of 9 clinical records reviewed (See L 0504); failed to ensure patient complaints were investigated and documented with a resolution in 1 of 1 complaint logs reviewed (See L 0505); failed to ensure that a violation was reported to the State survey and certification agency within 5 working days of becoming aware of the violation in 1 of 1 complaint logs reviewed and 1 of 9 clinical records reviewed (See L 0511); and failed to ensure the patient received information about the services covered under the hospice benefit in 1 of 9 clinical records reviewed (See L 0518).	L000500	The Director of Office Operations (DOO)/ designee will educate all staff on patient rights and responsibilities to include the patient bill of rights, advance directives, services covered by hospice, and the company complaint/grievance policy (Policy 2-006 - "Complaint/Grievance Process"). The DOO/designee will audit  100% of all active patient records and 100% of all admissions for documentation of delivery of patient rights (to include the Concern and Grievance Policy) and audit 100% of all complaints for investigation and resolution. The DOO/designee will also ensure that logs are kept for tracking/ trending of all complaints/grievances monthly. The DOO/designee will audit  25% of all active patient records monthly to ensure if complaints are voiced that the electronic/ paper complaint form will be documented and completed. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.	02/17/2015	

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L000502	<p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.52 Patient's Rights.</p> <p>418.52(a)(1) NOTICE OF RIGHTS AND RESPONSIBILITIES (1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands.</p> <p>Based on clinical record review, policy review, admission packet review, and interview, the hospice failed to ensure the patient received written notice of the patient's rights and responsibilities for 1 of 2 admission packets reviewed and 6 of 9 clinical records reviewed creating the potential to affect all of the agency's patients. (#3, 4, 5, 7, 8, and 9)</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "PATIENT BILL OF RIGHTS" states, "PURPOSE To encourage awareness of patient rights, to provide guidelines to assist patients making</p>	L000502	<p>The Director of Office Operations (DOO)/designee will educate all staff on patient rights and responsibilities to include the patient bill of rights, and the company complaint/grievance policy (Policy 2-006 - "Complaint/Grievance Process"). The DOO/designee will audit 100% of all admissions and admission packets for documentation of delivery of patient rights (to include the Concern and Grievance Policy) and audit 100% of all complaints for investigation and resolution. The DOO/designee will also ensure that logs are kept for tracking/trending of all complaints/grievances monthly. The DOO/designee will audit 25% of all records monthly to ensure if complaints are voiced that the electronic/ paper complaint form will be documented and completed.</p>	02/17/2015

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	<p>decisions regarding care, and to support active participation in care planning. ...</p> <p>PROCEDURE 1. The Patient Bill of Rights statement defines the right of the patient to: A. Voice Grievances ... B. Receive an investigation by the hospice of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, ... the existence of the complaint and the resolution of the complaint must be documented C. Be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service ... G. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of care/service and as changes occur ... H. Receive in writing, prior to the start of care, the telephone numbers for the state specified hotline ... 2. Upon admission, the admitting clinician/technician will provide each patient or his/her representative with a written copy of the patient bill of rights. 3. The patient bill of rights will be explained and distributed to the patient prior to the initiation of organization services ... 4. The admitting clinician will document that the patient has received a copy of the patient bill of rights. .... "</p> <p>2. Clinical record #3, election and start</p>		<p>Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.</p>		

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	<p>of care date 11/5/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>3. Clinical record #4, election and start of care date 12/2/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>4. Clinical record #5, election and start of care date 11/7/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>5. Clinical record #7, election and start of care date 11/19/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>6. Clinical record #8, election and start of care date 12/18/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>7. Clinical record #9, election and start of care date 12/2/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>8. Review of the hospice admission packet presented to patients in and after October 2014 failed to evidence written documentation of the patient's rights and responsibilities and failed to contain a</p>				

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L000503	<p>signature page for receiving of the information.</p> <p>9. On 1/16/15 at 1:55 PM, employee C (registered nurse) indicated the admission packets did not include the patient bill of rights and any patients admitted during or after October, 2014, were not provided the Patient Bill of Rights or Advance Directive information.</p> <p>10. On 1/16/15 at 1:56 PM, employee L (patient family coordinator) indicated the hospice has been using this admission packet since October, 2014. The employee indicated the consents signed upon admission does not indicate if this information was provided.</p> <p>418.52(a)(2) NOTICE OF RIGHTS AND RESPONSIBILITIES (2) The hospice must comply with the requirements of subpart I of part 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law. Based on clinical record review, admission packet review, policy review, and interview, the hospice failed to ensure written advance directive</p>	L000503	The Director of Office Operations (DOO)/designee will educate all staff on patient rights and responsibilities to include the patient bill of rights and advance directives. Education will include policy	02/17/2015			

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	<p>information was provided to the patient on admission in 1 of 2 admission packets reviewed and 6 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#3, 4, 5, 7, 8, and 9)</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "ADVANCE DIRECTIVES" states, "PURPOSE To support the implementation of the patient self-determination act within the framework of state and federal law and organization policies. PROCEDURE 1. Upon admission, the hospice representative will provide information regarding a patient's right to make decisions concerning health care, which includes the right to accept or refuse medical or surgical treatment, even if that treatment is life-sustaining, the right to execute advance directives, and applicable organization policies. Written information designed for this purpose will be provided to the adult patient. The hospice representative will document in the clinical/service record that the information was provided and document all discussions concerning Advance Directives. ... ."</p> <p>2. Clinical record #3, election and start</p>		<p># 2-032 Advance Directives. The DOO/designee will audit 100% of all admissions and the admission packets for documentation of delivery of information regarding advance directives and patient rights. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.</p>	

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	<p>of care date 11/5/14, failed to evidence the patient was provided written information on advance directives to include a description of applicable State law.</p> <p>3. Clinical record #4, election and start of care date 12/2/14, failed to evidence the patient was provided written information on advance directives to include a description of applicable State law.</p> <p>4. Clinical record #5, election and start of care date 11/7/14, failed to evidence the patient was provided written information on advance directives to include a description of applicable State law.</p> <p>5. Clinical record #7, election and start of care date 11/19/14, failed to evidence the patient was provided written information on advance directives to include a description of applicable State law.</p> <p>6. Clinical record #8, election and start of care date 12/18/14, failed to evidence the patient was provided written information on advance directives to include a description of applicable State law.</p>						

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	<p>7. Clinical record #9, election and start of care date 12/2/14, failed to evidence the patient was provided written information on advance directives to include a description of applicable State law.</p> <p>8. Review of the hospice admission packet presented to patients in and after October 2014 failed to evidence written information to present to the patient concerning its policies on advance directives and including a description of applicable State law.</p> <p>9. On 1/16/15 at 1:55 PM, employee C (registered nurse) indicated the admission packets did not include the patient bill of rights and any patients admitted during or after October, 2014, were not provided the Patient Bill of Rights or Advance Directive information.</p> <p>10. On 1/16/15 at 1:56 PM, employee L (patient family coordinator) indicated the hospice has been using this admission packet since October, 2014. The employee indicated the consents signed upon admission does not indicate if this information was provided.</p>				

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L000504	<p>418.52(a)(3) NOTICE OF RIGHTS AND RESPONSIBILITIES</p> <p>(3) The hospice must obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.</p> <p>Based on clinical record review, policy review, admission packet review, and interview, the hospice failed to ensure the patient's or representative's signature confirming that he or she received a copy of the notice of rights and responsibilities was obtained in 6 of 9 clinical records reviewed creating the potential to affect all of the agency's patients. (#3, 4, 5, 7, 8, and 9)</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "PATIENT BILL OF RIGHTS" states, "PURPOSE To encourage awareness of patient rights, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning. ... PROCEDURE 1. The Patient Bill of Rights statement defines the right of the patient to: A. Voice Grievances ... B. Receive an investigation by the hospice of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, ... the existence of the</p>	L000504	<p>The Director of Office Operations (DOO)/designee will educate all staff on patient rights and responsibilities to include the patient bill of rights. Policy # 2-002 Patient Bill of Rights. The DOO/designee will audit 100% of all admissions and admission packets for documentation of delivery of patient rights with signature from patient or representative. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.</p>	02/17/2015			

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	<p>complaint and the resolution of the complaint must be documented C. Be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service ... G. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of care/service and as changes occur ... H. Receive in writing, prior to the start of care, the telephone numbers for the state specified hotline ... 2. Upon admission, the admitting clinician/technician will provide each patient or his/her representative with a written copy of the patient bill of rights. 3. The patient bill of rights will be explained and distributed to the patient prior to the initiation of organization services ... 4. The admitting clinician will document that the patient has received a copy of the patient bill of rights. .... "</p> <p>2. The undated policy titled "ADMISSION CRITERIA AND PROCESS" states, "PROCEDURE ... 10. The patient or his/her representative will sign the required forms indicating election of hospice care and receipt of patient rights and privacy information. .... "</p> <p>3. Clinical record #3, election and start of care date 11/5/14, failed to evidence</p>						

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	<p>the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>4. Clinical record #4, election and start of care date 12/2/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>5. Clinical record #5, election and start of care date 11/7/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>6. Clinical record #7, election and start of care date 11/19/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>7. Clinical record #8, election and start of care date 12/18/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>8. Clinical record #9, election and start of care date 12/2/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>9. Review of the hospice admission packet presented to patients in and after October 2014 failed to evidence written documentation of the patient's rights and responsibilities and failed to contain a signature page for receiving of the</p>						

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L000505	<p>information.</p> <p>10. On 1/16/15 at 1:55 PM, employee C (registered nurse) indicated the admission packets did not include the patient bill of rights and any patients admitted during or after October, 2014, were not provided the Patient Bill of Rights or Advance Directive information.</p> <p>11. On 1/16/15 at 1:56 PM, employee L (patient family coordinator) indicated the hospice has been using this admission packet since October, 2014. The employee indicated the consents signed upon admission does not indicate if this information was provided.</p> <p>418.52(b)(1) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON (1) The patient has the right: (i) To exercise his or her rights as a patient of the hospice; (ii) To have his or her property and person treated with respect; (iii) To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice; and (iv) To not be subjected to discrimination or</p>						

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	<p>reprisal for exercising his or her rights. Based on hospice complaint log review, policy review, and interview, the hospice failed to ensure patient complaints were investigated and documented with a resolution in 1 of 1 complaint logs reviewed creating the potential to affect all patient's of the agency.</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "PATIENT BILL OF RIGHTS" states, "PURPOSE To encourage awareness of patient rights, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning. ... PROCEDURE 1. The Patient Bill of Rights statement defines the right of the patient to: A. Voice Grievances ... B. Receive an investigation by the hospice of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, ... the existence of the complaint and the resolution of the complaint must be documented C. Be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service ... G. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of</p>	L000505	<p>The Director of Office Operations (DOO)/ designee will educate all staff on patient rights and responsibilities to include the company complaint/grievance policy (Policy 2-006 - "Complaint/Grievance Process"). The DOO/designee will audit 100% of all admissions for documentation of delivery of patient rights (to include the Concern and Grievance Policy) and audit 100% of all complaints for investigation and resolution. The DOO/designee will also ensure that logs are kept for tracking/trending of all complaints/grievances monthly. The DOO/designee will audit 25% of all records monthly to ensure if complaints are voiced that the electronic/ paper complaint form will be documented and completed. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.</p>	02/17/2015	

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	<p>care/service and as changes occur ... H. Receive in writing, prior to the start of care, the telephone numbers for the state specified hotline ... 2. Upon admission, the admitting clinician/technician will provide each patient or his/her representative with a written copy of the patient bill of rights. 3. The patient bill of rights will be explained and distributed to the patient prior to the initiation of organization services ... 4. The admitting clinician will document that the patient has received a copy of the patient bill of rights. ... ."</p> <p>2. The policy dated December 2012 titled "COMPLAINT/GRIEVANCE PROCESS" states, "PURPOSE To set forth guidelines for the resolution of patient concerns, dissatisfaction, or complaints and to protect patient and family rights. POLICY Any difference of opinion, dispute, or controversy between a patient or family/caregiver or patient representative and Curo Health Services or contracted vendor concerning any aspect of services or the application of policies or procedures will be considered a grievance. The Director of Operations/DOO will be informed of situations that may become detrimental to good patient relations ... This grievance procedure will be included in the Patient Bill of Rights document given to each</p>						

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	<p>patient upon admission. PROCEDURE</p> <p>1. The hospice staff receiving the complaint will discuss, verbally and in writing, the grievance with a supervisor within five (5) days of the alleged grievance. The supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the patient's satisfaction. Response to the patient regarding the complaint will occur within ten (10) days of receipt. ... 3. Complaints and any action taken will be documented on a complaint form ... 4. Corrective action will be specific and related to the complaint. 5. Resolution information will be communicated to the patient or his/her representative filing the complaint. ... 6. Complaints received on patient satisfaction surveys (mail) will be documented on a complaint form and addressed as outlined above. ... ."</p> <p>3. On 1/13/15 at 12:30 PM, a review of the hospice complaint log was conducted.</p> <p>A. The complaint log evidenced a document titled "CUSTOMER FEEDBACK FORM" stating, "Individual Completing Form: [employee H (hospice aide)] ... Date Submitted: '8/6/14' ... Customer Name: [patient #12] ... Complaint [box checked] Unhappy with</p>			

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	<p>employee <input checked="" type="checkbox"/> Describe Situation Reported by Customer: 'I [employee H] was gone for two days and I returned and asked family how everything went while I was gone. [patient's] husband said he missed me and he was not happy with the aide that came to see his wife. Husband said the aide did not use any soap when washing his wife. ... Husband also said [aide] was in a big hurry and aide did not change her. ...' PROPOSED ACTION PLAN: [blank] RESOLUTION (Required within 1 week of report): Date: [blank] FOLLOW-UP NOTES: [blank] Did Patient/Family concern lead to a change in service provider? [blank] Verbal written notification of resolution communicated to personnel reporting incident: [blank]."</p> <p>B. The complaint log evidenced a document titled "CUSTOMER FEEDBACK FORM" stating, "Individual Completing Form: [employee H] ... Date Submitted: '8/6/14' ... Customer Name: [patient #13] ... Complaint <input checked="" type="checkbox"/> Unhappy with employee <input checked="" type="checkbox"/> Describe Situation Reported by Customer: 'I [employee H] was gone and was not able to see my patient so [employee Q (hospice aide)] helped me. I walked into [patient's] house and [patient] was so happy to see me. I asked</p>			

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	<p>how [patient's] week was and [patient] NEVER complains...[patient] said [patient] hated to say anything but did not want [employee Q] to come back. ... [patient] said [he/she] was given a real quick shower and [he/she] was put back in [his/her] chair and [aide] never asked to do anything else and [aide] left dirty wash cloths and wet towels in bathroom. ... ' PROPOSED ACTION PLAN: [blank] RESOLUTION (Required within 1 week of report): Date: [blank] FOLLOW-UP NOTES: [blank] Did Patient/Family concern lead to a change in service provider? [blank] Verbal written notification of resolution communicated to personnel reporting incident: [blank]."</p> <p>C. The complaint log evidenced a document titled "CUSTOMER FEEDBACK FORM" stating, "Individual Completing Form: [employee H] ... Date Submitted: '8/6/14' ... Customer Name: [patient #14] ... Complaint [box checked] Unhappy with employee [box checked] Describe Situation Reported by Customer: 'I [employee H] showed up on Monday and was not there Wed [Wednesday] and Fri [Friday] last week. [Employee Q] seen [patient] for me. I walked in and asked [patient] how week went. before I got my sentence out [patient's daughter] told me that they</p>						

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	<p>would prefer for [employee Q] not to come back. [Patient's daughter] told me that the aide was not steady with [patient]. It scared [daughter] how the aide was transferring [patient] and [daughter] ended up helping the aide give [patient] a shower because [daughter] was so scared. ... !</p> <p>PROPOSED ACTION PLAN: [blank]</p> <p>RESOLUTION (Required within 1 week of report): Date: [blank] FOLLOW-UP NOTES: [blank] Did Patient/Family concern lead to a change in service provider? [blank] Verbal written notification of resolution communicated to personnel reporting incident: [blank]."</p> <p>D. The complaint log evidenced a document titled "CUSTOMER FEEDBACK FORM" stating, "Individual Completing Form: [employee E (hospice aide)] ... Date Submitted: '8/11/14' Submitted To: [employee O (administrator)] ... Describe Situation Reported by Customer: 'Saturday morning while caring for my patients at [nursing facility], [employee Q] was also there. [employee Q] took care of [patient #15] and got [patient] out of bed with the assistance of the facility staff. ... When I got to the dining room [patient #15] was not being fed yet ... When I asked the facility staff if [employee Q] was still there they said [aide] had already left.</p>			

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	<p>My patient [patient #16] cannot be done by one person. There was no offer from [aide] to help. We are a team. no one else on our Team leaves without helping with [patient #16]!" PROPOSED ACTION PLAN: [blank] RESOLUTION (Required within 1 week of report): Date: [blank] FOLLOW-UP NOTES: [blank] Did Patient/Family concern lead to a change in service provider? [blank] Verbal written notification of resolution communicated to personnel reporting incident: [blank]."</p> <p>4. On 1/13/15 at 2:05 PM, employee B indicated employee O (administrator) was in charge of the complaints and every complaint should have documentation of action, resolution, and follow-up. The employee indicated the administrator had submitted her resignation on 1/8/15 and indicated being unaware if the complaints had been investigated.</p>			

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L000511	<p>418.52(b)(4)(iv) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON [The hospice must:] (iv) Ensure that verified violations are reported to State and local bodies having jurisdiction (including to the State survey and certification agency) within 5 working days of becoming aware of the violation. Based on clinical record review, hospice complaint log review, and interview, the hospice failed to ensure that a violation was reported to the State survey and certification agency within 5 working days of becoming aware of the violation in 1 of 1 complaint logs reviewed and 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (patient #2)</p> <p>Findings include:</p> <p>1. Clinical record #2, election and start of care date 9/24/14, contained a hospice certification and plan of care for certification period 9/24 to 12/22/14 with a principal diagnosis of Coronary Atherosclerosis Artery Bypass Graft. The record contained a hospice interdisciplinary group comprehensive assessment and plan of care update report dated 12/8/14 to include orders for skilled nursing services 3 times per week times 1 week, 2 times per week for 12 weeks, and 4 as needed with an order date as 9/24/14, hospice social worker</p>	L000511	<p>The DOO/designee will educate all staff on policy 5-005-Incident Reporting, Policy</p> <p>5-006- Sentinel/Serious Adverse Events,</p> <p>Policy 2-006 -Complaint/Grievance</p> <p>Process and CoP 418.52 #4 (1-4). The DOO will audit 100% of all complaints for follow up, resolution and required reporting to the state. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.</p>	02/19/2015			

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	<p>services 1 time per month and 2 as needed with an order date as 9/25/14, chaplain services 1 time per month and 2 as needed with an order date as 9/26/14, and hospice aide services 1 time week 1, 3 times per week for 12 weeks, and 1 time week 1 with an order date as 9/24/14.</p> <p>A. The record contained a coordination notes report dated 12/12/14 by employee H (hospice aide) stating, "Note Patient was complaining about arm hurting noticed blister on arm and hands and face sent pics to nurse she is contacting doctor. Patient was washed up."</p> <p>B. The record contained a coordination notes report dated 12/12/14 by the registered nurse (employee N) stating, "Note Diffuse red "Rash" noted on basis areas on PTs [patients] extremities. None noted on trunk. Some areas with very fine blisters. Discussed with [medical director, employee J] who stated to start a 5-day medrol dose pack. If no resolution in 2-3 days, let him know. Possible shingles, but since no rash noted on trunk, we will try steroids first."</p> <p>C. The record contained a coordination notes report dated 12/15/14</p>			

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	<p>by employee H stating, "Patient had rash and it looked worst than last week. called nurse and she came to evaluate. took patient to doctor. was shingles, waited on prescription, brought patient back in my car took patient to her room. patient stay in room until blisters scab. Patient has a lot of meds to take, talking to nurse to see what patient should do. needing extra help."</p> <p>The record evidenced a physicians verbal order entered by employee R (registered nurse), approved by employee O on 12/16/14 and electronically signed by the physician on 12/18/14 stating, "Order description: Clarification: On 12/15/14 the following orders were given: 1. Acyclovir 800 mg [milligrams] 1 tab [tablet] PO [orally] Q [every 4 hours 5x [times] a day for 7 days. 2. Tramadol 50 mg 1-2 tabs PO QID [4 times per day] PRN [as needed] Pain. 3. Benadryl 25 mg PO Q 8 hours PRN-Pruitis. 4. Calmoseptine Spray to area affected with shingles QID. ... ."</p> <p>D. The record evidenced an interdisciplinary narrative note dated 12/15/14 by employee M (hospice social worker-HSW) stating, "2:30 PM pg [page] 1 HSW was informed that the pt [patient] was being considered for a respite stay due to the way the doctor</p>						

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	wrote medication orders since the [assisted living facility] staff could not put the lotion on or change the pt's incontinence needs. ... pg 2 ... The [casemanager-employee N] asked if emergency CTC would be in line for tonight until placement was in place [due to] weakness [and] incontinence. DO [director of operations, employee O] replied that CTC would have to be done by a nurse if the calamine needs applied or pain pills or aides if just needed. ... pg 3 ... [employee N] then informed the DO, SW [and] PRN nurse that the facility can give [patient] the medication and that the calmoseptine was PRN. RNCM [registered nurse, case manager] was worried about the incontinence/fatigue. ... pg 4 ... DO then stated to start CTC to get the nurse on call notified. HSW then updated everyone that the paperwork had been sent to [attending physician] and that a chest xray was included. DO also stated they would need a [page 5] nurse or aide to cover the 4-8 a shift and that was [employee S, registered nurse] shift and he has clinicals all day tomorrow. Or if the 2 aides could go there until 4 am ... [employee T, registered nurse] then stated that she had put CTC into play because the son thought it would be a good idea. HSW then updated the group that the respite paperwork was sent to [assisted living facility] for the son's			

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	<p>signature per pts daughter ... pg 6 ... CTC list was then given. CTC was to be RN's [registered nurses] and aides due to the care issues needed."</p> <p>E. The record evidenced a visit note report dated 12/15/14 by employee E (hospice aide) stating, "Aide hospice visit ... In-home Time BEGAN 12/15/2014 08:39 PM COMPLETED 12/16/14 12:10 AM ... Narrative Patient Denys any pain. Patient went to sleep around 8:30 and slept soundly until 11:50. Patient got up, went to bathroom then went back to bed."</p> <p>F. The record evidenced a visit note report dated 12/16/14 by employee A (hospice aide) stating, "Aide Hospice visit ... In-Home Time BEGAN 12:11 AM ... COMPLETED 07:41 AM ... Narrative Patient was resting well an asked what time is it."</p> <p>G. The record evidenced a visit note report dated 12/16/14 by employee U (chaplain) stating, "Chaplain Continuous Care visit ... In-Home Time BEGAN 12/15/14 08:05 AM COMPLETED 12/16/14 12:48 PM Assessment ... NEUROLOGIC Indicate patient's mental status (mark all that apply): Alert Oriented to place Oriented to person Oriented to time Cooperative Calm</p>			

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	<p>Receptive ... NARRATIVE Indicate visit narrative: Arrived at 8:05 for CTC. Patient was awake and glad to see me. we talked. had asked for aid to come and give her a bath. wanted to get dressed. called office to let know. aid arrived. patient began to get very sleepy. learned that she had been given pain pill. facility director said aid had given pain pill. ... ."</p> <p>H. The record evidenced a visit note report dated 12/16/14 by employee R stating, "Hospice RN continuous care evaluation ... In-Home Time BEGAN 12/16/14 12:45 PM COMPLETED 12/16/14 04:03 PM ... Assessment ... NARRATIVE ... PT lethargic but alert, denies any current pain, states she feels sleepy. Blood pressure 80/56, Temp 97.4, Pulse 80, Respirations 8, SPO2 97% on O2[at] 3L [liters] per NC [nasal cannula]. PT states shes hungry, facility preparing something for PT to eat. ... ."</p> <p>2. On 1/13/15 at 12:30 PM, a review of the hospice complaint log was conducted.</p> <p>The complaint log evidenced a document titled "Customer Feedback Form" stating, "Individual completing form: [employee B] ... Date Submitted: 12.19.14 Submitted To: [employee C] Customer Name: [staff member at assisted living facility] Vendor [box</p>						

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	<p>checked] ... Complaint [box checked] ... Describe Situation Reported By Customer: Please See attached statement PROPOSED ACTION PLAN: Interview staff involved/obtain statements Speak with [staff member at assisted living facility] review client records review all statements and interview notes RESOLUTION (required within 1 week of report): Date 12-26-14 All disciplines involved are in the midst of disciplinary action being carried out at this time. [employee O] is not to communicate with [staff member at assisted living facility], if there is communication required beyond what CM [case manager] can provide, CM or [staff member at assisted living facility] to contact me directly. 12-30 [employee B], [employee V], [employee N], [staff member at assisted living facility] and patient's [daughter] to meet and review records/events. ... FOLLOW-UP NOTES: 12-19-14 Spoke with [staff member at assisted living facility] regarding events of the day pt was in CTC and phone calls with CD [clinical director] following those events. At this time [staff member at assisted living facility] would prefer to not be contacted by [employee O]. [employee O] made aware via email and phone 12-24 In kokomo office to interview CD who admits to being overwhelmed and</p>				

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	<p>"Probably a little defensive with situation" but at a loss as to why it's all been blown out of proportion. HA admits to administering medication "without thinking" [employee O] instructed to write termination up and run it past HR [human resources] today. Implement asap [as soon as possible]. ... Did patient/family concern lead to change in service provider? NO [box checked] Verbal written notification of resolution communicated to personnel reporting incident: YES [box checked] Date: 12-29-14 with [staff member at assisted living facility] to collaborate on approach of meeting with [daughter], ... on 12-30."</p> <p>A. Attached to this complaint was the following documentation, "[assisted living facility] Notes ... PART 1: Patient Care issue Monday 12.15.14 ... Sometime Monday afternoon CTC was called on the patient. ... HA [employee A] participated in the CTC from Tuesday 12.16.14 12am-4am, volunteered to pick up the 4am-8am. Tuesday 12.16.14 According to facility staff, [employee A] requested for the patient to have [his/her] pain medication due to the schedule at 7:30am before she left the facility. [employee A] received the medications from a staff member who put the medication in her bare hand and provided it to the patient. The medication that was</p>						

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	<p>needed was her Benadryl but instead she was given Tramadol. ... "</p> <p>B. Attached to this complaint was a interdisciplinary narrative note dated 12/16/14 by employee M stating, "pg 1 HSW was asked to sit on a phone call with [employee L] when the DO [employee O] called [a staff member at the assisted living facility]. ... [a staff member at the assisted living facility] shared that the aide came to ask for the medication prior [pg 2] to leaving the facility and the [staff member at assisted living facility] who could give the pt the medication was pregnant [and] should not give the medication due to the pt having shingles. So the aide gave the medication. ... "</p> <p>3. On 1/14/15 at 10:35 AM, employee C (registered nurse) indicated employee A (hospice aide) admitted to administering the pain medication to the patient and the information on the incident was sent to the hospice legal department. Employee C indicated the legal department informed the hospice it was not required to report this to the State agency, so this incident was not reported.</p>						

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L000518	<p>418.52(c)(7) RIGHTS OF THE PATIENT [The patient has a right to the following:] (7) Receive information about the services covered under the hospice benefit; Based on clinical record review, policy review, and interview, the hospice failed to ensure the patient received information about the services covered under the hospice benefit in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#8)</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "HOSPICE ELECTION STATEMENT" states, "PURPOSE To ensure that patients and/or legal guardians/caregivers understand the Medicare Part A or Medicaid coverage for hospice care and agree to this program. PROCEDURE 1. On admission, the admitting registered nurse will discuss the patient's eligibility for the medicare or medicaid hospice benefit. 2. The admitting registered nurse will explain the hospice election statement to the patient and family/caregiver or legal representatives. 3. The patient and family/caregiver, or his/her legal representative will be asked to sign the</p>	L000518	<p>The DOO/designee with educate all staff on policy number 4-023-Hospice election statement and CoP 418.52 (7) to ensure the patient or representative received information regarding the services covered under the hospice benefit. The hospice election will be signed and dated and a permanent part of the hospice medical record. The DOO will audit 100% of all admissions for the documentation of the hospice election. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and reported to the QAPI Committee.</p>	02/17/2015

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	<p>hospice election statement. 4. The hospice election statement will be located in the patient's clinical record and a copy will be given to the patient."</p> <p>2. Clinical record #8 contained a hospice certification and plan of care for certification period 12/18/14 to 3/17/15 stating, "Start of Care Date 12/18/2014 ... 21. Orders of Discipline and Treatments ... SN [skilled nursing] 2X [times] WK [week] X13, 1X WK X1 and 4 PRNS [as needed] MSW [social worker] Effective 12/21/2014 1WK1 HHA [hospice aide] 1WK1, 2WK12, 1WK1 CH [chaplain] Effective 12/21/2014 1WK1 ... 23. Nurse's Signature and Date of Verbal SOC [start of care] where applicable: (deemed as electronic signature) [employee P, registered nurse]/[employee O, administrator] 12/18/2014 ... 27. Attending physician's signature and Date signed [attending] 12/29/2014 28. Medical Director's signature and date signed [employee J] 12/29/2014 (electronically signed)." The record failed to evidence the hospice election statement with signature of receipt by the patient or caregiver.</p> <p>3. On 1/20/14 at 11:35 AM, employee C indicated the electronic medical record did not contain any consents, to include</p>			

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L000523	<p>the hospice election statement, for this patient.</p> <p>4. On 1/23/15 at 11:40 AM, employee L stated, "[patient last name] I cannot find" when asked if admission consents were located.</p> <p>418.54(b) TIMEFRAME FOR COMPLETION OF ASSESSMENT The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24. Based on clinical record review, policy review, and interview, the hospice failed to ensure all members of the hospice interdisciplinary group (IDG), in consultation with the individual's attending physician, completed the comprehensive assessment no later than 5 calendar days after the election of hospice care in 5 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#2, 3, and 4)</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "COMPREHENSIVE</p>	L000523	<p>The DOO/designee will educate all clinical staff on policy 4-042 -Comprehensive Assessment and 4-032 Interdisciplinary Group Meeting to ensure the comprehensive assessment is completed within 5 days of admission and the update to the comprehensive assessment/IDG occurs no less than every 15 days. The DOO will audit 100% of all admissions for the documentation of the comprehensive assessment completed within 5 days of admission and IDG/plan of care update every 15 days or less. Audits will be performed until a threshold of 100% is maintained for 2 consecutive months. All findings will be reviewed and</p>	02/19/2015

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	<p>ASSESSMENT" states, "PURPOSE To provide guidelines for the comprehensive assessment. POLICY A Comprehensive assessment will be performed by the interdisciplinary group no later than 5 calendar days after the election of hospice care in consultation with attending physician if any. ... ."</p> <p>2. Clinical record #2, election and start of care date 9/24/14, evidenced a hospice certification and plan of care for certification period 9/24/14 to 12/22/14 with orders for skilled nursing services, hospice social worker and chaplain services, and hospice aide services. The plan of care states, "23. Nurse's signature and date of verbal SOC [start of care] ... (deemed as electronic signature) [employee L, registered nurse]/ [Employee O, administrator] 9/24/2014 ... 27. Attending physician's Signature and Date signed [attending physician signature] 10/3/2014 28. Medical Director's Signature and Date Signed [employee J] 10/06/2014 (electronically signed)." The record failed to evidence all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>A. The record evidenced a skilled nursing visit note dated 9/24/14 by</p>		reported to the QAPI Committee.				

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	<p>employee L stating, "Visit Date 9/24/2014 ... Visit Type: ... Hospice RN [registered nurse] Start of Care ... [page 8 of 13] Indicate telephone call to physician to discuss plan of care: 'Yes' I have conferred with the following team members, we have agreed to the initial plan of care, and it meets criteria for hospice admission: 'Attending Physician' ... ."</p> <p>B. The record evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" with a signature sign-in sheet of all members stating, "This IDG Meeting Date: 10/06/2014 ... IDG Meeting Reason: NEW ADMISSION ... ."</p> <p>C. On 1/21/15 at 2:06 PM, employee C (registered nurse) indicated being unable to locate documentation of the IDG meeting within the required timeframe.</p> <p>3. Clinical record #3, election and start of care date 11/5/14, evidenced a hospice certification and plan of care for certification period 11/5/14 to 2/2/15 with orders for skilled nursing services, hospice social worker and chaplain services, and hospice aide services. The plan of care states, "23. Nurse's signature and date of verbal SOC ... (deemed as</p>						

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	<p>electronic signature) [employee R, registered nurse]/[Employee O] 11/5/2014 ... 27. Attending physician's Signature and Date signed [employee J] 11/12/2014 (electronically signed) 28. Medical Director's Signature and Date Signed [employee J] 11/12/2014 (electronically signed)." The record failed to evidence all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>A. The record evidenced a skilled nursing visit note dated 11/5/14 by employee R stating, "Visit Date 11/5/2014 ... Visit Type: ... Hospice RN Start of Care ... [page 7 of 12] Indicate telephone call to physician to discuss plan of care: 'Yes' I have conferred with the following team members, we have agreed to the initial plan of care, and it meets criteria for hospice admission: 'Medical Director' ... ."</p> <p>B. The record evidenced a document titled "IDG Summary Report" with a signature sign-in sheet of all members stating, "This IDG Meeting Date: 11/17/2014 ... IDG Meeting Reason: NEW ADMISSION ... ."</p> <p>C. On 1/14/15 at 12:40 PM, employee C indicated the IDG first met</p>			
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	<p>for this patient 12 days after the election of hospice on 11/17/14..</p> <p>4. Clinical record #4, election and start of care date 12/2/14, evidenced a hospice certification and plan of care for certification period 12/2/14 to 3/1/15 with orders for skilled nursing services, hospice social worker and chaplain services, and hospice aide services. The plan of care states, "23. Nurse's signature and date of verbal SOC ... (deemed as electronic signature) [employee W, registered nurse]/[Employee O] 12/2/2014 ... 27. Attending physician's Signature and Date signed [employee J] 12/13/2014 (electronically signed) 28. Medical Director's Signature and Date Signed [employee J] 12/13/2014 (electronically signed)." The record failed to evidence all members of the IDG completed the comprehensive assessment no later than 5 calendar days after the election of hospice.</p> <p>A. The record evidenced a skilled nursing visit note dated 12/2/14 by employee W stating, "Visit Date 12/2/2014 ... Visit Type: ... Hospice RN Start of Care ... [page 9 of 15] Indicate telephone call to physician to discuss plan of care: 'Yes' I have conferred with the following team members, we have agreed to the initial plan of care, and it</p>						

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L000536	<p>meets criteria for hospice admission: 'Medical Director Case Manager/RN Attending Physician' ... ."</p> <p>B. The record evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" with a signature sign-in sheet of all members stating, "This IDG Meeting Date: 12/15/2014 ... IDG Meeting Reason: NEW ADMISSION ... ."</p> <p>C. On 1/22/15 at 3:30 PM, employee C indicated the IDG did not meet within the required timeframe for this patient.</p>	L000536	<p>The DOO/designee will educate all IDG team members on Condition of Participation 418.56, policy number 4-031- Interdisciplinary Group Plan of Care, 4-027 -The Plan of Care, and Policy 4-001-IDG Members Responsibility to ensure the RN with other IDG team members provides coordination of care, the plan of care is individualized, education is provided to the patient and/or caregiver, the plan of care includes all supplies, DME, and treatments</p>	02/19/2015			
	<p>Based on clinical record review, document and policy review, observation, and interview, it was determined the hospice failed to ensure the registered nurse that is a member of the interdisciplinary group provided coordination of care and ensured continuous assessments of the patient's and family's needs in 2 of 9 clinical records (See L 540); failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care</p>						

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	established by the hospice interdisciplinary group with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs in 6 of 9 clinical records (See L 543); failed to ensure each patient and the primary care giver(s) received education and training provided by the hospice as appropriate to their responsibilities in 1 of 9 clinical records reviewed (See L 544); failed to ensure to develop an individualized written plan of care for each patient to include all services necessary for the palliation and management of the terminal illness and related conditions in 1 of 9 clinical records reviewed (See L 545); failed to ensure the plan of care included all medical supplies and appliances necessary to meet the needs of the patient in 1 of 9 clinical records reviewed (See L 550); failed to ensure that the interdisciplinary group maintained responsibility for coordinating the care and services provided in 1 of 9 clinical records reviewed (See L 554); failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care established by the hospice interdisciplinary group with the attending physician (if any), the patient or representative, and the primary caregiver		to meet the patients needs, and to ensure all parts of the plan of care are communicated to the patient/respresenative and all members of the IDG. The DOO/designee will audit 25% of all active charts monthly. When compliance threshold of 90% for all the areas of the plan of care L540, L543, L544, L545, L550, L554, L555, L556, L557 is maintained for 2 consecutive months, audits will be reduced to quarterly and findings will be reported to the QAPI committee.				

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L000540	<p>in accordance with the patient's needs in 6 of 9 clinical records (See 555); failed to ensure that the care and services provided were based on all assessments of the patient and family needs in 1 of 9 clinical records reviewed (See L 556); and failed to ensure to provide for and ensure the ongoing sharing of information between all disciplines providing care and services in 2 of 9 clinical records reviewed (See L 557).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with IC 16-25-3 and the Conditions of Participation 42 CFR 418.56 Interdisciplinary group, care planning, and coordination of services.</p> <p>418.56(a)(1) APPROACH TO SERVICE DELIVERY 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. Based on clinical record review, hospice document review, and policy review, and interview, the hospice failed to ensure the registered nurse that is a member of the interdisciplinary group provided</p>	L000540	The DOO/designee will educate all staff on on Policy 4-027 – "The Plan of Care", and Policy 4-002-Hospice Nursing Care specifically regarding ordered frequencies, staff following the ordered frequency	02/17/2015

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	<p>coordination of care and ensured continuous assessments of the patient's and family's needs in 2 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#7 and #9)</p> <p>Findings include:</p> <p>1. Clinical record #7, election date and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/7/14 to 2/4/15 with orders to include hospice aide visits 3 times per week for 12 weeks and 1 time per week for 1 week to assist with ADLs (activities of daily living) and personal care needs. The record evidenced a hospice aide visit was conducted on November 26, 2014, for week 4 and December 1 and 3, 2014, for week 5. The record failed to evidence a 2nd and 3rd aide visit for week 4 and failed to evidence a 3rd aide visit for week 5.</p> <p>A. On 1/15/14 at 10 AM, an interview with the case manager (employee N-registered nurse) was conducted prior to the home visit observation. The employee indicated being unaware of the aide missed visits and indicated there is no way to know about missed visits. The employee indicated this is the office managers job.</p>		<p>and coordination of all services. The DOO/designee will audit 25% of all records to ensure that proper frequencies are present for all disciplines, that documentation is present and supports the ordered frequencies and that the RN coordinates and is aware of all services. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>				

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	<p>B. On 1/22/15 at 4 PM, employee C (registered nurse) indicated it is the case managers responsibility to make sure all visits are made and there are several ways to make sure the visits are made according to the plan of care. The employee indicated there was only one aide visit made week 4 and two visits made week 5.</p> <p>2. Clinical record #9, election date and start of care date 12/2/14, contained a hospice certification and plan of care with a principal diagnosis of Malignant Neoplasm of Esophagus Unspecified site.</p> <p>A. The record evidenced an initial comprehensive assessment dated 12/2/14 by employee L (registered nurse) stating, (page 2 of 13) "INDICATE HEALTH HISTORY OBTAINED: 93 year old female home patient who was recently diagnosed with esophageal cancer with probable mets to the lungs. Patient has declined further treatment other than the stent that was placed in her esophagus yesterday. Previously had had cervical and breast cancer that was treated with surgery and chemo. has lost 25# [pounds] since June due to decreased ability to swallow and increased abdominal pain. has had to modify consistency of diet in order to be able to</p>						

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	<p>swallow. ambulates with a rolator. daughter assisting with shower and dressing due to patient getting weaker. had had 2 falls in the past 3 months. one of which resulted in patient fracturing her right eye socket. takes Tylenol for pain which she states handles it. ... [page 8 of 13] INDICATE IADLS [Instrumental Activities of Daily Living] REQUIRING ASSISTANCE: Housekeeping Shopping Meal Prep INDICATE ADLs REQUIRING ASSISTANCE: Bathing Dressing ... "</p> <p>B. The record contained a document titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/08/2014 ... IDG Meeting Reason: NEW ADMISSION ... Frequency SN [skilled nursing] 3X [times] WK [week] X1, 2X WK X12 AND 4 PRNS [As Needed] order date 12/02/2014 ... MSW [medical social worker] 1X MO [month] AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... HA [hospice aide] SERVICES PROVIDED: (YES) IF YES, ORDERED HA VISIT FREQUENCY: 3X/WK. ... "</p> <p>C. The record contained a document titled "Hospice IDG Comprehensive</p>			

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	<p>Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/22/2014 ... IDG Meeting Reason: RECURRING ... Frequency SN 3X WK X1, 2X WK X12 AND 4 PRNS order date 12/02/2014 ... MSW 1X MO AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... IS HHA ASSIGNED: NA [not applicable] HHA CARE PLAN REVIEWED: NA. ... ."</p> <p>3. A document dated 12/8/14 titled "CARE TEAM MEETING SUMMARY - SIGN IN" failed to evidence the signature of the admitting nurse (employee L).</p> <p>The care team meeting for 12/22/14 failed to evidence a signature sheet.</p> <p>4. On 1/20/15 at 11:50 AM, employee C (registered nurse) indicated the registered nurse must have made a mistake while documenting on the IDG meeting because hospice aide services were never ordered. The employee indicated patient or caregiver refusal of this services should have been documented along with why this services was refused but was unable to locate documentation of this in the clinical record.</p> <p>5. The policy dated December, 2012</p>				

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	<p>titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 8. Care decisions and services to be provided will</p>			

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L000543	<p>be made as a result of the care planning process, analysis of initial and ongoing comprehensive assessments, and analysis of patient response to care against goals and outcomes. ... 14. Care provided to the patient will be in accordance with the plan of care. ... "</p> <p>6. The policy dated December, 2012 titled "MONITORING PATIENT'S RESPONSE/REPORTING TO PHYSICIAN" states, "PURPOSE To provide guidelines for monitoring the patient's response to hospice care, and for reporting to the patient's physician. POLICY Clinicians will monitor, document, and report the patient's response to care and treatment provided on each hospice visit. ... Clinicians will establish and maintain ongoing communication with the patient's physician and the hospice medical director to ensure safe and appropriate care for the patient. ... PROCEDURE ...</p> <p>3. The patient's physician and/or the hospice medical director will be contacted on the same day wen any of the following occur: ... G. There is any problem implementing the plan of care. ... "</p> <p>418.56(b) PLAN OF CARE</p>				

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	<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 review, and interview, the hospice failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care established by the hospice interdisciplinary group with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs in 6 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#1-3 and 5-7)</p> <p>Findings include:</p> <p>1. Clinical record #1, election date and start of care date 9/24/13, contained a document titled "HOSPICE IDG [interdisciplinary group] MEETING DATE: 07/28/2014 ... IDG MEETING REASON: RECURRING ... Current Discipline Frequency SN [skilled nursing] 2X [times] WK [week] X8, 1X WK X1 AND 4 PRNS [as needed] HHA [hospice aide] 2WK8, 1WK1 MS [medical social worker] 1X MO [month]</p>	L000543	<p>The DOO/designee will educate all staff on Policy 4-027 – "The Plan of Care", and Policy 4-034 Monitoring Patient's Response/Reporting to the Physician to ensure an individualized plan of care which is reported to the attending/ medical director and patient / representative.</p> <p>The DOO/designee will audit 25% of all records to ensure that proper frequencies are present for all disciplines, that documentation is present and supports the ordered frequencies and that the RN coordinates and is aware of all services. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>	02/19/2015			

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	<p>AND 2 [PRNS] CH [chaplain] 1X MO [month] AND 2 PRNS Current problem list ... NEED FOR VOLUNTEER SERVICES FOR PATIENT/CAREGIVER ... Current Meeting Summary ... VOLUNTEER COORDINATOR [employee X] - electronically signed VOLUNTEER SERVICES PROVIDED - 1X PER MONTH ... ." The record contained a document titled "HOSPICE IDG [interdisciplinary group] MEETING DATE: 08/11/2014 ... IDG MEETING REASON: RECURRING ... Current Discipline Frequency SN 2X WK X8, 1X WK X1 AND 4 PRNS HHA 2WK8, 1WK1 MS 1X MO AND 2 CH 1X MO AND 2 PRNS Current problem list ... NEED FOR VOLUNTEER SERVICES FOR PATIENT/CAREGIVER ... Current Meeting Summary ... VOLUNTEER COORDINATOR [employee X] - electronically signed VOLUNTEER SERVICES PROVIDED - 1X PER MONTH ... ."</p> <p>A. The record evidenced a document titled "Aide Care Plan Report" stating, "Start of Episode: 05/22/2014 ... End of Episode: 07/20/2014 ... 485 Frequency ... HHA [hospice aide] 1WK [week] 1, 2WK8 ... " The record failed to evidence a second visit was made for weeks 5 and</p>			
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7.	<p>On 1/16/15 at 1:10 PM, employee C indicated only one hospice aide visit was conducted for weeks 5 and 7.</p> <p>B. The record failed to evidence volunteer services were provided for episodes 5/22 to 7/20/14 and 7/21 to 9/16/14.</p> <p>On 1/16/15 at 1 PM, employee L indicated being unable to locate documentation of volunteer visits for the year of 2014.</p> <p>2. Clinical record #2, election date and start of care date 9/24/14, contained a hospice certification and plan of care for certification period 9/24/14 to 12/22/14 with orders to include hospice aide visits 1 time per week for 1 week and 3 times per week for 12 weeks to assist with ADLs and personal care needs.</p> <p>A. The record evidenced hospice aide visits were conducted October 27 and 29, 2014, November 24, 2014, December 1 and 3, 2014, and December 10 and 12, 2014. The record failed to evidence a 3rd aide visit was made for week 6, failed to evidence a 2nd and 3rd visit for week 10, failed to evidence a 3rd visit for week 11, and failed to evidence a</p>			

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	<p>3rd aide visit for week 12.</p> <p>B. On 1/21/15 at 2:30 PM, employee C (registered nurse) indicated hospice aide visits were conducted on 10/27 and 10/29/14, 11/24/14, 12/1 and 12/3/14 and 12/10 and 12/12/14. The employee was unable to locate documentation to support all visits were conducted as ordered on the plan of care.</p> <p>3. Clinical record #3, election date and start of care date 11/5/14, contained a hospice certification and plan of care for certification period 11/5/14 to 2/2/15 with orders to include hospice aide visits 1 time per week for 1 week and 2 times per week for 12 weeks to assist with ADLs and personal care needs.</p> <p>A. The record evidenced a hospice aide visit was conducted on November 25, 2014, for week 3, December 16, 2014, for week 7, and December 30, 2014, for week 9. The record failed to evidence hospice aide visits were conducted for weeks 3 and 8 and failed to evidence a second visit was conducted for weeks 4, 7, and 9.</p> <p>B. On 1/14/15 at 4 PM, employee C indicated hospice aide visits were not conducted as ordered on the plan of care.</p>						

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	<p>4. Clinical record #5, election date and start of care date 11/7/14, contained a hospice certification and plan of care for certification period 11/7/14 to 2/4/15 with orders to include skilled nursing services 2 times per week for 13 weeks, 1 time per week for 1 week, and 4 as needed visits and hospice aide visits 3 times per week for 12 weeks and 1 time per week for 1 week, effective 11/9/14, to assist with ADLs and personal care needs.</p> <p>A. The record evidenced a hospice aide visit was conducted on November 26, 2014, for week 4 and December 1 and 3, 2014, for week 5. The record failed to evidence a 2nd and 3rd aide visit for week 4 and failed to evidence a 3rd aide visit for week 5.</p> <p>B. On 1/22/15 at 4:05 PM, employee C indicated the visit frequency for the hospice aide is 3 times per week. The employee indicated two hospice aide visits were missed for week 4 and one was missed week 5</p> <p>5. Clinical record #6, election and start of care date 5/12/14, contained a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 10/20/2014 ... Previous</p>						

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	<p>IDG Meeting Date: 10/05/2014 ... CURRENT MEETING SUMMARY Registered Nurse [employee Y] - electronically signed Details ... HA services provided (Yes or No): YES If yes, ordered HA visit frequency: 5X WEEKLY ... "</p> <p>A. The record failed to evidence hospice aide visits were conducted for week 8 as ordered on the plan of care.</p> <p>B. On 1/21/15 at 2 PM, employee C indicated there was an order for 4 visits for week 8 due to the holiday. The employee indicated there was only 3 visits conducted that week and there should have been a fourth aide visit conducted on 11/24/14 but was not.</p> <p>6. Clinical record #7, election date and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15 with orders to include skilled nursing services 3 times per week for 1 week, 2 times per week for 12 weeks, and 4 PRN visits and hospice aide visits 3 times per week for 12 weeks and 1 time per week for 1 week to assist with ADLs and personal care needs.</p> <p>A. The record evidenced a hospice aide visit was conducted on November</p>						

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	<p>26, 2014, for week 4 and December 1 and 3, 2014, for week 5. The record failed to evidence a 2nd and 3rd aide visit for week 4 and failed to evidence a 3rd aide visit for week 5.</p> <p>On 1/22/15 at 4 PM, employee C (registered nurse) indicated it is the case managers responsibility to make sure all visits are made and there are several ways to make sure that the visits are made according to the plan of care. The employee indicated there was only one aide visit made week 4 and two visits made week 5.</p> <p>B. The record evidenced a skilled nursing visit was conducted week 7 on January 6, 2015. The record failed to evidence a second visit was made for week 7.</p> <p>On 1/15/15 at 11:30 AM, a home visit was conducted. At 12:15 PM, the patient indicated the registered nurse comes 2 times per week but has been sick. The patient indicated the registered nurse did not make a visit for the week of January 4 through January 10, 2015 and the patient's daughter had to perform wound care.</p> <p>7. The policy dated December, 2012 titled "THE PLAN OF CARE" states,</p>				

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	"PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 14. Care provided to the patient will be in accordance with the plan of care. ... "			

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	<p>8. The policy dated December, 2012 titled "MONITORING PATIENT'S RESPONSE/REPORTING TO PHYSICIAN" states, "PURPOSE To provide guidelines for monitoring the patient's response to hospice care, and for reporting to the patient's physician. POLICY Clinicians will monitor, document, and report the patient's response to care and treatment provided on each hospice visit. ... Clinicians will establish and maintain ongoing communication with the patient's physician and the hospice medical director to ensure safe and appropriate care for the patient. ... PROCEDURE ...</p> <p>3. The patient's physician and/or the hospice medical director will be contacted on the same day wen any of the following occur: ... G. There is any problem implementing the plan of care. ... "</p> <p>9. The policy dated December, 2012 titled "INTERDISCIPLINARY GROUP PLAN OF CARE" states, "PURPOSE To ensure the coordination of services for each patient. POLICY The hospice interdisciplinary group will retain professional management responsibilities for the provision of services and will insure that services are furnished in a safe and effective manner. ... The type and</p>			

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L000544	<p>scope of services provided by the interdisciplinary group will be based upon comprehensive and ongoing assessments regarding the needs of the patient and family/caregiver and the comprehensive plan of care that defines patient and family/caregiver problems, goals, and interventions. ...</p> <p>PROCEDURE ... 3. It will be the responsibility of the case manager to facilitate communication about changes in the patient's status between interdisciplinary group members and the patient's attending physician if any. 4. Curo health services personnel will communicate changes in a timely manner via telephone, one-to-one meetings, interdisciplinary group meetings, and home visits. Documentation of all communications will be included in the clinical record on a communication note, interdisciplinary group meeting form, and/or clinical note. ... "</p> <p>418.56(b) PLAN OF CARE</p>				

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	<p>The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.</p> <p>Based on clinical record and policy review, observation, and interview, the hospice failed to ensure each patient and the primary care giver(s) received education and training provided by the hospice as appropriate to their responsibilities in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#7)</p> <p>Findings include:</p> <p>1. Clinical record #7, election and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15.</p> <p>A. The record contained documents dated 12/1/14, 12/15/14, 12/29/14, and 1/12/14 titled "Hospice IDG [interdisciplinary group] Assessment and Plan of Care Update Report." The plans of care update reports failed to identify the patient and/or caregiver was provided education and training related to proper use of the Hoyer lift.</p> <p>B. The record contained a skilled</p>	L000544	<p>The DOO/designee will educate all clinical staff on Policy # 6-030 Safe and Appropriate use of Medical Equipment and Supplies to ensure all clinical staff understand the responsibility of the clinician to instruct patient/caregivers on the appropriate use of all medical equipment within the patients plan of care.</p> <p>The DOO/designee will audit 25% of all active patients records to ensure the education of all equipment and supplies has been documented and provided to the patient/caregiver.</p> <p>Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>	02/19/2015	

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	<p>nursing visit note dated 12/12/14 by employee P (registered nurse) stating, (page 6 of 11)"INDICATE EQUIPMENT/SUPPLIES ORDERED BY HOSPICE (MARK ALL THAT APPLY): Hoyer Lift ... ."</p> <p>C. On 1/15/15 at 11:30 AM, a home visit was conducted. Observations identified a Hoyer lift in the patient's room. At approximately 11:45 AM, the patient indicated the hospice had not provided education with the patient or caregivers on the use of the Hoyer lift.</p> <p>D. On 1/23/15 at 10:50 AM, employee L indicated being unable to locate documentation of the patient and/or family being provided education of the use of the Hoyer lift.</p> <p>2. The policy dated June, 2011 titled "SAFE AND APPROPRIATE USE OF MEDICAL EQUIPMENT AND SUPPLIES" states, "PURPOSE All durable medical equipment and medical supplies will be managed in a safe and appropriate manner. ... PROCEDURE ...</p> <p>4. It is the responsibility of the clinician/technician, as appropriate, to instruct patients and their family/caregivers regarding the safe and appropriate use of durable medical equipment, home care supplies, and</p>						

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L000545	<p>oxygen. ... Evidence of this instruction will be documented in the clinical record. ... "</p> <p>418.56(c) CONTENT OF PLAN OF CARE The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Based on clinical record review, hospice document review and policy review, and interview, the hospice failed to develop an individualized written plan of care for each patient to include all services necessary for the palliation and management of the terminal illness and related conditions in 1 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#9)</p> <p>Findings include:</p> <p>1. Clinical record #9, election date and start of care date 12/2/14, contained a hospice certification and plan of care with a principal diagnosis of Malignant Neoplasm of Esophagus Unspecified site.</p>	L000545	<p>The DOO/designee will educate all IDG team members on policy # 4-027 The Plan of Care to ensure all members of the IDG document their collaboration of the development of the IDG. The IDG agenda and signing form will be utilized for all IDG meetings. The DOO/designee will audit 25% of all active patients records to ensure the documentation of and individualized and collaborated plan of care from all IDG team members. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>	02/19/2015

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	<p>A. The record evidenced an initial comprehensive assessment dated 12/2/14 by employee L (registered nurse) stating, (page 2 of 13) "INDICATE HEALTH HISTORY OBTAINED: 93 year old female home patient who was recently diagnosed with esophageal cancer with probable mets to the lungs. Patient has declined further treatment other than the stent that was placed in her esophagus yesterday. Previously had had cervical and breast cancer that was treated with surgery and chemo. has lost 25# [pounds] since June due to decreased ability to swallow and increased abdominal pain. has had to modify consistency of diet in order to be able to swallow. ambulates with a rolator. daughter assisting with shower and dressing due to patient getting weaker. had had 2 falls in the past 3 months. one of which resulted in patient fracturing her right eye socket. takes Tylenol for pain which she states handles it. ... [page 8 of 13] INDICATE IADLS [Instrumental Activities of Daily Living] REQUIRING ASSISTANCE: Housekeeping Shopping Meal Prep INDICATE ADLS [Activities of Daily Living] REQUIRING ASSISTANCE: Bathing Dressing ... ."</p> <p>B. The record contained a document titled "Hospice IDG [interdisciplinary</p>				

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	<p>group] Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/08/2014 ... IDG Meeting Reason: NEW ADMISSION ... Frequency SN [skilled nursing] 3X [times] WK [week] X1, 2X WK X12 AND 4 PRNS [As Needed] order date 12/02/2014 ... MSW [medical social worker] 1X MO [month] AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... HA [hospice aide] SERVICES PROVIDED: (YES) IF YES, ORDERED HA VISIT FREQUENCY: 3X/WK. ... ."</p> <p>C. The record contained a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/22/2014 ... IDG Meeting Reason: RECURRING ... Frequency SN 3X WK X1, 2X WK X12 AND 4 PRNS order date 12/02/2014 ... MSW 1X MO AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... IS HHA ASSIGNED: NA [not applicable] HHA CARE PLAN REVIEWED: NA. ... ."</p> <p>2. A document dated 12/8/14 titled "CARE TEAM MEETING SUMMARY - SIGN IN" failed to evidence the signature of the admitting nurse</p>			

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	<p>(employee L).</p> <p>The care team meeting for 12/22/14 failed to evidence a signature sheet.</p> <p>3. On 1/20/15 at 11:50 AM, employee C (registered nurse) indicated the registered nurse must have made a mistake while documenting on the IDG meeting because hospice aide services were never ordered. The employee indicated patient or caregiver refusal of this services should have been documented along with why this services was refused but was unable to locate documentation of this in the clinical record.</p> <p>4. The policy dated December, 2012 titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms</p>						

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L000550	<p>are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 8. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing comprehensive assessments, and analysis of patient response to care against goals and outcomes. ... "</p> <p>418.56(c)(5) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (5) Medical supplies and appliances necessary to meet the needs of the patient. Based on clinical record and policy review, observation, and interview, the hospice failed to ensure the plan of care</p>	L000550	The DOO/designee will educate all IDG team members on Policy # 4-027 The Plan of Care to ensure all DME, medical	02/19/2015			

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	<p>included all medical supplies and appliances necessary to meet the needs of the patient in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#7)</p> <p>Findings include:</p> <p>1. Clinical record #7, election and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15 stating, "14. DME [durable medical equipment] and Supplies DME-commode; DME-hospital bed; DME-oxygen; supplies; gloves; incontinence; skin protectant; wound care. ..."</p> <p>On 1/15/15 at 11:30 AM, a home visit was conducted. Observations identified a Hoyer lift in the patients home.</p> <p>A. The record contained documents dated 12/1/14, 12/15/14, 12/29/14, and 1/12/14 titled "Hospice IDG [interdisciplinary group] Assessment and Plan of Care Update Report." The plans of care update reports failed to identify the Hoyer lift as durable medical equipment in the patient's home.</p> <p>B. The record contained a skilled</p>		<p>supplies and services needed to individualize the plan of care are documented in the plan of care The DOO/designee will audit 25% of all active records to ensure the documentation is present and relective of all DME, supplies and services provided to the patient. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>				

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L000554	<p>nursing visit note dated 12/12/14 by employee P (registered nurse) stating, (page 6 of 11)"INDICATE EQUIPMENT/SUPPLIES ORDERED BY HOSPICE (MARK ALL THAT APPLY): Hoyer Lift ... ."</p> <p>2. The policy dated December, 2012 titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... PROCEDURE ... 12. The written plan of care will contain, but will not be limited to, the following: ... L. DME and medical supplies necessary to meet patient needs. ... ."</p> <p>418.56(e)(1) COORDINATION OF SERVICES The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-</p> <p>(1) Ensure that the interdisciplinary group maintains responsibility for directing, coordinating, and supervising the care and services provided.</p> <p>Based on clinical record review, hospice document review, and policy review, and</p>	L000554	The DOO/designee will educate all IDG team members on policy # 4-027 The Plan	02/19/2015

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	<p>interview, the hospice failed to ensure the interdisciplinary group maintained responsibility for coordinating the care and services provided in 1 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#9)</p> <p>Findings include:</p> <p>1. Clinical record #9, election date and start of care date 12/2/14, contained a hospice certification and plan of care with a principal diagnosis of Malignant Neoplasm of Esophagus Unspecified site.</p> <p>A. The record evidenced an initial comprehensive assessment dated 12/2/14 by employee L (registered nurse) stating, (page 2 of 13) "INDICATE HEALTH HISTORY OBTAINED: 93 year old female home patient who was recently diagnosed with esophageal cancer with probable mets to the lungs. Patient has declined further treatment other than the stent that was placed in her esophagus yesterday. Previously had had cervical and breast cancer that was treated with surgery and chemo. has lost 25# [pounds] since June due to decreased ability to swallow and increased abdominal pain. has had to modify consistency of diet in order to be able to swallow. ambulates with a rolator. daughter assisting with shower and</p>		<p>of Care and Policy # 4-031 Interdisciplinary Group Plan of Care to ensure all members of the IDG document their collaboration of the development of the IDG. The IDG agenda and signing form will be utilized for all IDG meetings. The DOO/designee will audit 25% of all active patients records to ensure the documentation of an individualized and collaborated plan of care from all IDG team members. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>				

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	<p>... dressing due to patient getting weaker. had had 2 falls in the past 3 months. one of which resulted in patient fracturing her right eye socket. takes Tylenol for pain which she states handles it. ... [page 8 of 13] INDICATE IADLS [Instrumental Activities of Daily Living] REQUIRING ASSISTANCE: Housekeeping Shopping Meal Prep INDICATE ADLS [Activities of Daily Living] REQUIRING ASSISTANCE: Bathing Dressing ... ."</p> <p>B. The record contained a document titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/08/2014 ... IDG Meeting Reason: NEW ADMISSION ... Frequency SN [skilled nursing] 3X [times] WK [week] X1, 2X WK X12 AND 4 PRNS [As Needed] order date 12/02/2014 ... MSW [medical social worker] 1X MO [month] AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... HA [hospice aide] SERVICES PROVIDED: (YES) IF YES, ORDERED HA VISIT FREQUENCY: 3X/WK. ... ."</p> <p>C. The record contained a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date:</p>			

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	<p>12/22/2014 ... IDG Meeting Reason: RECURRING ... Frequency SN 3X WK X1, 2X WK X12 AND 4 PRNS order date 12/02/2014 ... MSW 1X MO AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... IS HHA ASSIGNED: NA [not applicable] HHA CARE PLAN REVIEWED: NA. ... ."</p> <p>2. A document dated 12/8/14 titled "CARE TEAM MEETING SUMMARY - SIGN IN" failed to evidence the signature of the admitting nurse (employee L).</p> <p>The care team meeting for 12/22/14 failed to evidence a signature sheet.</p> <p>3. On 1/20/15 at 11:50 AM, employee C (registered nurse) indicated the registered nurse must have made a mistake while documenting on the IDG meeting because hospice aide services were never ordered. The employee indicated patient or caregiver refusal of this services should have been documented along with why this services was refused but was unable to locate documentation of this in the clinical record.</p> <p>4. The policy dated December, 2012 titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an</p>			

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	<p>individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 8. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing</p>			

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	<p>comprehensive assessments, and analysis of patient response to care against goals and outcomes. ... "</p> <p>5. The policy dated December, 2012 titled "INTERDISCIPLINARY GROUP PLAN OF CARE" states, "PURPOSE To ensure the coordination of services for each patient. POLICY The hospice interdisciplinary group will retain professional management responsibilities for the provision of services and will insure that services are furnished in a safe and effective manner. ... The type and scope of services provided by the interdisciplinary group will be based upon comprehensive and ongoing assessments regarding the needs of the patient and family/caregiver and the comprehensive plan of care that defines patient and family/caregiver problems, goals, and interventions. ... PROCEDURE ... 3. It will be the responsibility of the case manager to facilitate communication about changes in the patient's status between interdisciplinary group members and the patient's attending physician if any. 4. Curo health services personnel will communicate changes in a timely manner via telephone, one-to-one meetings, interdisciplinary group meetings, and home visits. Documentation of all communications will be included in the</p>			

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L000555	<p>clinical record on a communication note, interdisciplinary group meeting form, and/or clinical note. ... ."</p> <p>418.56(e)(2) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (2) Ensure that the care and services are provided in accordance with the plan of care.</p> <p>Based on clinical record review, policy review, and interview, the hospice failed to ensure all hospice care and services furnished to patients and their families followed an individualized written plan of care established by the hospice interdisciplinary group with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs in 6 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#1-3 and 5-7)</p> <p>Findings include:</p> <p>1. Clinical record #1, election date and start of care date 9/24/13, contained a document titled "HOSPICE IDG [interdisciplinary group] MEETING DATE: 07/28/2014 ... IDG MEETING</p>	L000555	<p>The DOO/designee will educate all staff on on Policy 4-027 – "The Plan of Care", Policy 4-034 Monitoring Patient's Response/ Reporting to the Physician, and Policy # 4-031-Interdisciplinary Group Plan of Care to ensure an individualized plan of care follows the ordered frequencies and any change is reported to the attending physician/medical director, IDG, and patient /representative. The DOO/designee will audit 25% of all records to ensure that proper frequencies are present for all disciplines, that documentation is present and supports the ordered frequencies and that the RN coordinates and is aware of all services. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>	02/19/2015

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	<p>REASON: RECURRING ... Current Discipline Frequency SN [skilled nursing] 2X [times] WK [week] X8, 1X WK X1 AND 4 PRNS [as needed] HHA [hospice aide] 2WK8, 1WK1 MS [medical social worker] 1X MO [month] AND 2 [PRNS] CH [chaplain] 1X MO [month] AND 2 PRNS Current problem list ... NEED FOR VOLUNTEER SERVICES FOR PATIENT/CAREGIVER ... Current Meeting Summary ... VOLUNTEER COORDINATOR [employee X] - electronically signed VOLUNTEER SERVICES PROVIDED - 1X PER MONTH ... ." The record contained a document titled "HOSPICE IDG [interdisciplinary group] MEETING DATE: 08/11/2014 ... IDG MEETING REASON: RECURRING ... Current Discipline Frequency SN 2X WK X8, 1X WK X1 AND 4 PRNS HHA 2WK8, 1WK1 MS 1X MO AND 2 CH 1X MO AND 2 PRNS Current problem list ... NEED FOR VOLUNTEER SERVICES FOR PATIENT/CAREGIVER ... Current Meeting Summary ... VOLUNTEER COORDINATOR [employee X] - electronically signed VOLUNTEER SERVICES PROVIDED - 1X PER MONTH ... ."</p> <p>A. The record evidenced a document</p>						

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	<p>titled "Aide Care Plan Report" stating, "Start of Episode: 05/22/2014 ... End of Episode: 07/20/2014 ... 485 Frequency ... HHA [hospice aide] 1WK [week] 1, 2WK8 ... " The record failed to evidence a second visit was made for weeks 5 and 7.</p> <p>On 1/16/15 at 1:10 PM, employee C indicated only one hospice aide visit was conducted for weeks 5 and 7.</p> <p>B. The record failed to evidence volunteer services were provided for episodes 5/22 to 7/20/14 and 7/21 to 9/16/14.</p> <p>On 1/16/15 at 1 PM, employee L indicated being unable to locate documentation of volunteer visits for the year of 2014.</p> <p>2. Clinical record #2, election date and start of care date 9/24/14, contained a hospice certification and plan of care for certification period 9/24/14 to 12/22/14 with orders to include hospice aide visits 1 time per week for 1 week and 3 times per week for 12 weeks to assist with ADLs and personal care needs.</p> <p>A. The record evidenced hospice aide visits were conducted October 27 and 29, 2014, November 24, 2014,</p>			

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	<p>December 1 and 3, 2014, and December 10 and 12, 2014. The record failed to evidence a 3rd aide visit was made for week 6, failed to evidence a 2nd and 3rd visit for week 10, failed to evidence a 3rd visit for week 11, and failed to evidence a 3rd aide visit for week 12.</p> <p>B. On 1/21/15 at 2:30 PM, employee C (registered nurse) indicated hospice aide visits were conducted on 10/27 and 10/29/14, 11/24/14, 12/1 and 12/3/14 and 12/10 and 12/12/14. The employee was unable to locate documentation to support all visits were conducted as ordered on the plan of care.</p> <p>3. Clinical record #3, election date and start of care date 11/5/14, contained a hospice certification and plan of care for certification period 11/5/14 to 2/2/15 with orders to include hospice aide visits 1 time per week for 1 week and 2 times per week for 12 weeks to assist with ADLs and personal care needs.</p> <p>A. The record evidenced a hospice aide visit was conducted on November 25, 2014, for week 3, December 16, 2014, for week 7, and December 30, 2014, for week 9. The record failed to evidence hospice aide visits were conducted for weeks 3 and 8 and failed to evidence a second visit was conducted</p>						

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	<p>for weeks 4, 7, and 9.</p> <p>B. On 1/14/15 at 4 PM, employee C indicated hospice aide visits were not conducted as ordered on the plan of care.</p> <p>4. Clinical record #5, election date and start of care date 11/7/14, contained a hospice certification and plan of care for certification period 11/7/14 to 2/4/15 with orders to include skilled nursing services 2 times per week for 13 weeks, 1 time per week for 1 week, and 4 as needed visits and hospice aide visits 3 times per week for 12 weeks and 1 time per week for 1 week, effective 11/9/14, to assist with ADLs and personal care needs.</p> <p>A. The record evidenced a hospice aide visit was conducted on November 26, 2014, for week 4 and December 1 and 3, 2014, for week 5. The record failed to evidence a 2nd and 3rd aide visit for week 4 and failed to evidence a 3rd aide visit for week 5.</p> <p>B. On 1/22/15 at 4:05 PM, employee C indicated the visit frequency for the hospice aide is 3 times per week. The employee indicated two hospice aide visits were missed for week 4 and one was missed week 5</p>				

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	<p>5. Clinical record #6, election and start of care date 5/12/14, contained a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 10/20/2014 ... Previous IDG Meeting Date: 10/05/2014 ... CURRENT MEETING SUMMARY Registered Nurse [employee Y] - electronically signed Details ... HA services provided (Yes or No): YES If yes, ordered HA visit frequency: 5X WEEKLY ... ."</p> <p>A. The record failed to evidence hospice aide visits were conducted for week 8 as ordered on the plan of care.</p> <p>B. On 1/21/15 at 2 PM, employee C indicated there was an order for 4 visits for week 8 due to the holiday. The employee indicated there was only 3 visits conducted that week and there should have been a fourth aide visit conducted on 11/24/14 but was not.</p> <p>6. Clinical record #7, election date and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15 with orders to include skilled nursing services 3 times per week for 1 week, 2 times per week for 12 weeks, and 4 PRN visits and hospice aide visits 3 times per</p>						

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	<p>week for 12 weeks and 1 time per week for 1 week to assist with ADLs and personal care needs.</p> <p>A. The record evidenced a hospice aide visit was conducted on November 26, 2014, for week 4 and December 1 and 3, 2014, for week 5. The record failed to evidence a 2nd and 3rd aide visit for week 4 and failed to evidence a 3rd aide visit for week 5.</p> <p>On 1/22/15 at 4 PM, employee C (registered nurse) indicated it is the case managers responsibility to make sure all visits are made and there are several ways to make sure that the visits are made according to the plan of care. The employee indicated there was only one aide visit made week 4 and two visits made week 5.</p> <p>B. The record evidenced a skilled nursing visit was conducted week 7 on January 6, 2015. The record failed to evidence a second visit was made for week 7.</p> <p>On 1/15/15 at 11:30 AM, a home visit was conducted. At 12:15 PM, the patient indicated the registered nurse comes 2 times per week but has been sick. The patient indicated the registered nurse did not make a visit for the week of</p>						

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	<p>January 4 through January 10, 2015 and the patient's daughter had to perform wound care.</p> <p>7. The policy dated December, 2012 titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must</p>			

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	<p>state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 14. Care provided to the patient will be in accordance with the plan of care. ... "</p> <p>8. The policy dated December, 2012 titled "MONITORING PATIENT'S RESPONSE/REPORTING TO PHYSICIAN" states, "PURPOSE To provide guidelines for monitoring the patient's response to hospice care, and for reporting to the patient's physician. POLICY Clinicians will monitor, document, and report the patient's response to care and treatment provided on each hospice visit. ... Clinicians will establish and maintain ongoing communication with the patient's physician and the hospice medical director to ensure safe and appropriate care for the patient. ... PROCEDURE ...</p> <p>3. The patient's physician and/or the hospice medical director will be contacted on the same day wen any of the following occur: ... G. There is any problem implementing the plan of care. ... "</p> <p>9. The policy dated December, 2012 titled "INTERDISCIPLINARY GROUP PLAN OF CARE" states, "PURPOSE To ensure the coordination of services for</p>				

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	<p>each patient. <b>POLICY</b> The hospice interdisciplinary group will retain professional management responsibilities for the provision of services and will insure that services are furnished in a safe and effective manner. ... The type and scope of services provided by the interdisciplinary group will be based upon comprehensive and ongoing assessments regarding the needs of the patient and family/caregiver and the comprehensive plan of care that defines patient and family/caregiver problems, goals, and interventions. ...</p> <p><b>PROCEDURE</b> ... 3. It will be the responsibility of the case manager to facilitate communication about changes in the patient's status between interdisciplinary group members and the patient's attending physician if any. 4. Curo health services personnel will communicate changes in a timely manner via telephone, one-to-one meetings, interdisciplinary group meetings, and home visits. Documentation of all communications will be included in the clinical record on a communication note, interdisciplinary group meeting form, and/or clinical note. ... "</p>				

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L000556	<p>418.56(e)(3) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (3) Ensure that the care and services provided are based on all assessments of the patient and family needs.</p> <p>Based on clinical record review, hospice document review and policy review, and interview, the hospice failed to ensure the care and services provided were based on all assessments of the patient and family needs in 1 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#9)</p> <p>Findings include:</p> <p>1. Clinical record #9, election date and start of care date 12/2/14, contained a hospice certification and plan of care with a principal diagnosis of Malignant Neoplasm of Esophagus Unspecified site.</p> <p>A. The record evidenced an initial comprehensive assessment dated 12/2/14 by employee L (registered nurse) stating, (page 2 of 13) "INDICATE HEALTH HISTORY OBTAINED: 93 year old</p>	L000556	<p>The DOO/designee will educate all IDG team members on policy # 4-027 The Plan of Care and Policy # 4-031 Interdisciplinary Group Plan of Care to ensure all members of the IDG document their collaboration of the development of the IDG. The IDG agenda and sign in form will be utilized for all IDG meetings. The DOO/designee will audit 25% of all active patients records to ensure the documentation of an individualized and collaborated plan of care from all IDG team members. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>	02/19/2015	

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	<p>female home patient who was recently diagnosed with esophageal cancer with probable mets to the lungs. Patient has declined further treatment other than the stent that was placed in her esophagus yesterday. Previously had had cervical and breast cancer that was treated with surgery and chemo. has lost 25# [pounds] since June due to decreased ability to swallow and increased abdominal pain. has had to modify consistency of diet in order to be able to swallow. ambulates with a rolator. daughter assisting with shower and dressing due to patient getting weaker. had had 2 falls in the past 3 months. one of which resulted in patient fracturing her right eye socket. takes Tylenol for pain which she states handles it. ... [page 8 of 13] INDICATE IADLS [Instrumental Activities of Daily Living] REQUIRING ASSISTANCE: Housekeeping Shopping Meal Prep INDICATE ADLS [Activities of Daily Living] REQUIRING ASSISTANCE: Bathing Dressing ... ."</p> <p>B. The record contained a document titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/08/2014 ... IDG Meeting Reason: NEW ADMISSION ... Frequency SN [skilled nursing] 3X [times] WK [week] X1, 2X</p>			

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	<p>WK X12 AND 4 PRNS [As Needed] order date 12/02/2014 ... MSW [medical social worker] 1X MO [month] AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... HA [hospice aide] SERVICES PROVIDED: (YES) IF YES, ORDERED HA VISIT FREQUENCY: 3X/WK. ... ."</p> <p>C. The record contained a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/22/2014 ... IDG Meeting Reason: RECURRING ... Frequency SN 3X WK X1, 2X WK X12 AND 4 PRNS order date 12/02/2014 ... MSW 1X MO AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... IS HHA ASSIGNED: NA [not applicable] HHA CARE PLAN REVIEWED: NA. ... ."</p> <p>2. A document dated 12/8/14 titled "CARE TEAM MEETING SUMMARY - SIGN IN" failed to evidence the signature of the admitting nurse (employee L).</p> <p>The care team meeting for 12/22/14 failed to evidence a signature sheet.</p> <p>3. On 1/20/15 at 11:50 AM, employee C</p>			

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	<p>(registered nurse) indicated the registered nurse must have made a mistake while documenting on the IDG meeting because hospice aide services were never ordered. The employee indicated patient or caregiver refusal of this services should have been documented along with why this services was refused but was unable to locate documentation of this in the clinical record.</p> <p>4. The policy dated December, 2012 titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the</p>				

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	<p>recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 8. Care decisions and services to be provided will be made as a result of the care planning process, analysis of initial and ongoing comprehensive assessments, and analysis of patient response to care against goals and outcomes. ... "</p> <p>5. The policy dated December, 2012 titled "INTERDISCIPLINARY GROUP PLAN OF CARE" states, "PURPOSE To ensure the coordination of services for each patient. POLICY The hospice interdisciplinary group will retain professional management responsibilities for the provision of services and will insure that services are furnished in a safe and effective manner. ... The type and scope of services provided by the interdisciplinary group will be based upon comprehensive and ongoing assessments regarding the needs of the patient and family/caregiver and the comprehensive plan of care that defines</p>			

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L000557	<p>patient and family/caregiver problems, goals, and interventions. ... PROCEDURE ... 3. It will be the responsibility of the case manager to facilitate communication about changes in the patient's status between interdisciplinary group members and the patient's attending physician if any. 4. Curo health services personnel will communicate changes in a timely manner via telephone, one-to-one meetings, interdisciplinary group meetings, and home visits. Documentation of all communications will be included in the clinical record on a communication note, interdisciplinary group meeting form, and/or clinical note. ... ."</p> <p>418.56(e)(4) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (4) Provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement. Based on clinical record review, hospice document review and policy review, and interview, the hospice failed to ensure</p>	L000557	The DOO/designee will educate all staff on Policy 4-027 – "The Plan of Care", Policy 4-034 Monitoring Patient's Response/Reporting to the Physician, and	02/19/2015			

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	<p>provide for and ensure the ongoing sharing of information between all disciplines providing care and services in 2 of 9 clinical records reviewed creating the potential to affect all patient's of the agency. (#7 and #9)</p> <p>Findings include:</p> <p>1. Clinical record #7, election date and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15 with orders to include hospice aide visits 3 times per week for 12 weeks and 1 time per week for 1 week to assist with ADLs (activities of daily living) and personal care needs. The record evidenced a hospice aide visit was conducted on November 26, 2014, for week 4 and December 1 and 3, 2014, for week 5. The record failed to evidence a 2nd and 3rd aide visit for week 4 and failed to evidence a 3rd aide visit for week 5.</p> <p>A. On 1/15/14 at 10 AM, an interview with the case manager (employee N-registered nurse) was conducted prior to the home visit observation. The employee indicated being unaware of the aide missed visits and indicated there is no way to know about missed visits. The employee indicated this is the office managers job.</p>		<p>Policy # 4-031-Interdisciplinary Group Plan of Care to ensure an individualized plan of care follows the ordered frequencies and any change is reported to</p> <p>the attending physician/medical director, IDG, and patient /representative. The DOO/designee will audit 25% of all records to ensure that proper frequencies are present for all disciplines, that documentation is present and supports the ordered frequencies and that the RN coordinates and is aware of all services. Audits will be performed until a threshold of at least 90% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee.</p>				

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	<p>B. On 1/22/15 at 4 PM, employee C (registered nurse) indicated it is the case managers responsibility to make sure all visits are made and there are several ways to make sure that the visits are made according to the plan of care. The employee indicated there was only one aide visit made week 4 and two visits made week 5.</p> <p>2. Clinical record #9, election date and start of care date 12/2/14, contained a hospice certification and plan of care with a principal diagnosis of Malignant Neoplasm of Esophagus Unspecified site.</p> <p>A. The record evidenced an initial comprehensive assessment dated 12/2/14 by employee L (registered nurse) stating, (page 2 of 13) "INDICATE HEALTH HISTORY OBTAINED: 93 year old female home patient who was recently diagnosed with esophageal cancer with probable mets to the lungs. Patient has declined further treatment other than the stent that was placed in her esophagus yesterday. Previously had had cervical and breast cancer that was treated with surgery and chemo. has lost 25# [pounds] since June due to decreased ability to swallow and increased abdominal pain. has had to modify consistency of diet in order to be able to</p>						

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	<p>swallow. ambulates with a rolator. daughter assisting with shower and dressing due to patient getting weaker. had had 2 falls in the past 3 months. one of which resulted in patient fracturing her right eye socket. takes Tylenol for pain which she states handles it. ... [page 8 of 13] INDICATE IADLS [Instrumental Activities of Daily Living] REQUIRING ASSISTANCE: Housekeeping Shopping Meal Prep INDICATE ADLs REQUIRING ASSISTANCE: Bathing Dressing ... "</p> <p>B. The record contained a document titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/08/2014 ... IDG Meeting Reason: NEW ADMISSION ... Frequency SN [skilled nursing] 3X [times] WK [week] X1, 2X WK X12 AND 4 PRNS [As Needed] order date 12/02/2014 ... MSW [medical social worker] 1X MO [month] AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... HA [hospice aide] SERVICES PROVIDED: (YES) IF YES, ORDERED HA VISIT FREQUENCY: 3X/WK. ... "</p> <p>C. The record contained a document titled "Hospice IDG Comprehensive</p>						

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	<p>Assessment and Plan of Care Update Report" stating, "This IDG Meeting Date: 12/22/2014 ... IDG Meeting Reason: RECURRING ... Frequency SN 3X WK X1, 2X WK X12 AND 4 PRNS order date 12/02/2014 ... MSW 1X MO AND 2 PRNS Order Date 12/04/2014 ... REGISTERED NURSE [Employee N] - electronically signed ... IS HHA ASSIGNED: NA [not applicable] HHA CARE PLAN REVIEWED: NA. ... ."</p> <p>3. A document dated 12/8/14 titled "CARE TEAM MEETING SUMMARY - SIGN IN" failed to evidence the signature of the admitting nurse (employee L).</p> <p>The care team meeting for 12/22/14 failed to evidence a signature sheet.</p> <p>4. On 1/20/15 at 11:50 AM, employee C (registered nurse) indicated the registered nurse must have made a mistake while documenting on the IDG meeting because hospice aide services were never ordered. The employee indicated patient or caregiver refusal of this services should have been documented along with why this services was refused but was unable to locate documentation of this in the clinical record.</p> <p>5. The policy dated December, 2012</p>						

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	<p>titled "THE PLAN OF CARE" states, "PURPOSE To ensure that an individualized plan of care is completed that complies with accepted standards of care and regulatory issues. POLICY An individualized patient and family/caregiver plan of care will be established and maintained for each individual admitted to the hospice program. ... This plan will focus on identified problems, goals, and interventions. ... PROCEDURE 1. The case manager (or admitting registered nurse) will complete the initial assessment and initiate the development of the plan of care after the consent forms are signed. 2. The case manager (or admitting registered nurse) will then notify the attending physician and a core member of the interdisciplinary group of the initial assessment findings, the identification of patient needs and the recommended services to meet those needs. The plan of care will be reviewed prior to care being delivered. ... 4. The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief. It must state, in detail, the scope and frequency of services needed to meet the patients and family/caregiver's needs, goals and outcome achievement. ... 8. Care decisions and services to be provided will</p>			

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	<p>be made as a result of the care planning process, analysis of initial and ongoing comprehensive assessments, and analysis of patient response to care against goals and outcomes. ... 14. Care provided to the patient will be in accordance with the plan of care. ... "</p> <p>6. The policy dated December, 2012 titled "MONITORING PATIENT'S RESPONSE/REPORTING TO PHYSICIAN" states, "PURPOSE To provide guidelines for monitoring the patient's response to hospice care, and for reporting to the patient's physician. POLICY Clinicians will monitor, document, and report the patient's response to care and treatment provided on each hospice visit. ... Clinicians will establish and maintain ongoing communication with the patient's physician and the hospice medical director to ensure safe and appropriate care for the patient. ... PROCEDURE ...</p> <p>3. The patient's physician and/or the hospice medical director will be contacted on the same day wen any of the following occur: ... G. There is any problem implementing the plan of care. ... "</p> <p>7. The policy dated December, 2012 titled "INTERDISCIPLINARY GROUP PLAN OF CARE" states, "PURPOSE</p>				

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	<p>To ensure the coordination of services for each patient. <b>POLICY</b> The hospice interdisciplinary group will retain professional management responsibilities for the provision of services and will insure that services are furnished in a safe and effective manner. ... The type and scope of services provided by the interdisciplinary group will be based upon comprehensive and ongoing assessments regarding the needs of the patient and family/caregiver and the comprehensive plan of care that defines patient and family/caregiver problems, goals, and interventions. ...</p> <p><b>PROCEDURE</b> ... 3. It will be the responsibility of the case manager to facilitate communication about changes in the patient's status between interdisciplinary group members and the patient's attending physician if any. 4. Curo health services personnel will communicate changes in a timely manner via telephone, one-to-one meetings, interdisciplinary group meetings, and home visits. Documentation of all communications will be included in the clinical record on a communication note, interdisciplinary group meeting form, and/or clinical note. ... "</p>						

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L000559	<p>418.58 QUALITY ASSESSMENT &amp; PERFORMANCE IMPROVEMENT</p> <p>Based on administrative document and policy review and interview, it was determined the hospice failed to ensure it had developed, implemented, and maintained an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program in 1 of 1 hospice reviewed (See S 560); failed to ensure a quality assessment / performance improvement program had been implemented that was capable of showing improvement in palliative outcomes in 1 of 1 hospice reviewed (See S 561); failed to ensure it had a quality assessment / performance improvement program in place that used patient care and other relevant quality indicators in 1 of 1 hospice reviewed (See S 563); failed to ensure it had a quality assessment / performance improvement program in place that monitored the safety and effectiveness of patient care activities and identified opportunities and priorities for improvement in 1 of 1 hospice reviewed (See S 564); failed to ensure it had a performance improvement program in place that focused on high risk, high volume, or problem-prone areas in 1 of 1</p>	L000559	<p>The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO will put into place the CURO QAPI Plan to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. Documentation of QAPI meetings and activities will be kept as evidence of the ongoing QAPI program.</p>	02/19/2015

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	<p>hospice reviewed (See S 566); failed to ensure it had in place performance improvement activities that considered incidence, prevalence, and severity of problems in 1 of 1 hospice reviewed (See S 567); failed to ensure it had implemented performance improvement activities that affected palliative outcomes, patient safety, and quality of care in 1 of 1 hospice reviewed (See S 568); failed to ensure it had developed, implemented, and evaluated performance improvement projects in 1 of 1 hospice reviewed (See S 570); failed to evidence a performance improvement program for 1 of 1 hospice (See S 572 and 573); and failed to ensure the governing body had established hospice-wide quality assessment and performance improvement efforts that addressed priorities for improved quality of care and patient safety and all improvement actions are evaluated for effectiveness in 1 of 1 hospice reviewed (See S 575).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with Condition of Participation 42 CFR 418.58 Quality Assessment and Performance Improvement.</p>				

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L000560	<p>418.58 QUALITY ASSESSMENT &amp; PERFORMANCE IMPROVEMENT The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.</p> <p>Based on administrative record and policy review and interview, the hospice failed to ensure it had developed, implemented, and maintained an effective, ongoing, hospice-wide data</p>	L000560	The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality	02/19/2015	

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	<p>driven quality assessment and performance (QAPI) program in 1 of 1 hospice reviewed creating the potential to affect all 42 of the hospice's current patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI Coordinator/DOO examines results from ongoing quality control activities to</li> </ol>		<p>assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001- Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>	

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	<p>identify trends that will need follow-up action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ... Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the performance of a process, service, function or outcomes. Each local branch</p>			

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	<p>should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational</p>						

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L000561	<p>performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(a)(1) PROGRAM SCOPE (1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services. Based on administrative record and policy review and interview, the hospice failed to ensure a quality</p>	L000561	The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed,	02/19/2015			

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	<p>assessment/performance improvement program had been implemented that was capable of showing improvement in palliative outcomes in 1 of 1 hospice reviewed creating the potential to affect all 42 of the hospice's current patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI Coordinator/DOO examines results from</p>		<p>implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>				

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	<p>ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program</p> <p>The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ...</p> <p>Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ...</p> <p>Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the performance of a process, service,</p>			

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	<p>function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's</p>						

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L000563	<p>efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(b)(1) PROGRAM DATA (1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program. Based on administrative record and policy review and interview, the hospice failed to ensure it had a quality</p>	L000563	The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an	02/19/2015			

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	<p>assessment/performance improvement program in place that used patient care and other relevant quality indicators in 1 of 1 hospice reviewed.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up</p>		<p>effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>	

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	<p>action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program</p> <p>The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ...</p> <p>Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the performance of a process, service, function or outcomes. Each local branch should select additional performance</p>			

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	<p>indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of</p>						

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L000564	<p>the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually. PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(b)(2) PROGRAM DATA (2) The hospice must use the data collected to do the following: (i) Monitor the effectiveness and safety of services and quality of care. (ii) Identify opportunities and priorities for improvement. Based on administrative record and policy review and interview, the hospice failed to ensure it had a quality</p>	L000564	The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed,	02/19/2015			

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	<p>assessment/performance program in place that monitored the safety and effectiveness of patient care activities and identified opportunities and priorities for improvement in 1 of 1 hospice reviewed creating the potential to affect all 42 of the hospice's current patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI</p>		<p>implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>				

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	<p>Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program</p> <p>The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ...</p> <p>Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the</p>			

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	<p>performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have</p>			

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L000566	<p>the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually. PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(c)(1)(i) PROGRAM ACTIVITIES (1) The hospice's performance improvement activities must: (i) Focus on high risk, high volume, or problem-prone areas. Based on administrative record and</p>	L000566	The DOO/designee will educate all staff regarding the QAPI program to ensure	02/19/2015	

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	<p>policy review and interview, the hospice failed to ensure it had a performance improvement program in place that focused on high risk, high volume, or problem-prone areas in 1 of 1 hospice reviewed with the potential to affect all the hospice's patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI</p>		<p>the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001- Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>				

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	<p>Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program</p> <p>The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ...</p> <p>Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the</p>			

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	<p>performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have</p>						

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L000567	<p>the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(c)(1)(ii) PROGRAM ACTIVITIES [The hospice's performance improvement activities must:] (ii) Consider incidence, prevalence, and severity of problems in those areas. Based on administrative record and</p>	L000567	The DOO/designee will educate all staff	02/19/2015			

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	<p>policy review and interview, the hospice failed to ensure it had performance improvement activities in place that considered incidence, prevalence, and severity of problems in 1 of 1 hospice reviewed with the potential to affect all the hospice's patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI</p>		<p>regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>				

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	<p>Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program</p> <p>The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ...</p> <p>Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the</p>			

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	<p>performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have</p>						

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L000568	<p>the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(c)(1)(iii) PROGRAM ACTIVITIES [The hospice's performance improvement activities must:] (iii) Affect palliative outcomes, patient safety, and quality of care.</p>			

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	<p>Based on administrative record and policy review and interview, the hospice failed to ensure it had implemented performance improvement activities that affected palliative outcomes, patient safety, and quality of care in 1 of 1 hospice reviewed with the potential to affect all the hospice's patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are</p>	L000568	<p>The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>	02/19/2015			

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	<p>evaluated. In addition, the QAPI Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee. Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ... Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative</p>			

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	<p>tool that provides information about the performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities.</p>						

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L000570	<p>POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(c)(3) PROGRAM ACTIVITIES (3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track</p>						

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	<p>performance to ensure that improvements are sustained.</p> <p>Based on administrative record and policy review and interview, the hospice failed to ensure it had developed, implemented, and evaluated any performance improvement projects in 1 of 1 hospice reviewed with the potential to affect all the hospice's patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that</p>	L000570	<p>The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>	02/19/2015

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	<p>leadership priorities for improvement are evaluated. In addition, the QAPI Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee. Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ... Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A</p>			

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	<p>performance indicator is a quantitative tool that provides information about the performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's</p>						

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L000572	<p>performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually. PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(d)(1) PERFORMANCE IMPROVEMENT PROJECTS (1) The number and scope of distinct</p>			

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	<p>performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations. Based on administrative record and policy review and interview, the hospice failed to evidence a performance improvement program for 1 of 1 hospice.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that</p>	L000572	<p>The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001-Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the</p>	02/19/2015

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	<p>leadership priorities for improvement are evaluated. In addition, the QAPI Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee. Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ... Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A</p>		<p>trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>				

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	<p>performance indicator is a quantitative tool that provides information about the performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's</p>						

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L000573	<p>performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.58(d)(2) PERFORMANCE IMPROVEMENT PROJECTS (2)The hospice must document what</p>			

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	<p>performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. Based on administrative record and policy review and interview, the hospice failed to evidence a performance improvement program for 1 of 1 hospice.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI</p>	L000573	<p>The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001- Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the</p>	02/19/2015

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	<p>Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee.</p> <p>Functions which may be reviewed, assessed, and evaluated, but are not limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program</p> <p>The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ...</p> <p>Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ...</p> <p>Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the</p>		<p>2014 and 2015 QAPI plan.</p> <p>All findings will be included in the QAPI quarterly minutes.</p>				

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	<p>performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve and maintain quality of care and services. Performance improvement results will be utilized</p>						

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L000575	<p>to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... "</p> <p>418.58(e)(2) EXECUTIVE RESPONSIBILITIES [The hospice's governing body is responsible for ensuring the following:] (2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.</p> <p>Based on administrative record and policy review and interview, the hospice failed to ensure the governing body had established a hospice-wide quality assessment and performance improvement program that addressed priorities for improved quality of care and patient safety and all improvement actions were evaluated for effectiveness in 1 of 1 hospice reviewed with the potential to affect all the hospice's</p>	L000575	<p>The DOO/designee will educate all staff regarding the QAPI program to ensure the QAPI program has been developed, implemented and maintains an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The DOO/designee will educate all staff on policy number 5-001- Improving Organizational Performance. The DOO will put into place the CURO 2014 QAPI Plan for fourth quarter data</p>	02/19/2015

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	<p>patients.</p> <p>Findings include:</p> <p>1. A facility document titled "2014 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN" states, "The following Quality Assurance Performance Improvement (QAPI) plan serves as the foundation of the commitment to continuously improve the quality of provided services. This plan, as approved by the Curo Health Services Governing Body considered a part of these Rules and Regulations, outlined the clinical operations/quality committee structure and specific details of Curo Health Services annual performance goals and measures. ... QAPI activities: QAPI activities of all appropriate departments/services and discipline that impact patient care and safety are reviewed through the quality committee structure. The QAPI coordinator/DOO [director of operations] ensures that leadership priorities for improvement are evaluated. In addition, the QAPI Coordinator/DOO examines results from ongoing quality control activities to identify trends that will need follow-up action by the QAPI committee. Functions which may be reviewed, assessed, and evaluated, but are not</p>		<p>to include but not be limited to the data collection of occurrences, complaints and infections, with data being collected monthly with all results and trends discussed at the quarterly QAPI meetings. Current data will be trended with an action plan developed immediately to be updated and discussed at the Quarterly QAPI meeting in February 2015. The 2015 QAPI Plan will be utilized for all quarterly meeting to begin April 2015. Documentation of QAPI meetings and activities will kept as evidence of the ongoing QAPI program. The Area Vice President and DOO or designee will monitor monthly the trending and tracking of all QAPI data outlined in the 2014 and 2015 QAPI plan. All findings will be included in the QAPI quarterly minutes.</p>		

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	<p>limited to, are: a. pain and symptom management b. medication use c. pharmacy d. safety e. risk management f. infection control g. utilization management h. patient satisfaction i. unwanted hospitalizations j. volunteer program The Quality Assurance Performance Improvement plan involves two primary activities: Measuring and assessing the performance of clinical services through the collection and analysis of data. Conducting quality improvement initiatives and taking action where indicated, including the improvement of existing services. ... Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. ... Selection of a performance indicator: A performance indicator is a quantitative tool that provides information about the performance of a process, service, function or outcomes. Each local branch should select additional performance indicators based on the following considerations; Relevance to mission - whether the indicator addresses the</p>				

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	<p>population served Clinical importance -whether it addresses a clinically important process that is : # high volume # problem prone # high risk ... ." The quality assurance program failed to evidence that data was collected and analyzed in accordance with the 2014 quality assurance performance improvement plan.</p> <p>2. On 1/23/15 at 1:20 PM, employee C indicated being unable to provide documentation to evidence data had been collected and analyzed for the quality assurance program for the year 2014. The employee indicated there was no documentation of performance improvement projects for 2014.</p> <p>3. The policy dated December, 2012 titled "IMPROVING ORGANIZATIONAL PERFORMANCE" states, "PURPOSE To establish palliative outcomes and end-of-life support services as the primary focus of the CURO's performance improvement activities. POLICY Senior management will have the responsibility: to guide the hospice's efforts in improving organizational performance; to define expectations of the performance improvement activities; and to generate the plan and processes the hospice will utilize to assess, improve</p>						

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L000607	<p>and maintain quality of care and services. Performance improvement results will be utilized to address problem issues, improve the quality of care and patient safety, and will be incorporated into program planning and process design and modifications. All personnel will be active participants in the hospice's quality assessment and performance improvement (QAPI) activities. The governing body is responsible for ensuring that the QAPI program is defined, implemented, and maintained, and is evaluated annually.</p> <p>PROCEDURE ... 4. Trends identified through quality assessment and performance improvement activities will be reported to the governing body on a quarterly basis. ... ."</p> <p>418.76 HOSPICE AIDE AND HOME MAKER SERVICES</p> <p>Based on personnel file review, hospice policy review, document review, personnel file review, and interview, it was determined the hospice failed to ensure hospice aides furnishing hospice aide services had successfully completed a competency evaluation program according to IC 16-25-3 and 42 CFR</p>	L000607	The DOO/designee will educate all nurses and hospice aides(HA) regarding: Condition of participation 418.76, Required competency documentation, required annual education, RN supervisory visits, clear instructions from the RN documented on the HA assignment, HA following the plan of care, and documentation/reporting of change in the patient's condition by the	02/19/2015

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	418.76(b)(3) in 5 of 6 hospice aide personnel files reviewed (See L 615); failed to ensure to maintain documentation that demonstrates the hospice aide is considered competent in all subject areas for 5 of 6 hospice aide files reviewed (See L 619); failed to ensure the hospice aide received at least 12 hours of in-service training during each 12-month period in 3 of 6 hospice aide files reviewed (See L 620); failed to ensure hospice aide in-service training was supervised by a registered nurse in 6 of 6 hospice aide files reviewed (See L 621); failed to ensure to maintain documentation of the hospice aide's competency, in-service training hours, and supervision by the registered nurse in 6 of 6 hospice aide personnel files reviewed (See L 622); failed to ensure the hospice aide provided services that were included in the plan of care in 1 of 8 clinical records reviewed of patients receiving hospice aide services (See L 626); failed to ensure the hospice aide reported changes in the patient's medical needs to a registered nurse in 1 of 8 records reviewed of patients receiving hospice aide services (See L 628); and failed to ensure a registered nurse made an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide in 1 of 8		HA to the RNCM. The DOO/designee will audit 25% of all active charts monthly. When compliance threshold of 90% is maintained for 2 consecutive months, audits will be reduced to quarterly and findings will be reported to the QAPI committee.				

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L000615	<p>clinical records reviewed with hospice aide services (See L 629).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.76 Hospice Aide and homemaker services.</p> <p>418.76(c)(1) COMPETENCY EVALUATION An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section. (1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient. Based on personnel file and policy review and interview, the hospice failed</p>	L000615	The DOO/designee will educate on Policy # 8-005 Categories of Qualification of Personnel to	02/19/2015

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	<p>to ensure hospice aides furnishing hospice aide services had successfully completed a competency evaluation program according to IC 16-25-3 and 42 CFR 418.76(b)(3) in 5 of 6 hospice aide personnel files reviewed creating the potential to affect all the patients of the hospice who received hospice aide services. (employees A, E, G, H, and I)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee file A (hospice aide), date of hire (DOH) 4/29/14 and termination date 12/30/14, failed to evidenced the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed.</li> <li>2. Employee file E (hospice aide), DOH 7/8/13 and date of first patient contact unknown, evidenced the aide skills competency to be evaluated by observation with a registered nurse was not completed until 8/1/14. The file failed to evidence the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed.</li> <li>3. Employee file G (hospice aide), DOH 7/9/13 and date of first patient contact unknown, evidenced the aide skills competency to be evaluated by</li> </ol>		<p>ensure a competency evaluation has been performed and is present in each HA's personnel record. The DOO/designee will ensure each HA is competent in each skill before allowed to perform the skill without RN supervision. The DOO/designee with audit 100% of HA's personnel files to ensure the competencies are current and up to date. Audits will continue quarterly with all finding reported to the QAPI committee.</p>				

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	<p>observation with a registered nurse was not completed until 8/22/14. The file failed to evidence the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed.</p> <p>The file evidenced the aide skills competency to be evaluated by written examination was unsatisfactory in 2 areas and failed to evidence re-examination in these areas. The document dated 7/3/13 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee G] ... Test Scored by [employee C, registered nurse] Score 'Did not pass 2 sections' ... Observation and Reporting 1. Indicate those changes that a hospice aide should always report by phone call to the supervisory nurse. ... 'Did not pass section' ... Physical, Emotional and Developmental Needs (Respect for Privacy/Property) 'Did Not Pass' ... ."</p> <p>4. Employee file H (hospice aide), DOH 4/21/14 and a date of first patient contact as 5/15/14, failed to evidence the aide skills competency to be evaluated by observation with a registered nurse upon hire was performed.</p> <p>A. On 1/20/15 at 4:40 PM, employee C indicated the file did not</p>				

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	<p>contain a skills check off by the registered nurse and indicated the employee's last date of patient contact was 12/18/14.</p> <p>B. The file evidenced the aide's skills competency to be evaluated by written examination was unsatisfactory in 1 area and failed to evidence re-examination in this area. The document dated 4/15/14 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee H] ... Test Scored by [employee P, administrator] Score '90' ... Recognizing Emergencies and Knowledge of Emergency Procedures 'Not Passed' ... ."</p> <p>5. Employee file I (hospice aide), DOH 12/16/14 and a date of first patient contact as 12/26/14, failed to evidence the aide skills competency to be evaluated by observation with a registered nurse upon hire was performed.</p> <p>A. The file evidenced the aide skills competency to be evaluated by written examination was unsatisfactory in 1 area and failed to evidence re-examination in this area. The document dated 5/19/14 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee I] ... Test Scored by [employee</p>				

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	<p>P] Score '90' ... Recognizing Emergencies and Knowledge of Emergency Procedures 'Not Passed' ... "</p> <p>B. On 1/21/15 at 11:20 AM, employee C indicated a skills check off was not performed on this employee at time of hire.</p> <p>6. On 1/20/15 at 4:50 PM, employee C indicated all hospice aides, upon hire, have a skills competency check off by a registered nurse observing care the aide provides and all aides have a written examination also. The employee indicated if an aide scores unsatisfactory in any area on the written examination, the aide should be re-tested.</p> <p>7. The policy with a revision date of 2/2014 titled "Policy No. [number] CATEGORIES/QUALIFICATIONS OF PERSONNEL" states, "PURPOSE to define personnel/staffing categories. ... QUALIFICATIONS OF ORGANIZATION PERSONNEL ... Competency ... 2. Hospice Aide: individuals must demonstrate their competency, within orientation, according to the orientation checklist and the activities delineated in the CMS (for medicare certified organizations) competency testing. In addition, ongoing competency assessments are performed</p>						

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L000619	<p>through observation and supervisory visits every two (2) weeks as well as monitoring information regarding performance. ... ."</p> <p>418.76(c)(5) COMPETENCY EVALUATION (5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met. Based on personnel file and policy review and interview, the hospice failed to ensure to maintain documentation that demonstrates the hospice aide is considered competent in all subject areas for 5 of 6 hospice aide files reviewed creating the potential to affect all patients of the hospice receiving hospice aide services. (employees A, E, G, H, and I)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Employee file A (hospice aide), date of hire (DOH) 4/29/14 and termination date 12/30/14, failed to evidenced the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed.</li> <li>Employee file E (hospice aide), DOH</li> </ol>	L000619	<p>The DOO/designee will educate on Policy# 8-005-Categories of Qualifications of Personnel to ensure a competency evaluation has been performed and is present in each HA's personnel record. The DOO/designee will ensure each HA is competent in each skill before allowed to perform the skill without RN supervision. The DOO/designee will audit 100% of HA's personnel files to ensure the competencies are current and up to date. Audits will continue quarterly with all finding reported to the QAPI committee.</p>	02/19/2015

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	<p>7/8/13 and date of first patient contact unknown, evidenced the aide skills competency to be evaluated by observation with a registered nurse was not completed until 8/1/14. The file failed to evidence the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed.</p> <p>3. Employee file G (hospice aide), DOH 7/9/13 and date of first patient contact unknown, evidenced the aide skills competency to be evaluated by observation with a registered nurse was not completed until 8/22/14. The file failed to evidence the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed.</p> <p>The file evidenced the aide skills competency to be evaluated by written examination was unsatisfactory in 2 areas and failed to evidence re-examination in these areas. The document dated 7/3/13 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee G] ... Test Scored by [employee C, registered nurse] Score 'Did not pass 2 sections' ... Observation and Reporting 1. Indicate those changes that a hospice aide should always report by phone call to the supervisory nurse. ...</p>						

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	<p>'Did not pass section' ... Physical, Emotional and Developmental Needs (Respect for Privacy/Property) 'Did Not Pass' ... ."</p> <p>4. Employee file H (hospice aide), DOH 4/21/14 and a date of first patient contact as 5/15/14, failed to evidence the aide skills competency to be evaluated by observation with a registered nurse upon hire was performed.</p> <p>A. On 1/20/15 at 4:40 PM, employee C indicated the file did not contain a skills check off by the registered nurse and indicated the employee's last date of patient contact was 12/18/14.</p> <p>B. The file evidenced the aide's skills competency to be evaluated by written examination was unsatisfactory in 1 area and failed to evidence re-examination in this area. The document dated 4/15/14 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee H] ... Test Scored by [employee P, administrator] Score '90' ... Recognizing Emergencies and Knowledge of Emergency Procedures 'Not Passed' ... ."</p> <p>5. Employee file I (hospice aide), DOH 12/16/14 and a date of first patient</p>						

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	<p>contact as 12/26/14, failed to evidence the aide skills competency to be evaluated by observation with a registered nurse upon hire was performed.</p> <p>A. The file evidenced the aide skills competency to be evaluated by written examination was unsatisfactory in 1 area and failed to evidence re-examination in this area. The document dated 5/19/14 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee I] ... Test Scored by [employee P] Score '90' ... Recognizing Emergencies and Knowledge of Emergency Procedures 'Not Passed' ... ."</p> <p>B. On 1/21/15 at 11:20 AM, employee C indicated a skills check off was not performed on this employee at time of hire.</p> <p>6. On 1/20/15 at 4:50 PM, employee C indicated all hospice aides, upon hire, have a skills competency check off by a registered nurse observing care the aide provides and all aides have a written examination also. The employee indicated if an aide scores unsatisfactory in any area on the written examination, the aide should be re-tested.</p> <p>7. The policy with a revision date of</p>						

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	2/2014 titled "Policy No. [number] CATEGORIES/QUALIFICATIONS OF PERSONNEL" states, "PURPOSE to define personnel/staffing categories. ... QUALIFICATIONS OF ORGANIZATION PERSONNEL ... Competency ... 2. Hospice Aide: individuals must demonstrate their competency, within orientation, according to the orientation checklist and the activities delineated in the CMS (for medicare certified organizations) competency testing. In addition, ongoing competency assessments are performed through observation and supervisory visits every two (2) weeks as well as monitoring information regarding performance. ... ."			

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L000620	<p>418.76(d) IN-SERVICE TRAINING A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient. Based on personnel file review, policy review, and interview, the hospice failed to ensure the hospice aide received at least 12 hours of in-service training during each 12-month period in 3 of 6 hospice aide files reviewed. (employees A, H, and I)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Personnel File A, date of hire 4/29/14 and termination date 12/30/14, failed to evidence documentation of required in-services for hospice aides.</li> </ol> <p>On 1/20/15 at 2:30 PM, employee C (registered nurse-area vice president) presented with an electronic print out of in-services for the year 2014 for all staff. The documents failed to evidence the employee had completed in-service hours in 2014.</p> <ol style="list-style-type: none"> <li>Personnel file H, date of hire 4/21/14, failed to evidence documentation of required in-service hours for hospice aides.</li> </ol>	L000620	<p>The DOO/designee will educate all HA on the required annual training (12 hours per year), and the training will be offered monthly by the DOO/designee in a classroom setting. Competency testing of presentations will be monitored by computerized testing. Hospice Aides will continue to meet monthly for presentation review and questions. Sign-in sheet will be kept monthly. The DOO/designee will monitor the HA education binder for 100% compliance monthly. Findings will be reported to the QAPI committee.</p>	02/19/2015

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	<p>A. On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed 2 hours of in-service for 2014.</p> <p>B. On 1/20/15 at 4:51 PM, employee C indicated the employee had only 2 hours of in-service training since April, 2014.</p> <p>3. Personnel file I, date of hire 12/16/14, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>A. On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had not completed any in-services for 2014.</p> <p>B. On 1/21/15 at 11:20 AM, employee C indicated the employee had no hours of in-service training documented but should have had in-service training hours completed for December, 2014.</p> <p>4. The policy dated January 2014 titled "Policy No. [number] 8-023.1 PERSONNEL DEVELOPMENT" states,</p>				

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L000621	<p>"PURPOSE To ensure training and development for all personnel to maintain competence in assigned duties. POLICY Curo Health Services will provide for personnel development including, but not limited to, continuing education, in-services, training sessions, and one-on-one mentoring. An attendance record of all in-service/organization personnel development programs offered will be maintained by the organization. PROCEDURE ... 5. Curo Health services requires that each staff member complete a minimum of the following programs each year. These mandatory in-services include: ... 6. In addition, clinical personnel must attend a minimum of the following: ... B. Hospice Aides will attend 12 hours of in-service education annually. ... ."</p> <p>418.76(d)(1) IN-SERVICE TRAINING (1) In-service training may be offered by any organization, and must be supervised by a registered nurse. Based on personnel file review, policy review, and interview, the hospice failed to ensure hospice aide in-service training was supervised by a registered nurse in 6 of 6 hospice aide files reviewed creating the potential to affect all patients of the</p>	L000621	The DOO/designee will educate all HA on the required annual training (12 hours per year), and the training will be offered monthly by the DOO/designee (who is a	02/19/2015	

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	<p>hospice. (employees A, E, F, G, H, and I)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel File A, date of hire 4/29/14 and termination date 12/30/14, failed to evidence documentation of required in-services for hospice aides.</li> </ol> <p>On 1/20/15 at 2:30 PM, employee C (registered nurse-area vice president) presented with an electronic print out of in-services for the year 2014 for all staff. The documents failed to evidence the employee had completed in-service hours in 2014.</p> <ol style="list-style-type: none"> <li>2. Personnel file E, date of hire 7/8/13, failed to evidence documentation of required in-service hours for hospice aides.</li> </ol> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed greater than 12 hours of in-service for 2014.</p> <ol style="list-style-type: none"> <li>3. Personnel file F, date of hire 8/14/06, failed to evidence documentation of required in-service hours for hospice aides.</li> </ol>		<p>Registered Nurse) in a classroom setting. Competency testing of presentations will be monitored by computerized testing. Hospice Aides will continue to meet monthly for presentation review and questions. Sign-in sheet will be kept monthly.</p> <p>The DOO/designee will monitor the HA education binder for 100% compliance monthly. Findings will be reported to the QAPI committee.</p>		

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	<p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed greater than 12 hours of in-service for 2014.</p> <p>4. Personnel file G, date of hire 7/9/13, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed greater than 12 hours of in-service for 2014.</p> <p>5. Personnel file H, date of hire 4/21/14, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed 2 hours of in-service for 2014.</p> <p>6. Personnel file I, date of hire 12/16/14, failed to evidence documentation of</p>						

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	<p>required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had not completed any in-services for 2014.</p> <p>7. On 1/23/15 at 1:15 PM, employee C indicated the in-service's are on-line and are performed independently and to pass the course, the aide must receive 80% or better. The employee indicated there is no documentation to evidence the training was supervised by a registered nurse.</p> <p>8. The policy dated January 2014 titled "Policy No. [number] 8-023.1 PERSONNEL DEVELOPMENT" states, "PURPOSE To ensure training and development for all personnel to maintain competence in assigned duties. POLICY Curo Health Services will provide for personnel development including, but not limited to, continuing education, in-services, training sessions, and one-on-one mentoring. An attendance record of all in-service/organization personnel development programs offered will be maintained by the organization. PROCEDURE ... 5. Curo Health</p>			

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L000622	<p>services requires that each staff member complete a minimum of the following programs each year. These mandatory in-services include: ... 6. In addition, clinical personnel must attend a minimum of the following: ... B. Hospice Aides will attend 12 hours of in-service education annually. ... "</p> <p>9. The policy with a revised date of 9/2014 titled "RESPONSIBILITIES / SUPERVISION OF CLINICAL SERVICES" states, "PURPOSE To ensure that there is a process for the selection of a qualified individual for overseeing clinical care and services. POLICY Nursing and hospice aide services will be under the supervision of a registered nurse who has at least two (2) years of hospice or community based health care experience. ... "</p> <p>418.76(d)(2) IN-SERVICE TRAINING (2) The hospice must maintain documentation that demonstrates the requirements of this standard are met. Based on personnel file review, policy review, and interview, the hospice failed to ensure to maintain documentation of</p>	L000622	The DOO/designee will educate all HA's and registered nurses on the requirement of HA competency, required 12 hours	02/19/2015

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	<p>the hospice aide's competency, in-service training hours, and supervision by the registered nurse in 6 of 6 hospice aide personnel files reviewed creating the potential to affect all patients of the hospice receiving hospice aide services. (employees A, E, F, G, H, and I)</p> <p>Findings include:</p> <p>1. Personnel File A, date of hire 4/29/14 and termination date 12/30/14, failed to evidence documentation of required in-services for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C (registered nurse-area vice president) presented with an electronic print out of in-services for the year 2014 for all staff. The documents failed to evidence the employee had completed in-service hours in 2014.</p> <p>2. Personnel file E, date of hire 7/8/13, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed greater than 12 hours of in-service for 2014.</p>		<p>in-service annually, and supervision by the registered nurse. The DOO/designee will audit 100% of HA's personnel files to ensure the competencies, annual education and registered nurse supervision is present in each personnel file. Audits will continue quarterly with all finding reported to the QAPI committee.</p>				

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	<p>3. Personnel file F, date of hire 8/14/06, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed greater than 12 hours of in-service for 2014.</p> <p>4. Personnel file G, date of hire 7/9/13, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed greater than 12 hours of in-service for 2014.</p> <p>5. Personnel file H, date of hire 4/21/14, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee</p>						

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	<p>had completed 2 hours of in-service for 2014.</p> <p>6. Personnel file I, date of hire 12/16/14, failed to evidence documentation of required in-service hours for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had not completed any in-services for 2014.</p> <p>7. On 1/23/15 at 1:15 PM, employee C indicated the in-service's are on-line and are performed independently and to pass the course, the aide must receive 80% or better. The employee indicated there is no documentation to evidence the training was supervised by a registered nurse.</p> <p>8. The policy dated January 2014 titled "Policy No. [number] 8-023.1 PERSONNEL DEVELOPMENT" states, "PURPOSE To ensure training and development for all personnel to maintain competence in assigned duties. POLICY Curo Health Services will provide for personnel development including, but not limited to, continuing education, in-services, training sessions, and</p>						

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L000626	<p>one-on-one mentoring. An attendance record of all in-service/organization personnel development programs offered will be maintained by the organization. PROCEDURE ... 5. Curo Health services requires that each staff member complete a minimum of the following programs each year. These mandatory in-services include: ... 6. In addition, clinical personnel must attend a minimum of the following: ... B. Hospice Aides will attend 12 hours of in-service education annually. ... "</p> <p>9. The policy with a revised date of 9/2014 titled "RESPONSIBILITIES / SUPERVISION OF CLINICAL SERVICES" states, "PURPOSE To ensure that there is a process for the selection of a qualified individual for overseeing clinical care and services. POLICY Nursing and hospice aide services will be under the supervision of a registered nurse who has at least two (2) years of hospice or community based health care experience. ... "</p>				

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	<p><b>HOSPICE AIDE ASSIGNMENTS AND DUTIES</b></p> <p>(2) A hospice aide provides services that are:</p> <p>(i) Ordered by the interdisciplinary group.</p> <p>(ii) Included in the plan of care.</p> <p>(iii) Permitted to be performed under State law by such hospice aide.</p> <p>(iv) Consistent with the hospice aide training.</p> <p>Based on clinical record review, administrative document review, personnel file review, policy review, and interview, the hospice failed to ensure the hospice aide provided services that were included in the plan of care in 1 of 8 clinical records reviewed of patients receiving hospice aide services creating the potential to affect all the agencies patients. (employee A, clinical record #2)</p> <p>Findings include:</p> <p>1. Clinical record #2, election and start of care date 9/24/14, contained a hospice certification and plan of care for certification period 9/24 to 12/22/14 with a principal diagnosis of Coronary Atherosclerosis Artery Bypass Graft. The record contained a hospice interdisciplinary group comprehensive assessment and plan of care update report dated 12/8/14 to include orders for skilled nursing services 3 times per week times 1 week, 2 times per week for 12 weeks, and 4 as needed with an order</p>	L000626	<p>The DOO/designee will educate all HA regarding: providing services according to the hospice aide assignment/plan of care to</p> <p>include only task assigned, Policy #4-003 Hospice Aide services and Policy #4-052-Administration and Documentation of Medications.</p> <p>The DOO/designee will audit 25% of all active charts monthly. When compliance threshold of 90% is maintained for 2 consecutive months, audits will be reduced to quarterly and findings will be reported to the QAPI committee.</p>	02/19/2015

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	<p>date as 9/24/14, hospice social worker services 1 time per month and 2 as needed with an order date as 9/25/14, chaplain services 1 time per month and 2 as needed with an order date as 9/26/14, and hospice aide services 1 time week 1, 3 times per week for 12 weeks, and 1 time week 1 with an order date as 9/24/14.</p> <p>A. The record evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG meeting Date: 10/06/2014 ... IDG Meeting Reason: NEW ADMISSION ... Current Meeting Summary IDG Team Members Registered Nurse [employee N] -electronically signed Details ... IDG Team has discussed and determined patient/PCG [patient caregiver] ability to administer meds (YES): Pt self-admin with nurse setting up pill organizer. ... ."</p> <p>B. The record contained a coordination notes report dated 12/12/14 by employee H (hospice aide) stating, "Note Patient was complaining about arm hurting noticed blister on arm and hands and face sent pics to nurse she is contacting doctor. Patient was washed up."</p> <p>C. The record contained a</p>						

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	<p>coordination note report dated 12/12/14 by the registered nurse (employee N) stating, "Note Diffuse red 'Rash' noted on basis areas on PTs [patients] extremities. None noted on trunk. Some areas with very fine blisters. Discussed with [medical director, employee J] who stated to start a 5-day medrol dose pack. If no resolution in 2-3 days, let him know. Possible shingles, but since no rash noted on trunk, we will try steroids first."</p> <p>D. The record contained a coordination notes report dated 12/15/14 by employee H stating, "Patient had rash and it looked worst than last week. called nurse and she came to evaluate. took patient to doctor. was shingles, waited on prescription, brought patient back in my car took patient to her room. patient stay in room until blisters scab. Patient has a lot of meds to take, talking to nurse to see what patient should do. needing extra help."</p> <p>The record evidenced a physicians verbal order entered by employee R (registered nurse), approved by employee O on 12/16/14 and electronically signed by the physician on 12/18/14 stating, "Order description: Clarification: On 12/15/14 the following orders were given: 1. Acyclovir 800 mg</p>						

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	<p>[milligrams] 1 tab [tablet] PO [orally] Q [every 4 hours 5x [times] a day for 7 days. 2. Tramadol 50 mg 1-2 tabs PO QID [4 times per day] PRN [as needed] Pain. 3. Benadryl 25 mg PO Q 8 hours PRN-Pruitis. 4. Calmoseptine Spray to area affected with shingles QID. ... ."</p> <p>E. The record evidenced an interdisciplinary narrative note dated 12/15/14 by employee M (hospice social worker-HSW) stating, "2:30 PM pg [page] 1 HSW was informed that the pt [patient] was being considered for a respite stay due to the way the doctor wrote medication orders since the [assisted living facility] staff could not put the lotion on or change the pt's incontinence needs. ... pg 2 ... The [casemanager-employee N] asked if emergency CTC would be in line for tonight until placement was in place [due to] weakness [and] incontinence. DO [director of operations, employee O] replied that CTC would have to be done by a nurse if the calamine needs applied or pain pills or aides if just needed. ... pg 3 ... [employee N] then informed the DO, SW [and] PRN nurse that the facility can give [patient] the medication and that the calmoseptine was PRN. RNCM [registered nurse, case manager] was worried about the incontinence/fatigue. ... pg 4 ... DO then stated to start CTC to get</p>				

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	<p>the nurse on call notified. HSW then updated everyone that the paperwork had been sent to [attending physician] and that a chest xray was included. DO also stated they would need a [page 5] nurse or aide to cover the 4-8 a shift and that was [employee S, registered nurse] shift and he has clinicals all day tomorrow. Or if the 2 aides could go there until 4 am ... [employee T, registered nurse] then stated that she had put CTC into play because the son thought it would be a good idea. HSW then updated the group that the respite paperwork was sent to [assisted living facility] for the son's signature per pts daughter ... pg 6 ... CTC list was then given. CTC was to be RN's [registered nurses] and aides due to the care issues needed."</p> <p>F. The record evidenced a visit note report dated 12/15/14 by employee E (hospice aide) stating, "Aide hospice visit ... In-home Time BEGAN 12/15/2014 08:39 PM COMPLETED 12/16/14 12:10 AM ... Narrative Patient Denys [sic] any pain. Patient went to sleep around 8:30 and slept soundly until 11:50. Patient got up, went to bathroom then went back to bed."</p> <p>G. The record evidenced a visit note report dated 12/16/14 by employee A (hospice aide) stating, "Aide Hospice</p>			

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	<p>visit ... In-Home Time BEGAN 12:11 AM ... COMPLETED 07:41 AM ... Narrative Patient was resting well and asked what time is it."</p> <p>H. The record evidenced a visit note report dated 12/16/14 by employee U (chaplain) stating, "Chaplain Continuous Care visit ... In-Home Time BEGAN 12/15/14 08:05 AM COMPLETED 12/16/14 12:48 PM Assessment ... NEUROLOGIC Indicate patient's mental status (mark all that apply): Alert Oriented to place Oriented to person Oriented to time Cooperative Calm Receptive ... NARRATIVE Indicate visit narrative: Arrived at 8:05 for CTC. Patient was awake and glad to see me. we talked. had asked for aid to come and give her a bath. wanted to get dressed. called office to let know. aid arrived. patient began to get very sleepy. learned that she had been given pain pill. facility director said aid [sic] had given pain pill. ... ."</p> <p>I. The record evidenced a visit note report dated 12/16/14 by employee R stating, "Hospice RN continuous care evaluation ... In-Home Time BEGAN 12/16/14 12:45 PM COMPLETED 12/16/14 04:03 PM ... Assessment ... NARRATIVE ... PT lethargic but alert, denies any current pain, states she feels</p>						

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	<p>sleepy. Blood pressure 80/56, Temp 97.4, Pulse 80, Respirations 8, SPO2 97% on O2[at] 3L [liters] per NC [nasal cannula]. PT states she's hungry, facility preparing something for PT to eat. ... "</p> <p>2. On 1/13/15 at 12:30 PM, a review of the hospice complaint log was conducted.</p> <p>The complaint log evidenced a document titled "Customer Feedback Form" stating, "Individual completing form: [employee B] ... Date Submitted: 12.19.14 Submitted To: [employee C] Customer Name: [staff member at assisted living facility] Vendor [box checked] ... Complaint [box checked] ... Describe Situation Reported By Customer: Please See attached statement PROPOSED ACTION PLAN: Interview staff involved/obtain statements Speak with [staff member at assisted living facility] review client records review all statements and interview notes RESOLUTION (required within 1 week of report): Date 12-26-14 All disciplines involved are in the midst of disciplinary action being carried out at this time. [employee O] is not to communicate with [staff member at assisted living facility], if there is communication required beyond what CM [case manager] can provide, CM or [staff member at assisted living facility]</p>			

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	<p>to contact me directly. 12-30 [employee B], [employee V], [employee N], [staff member at assisted living facility] and patient's [daughter] to meet and review records/events. ... FOLLOW-UP NOTES: 12-19-14 Spoke with [staff member at assisted living facility] regarding events of the day pt was in CTC and phone calls with CD [clinical director] following those events. At this time [staff member at assisted living facility] would prefer to not be contacted by [employee O]. [employee O] made aware via email and phone 12-24 In kokomo office to interview CD who admits to being overwhelmed and "Probably a little defensive with situation" but at a loss as to why it's all been blown out of proportion. HA admits to administering medication "without thinking" [employee O] instructed to write termination up and run it past HR [human resources] today. Implement asap [as soon as possible]. ... Did patient/family concern lead to change in service provider? NO [box checked] Verbal written notification of resolution communicated to personnel reporting incident: YES [box checked] Date: 12-29-14 with [staff member at assisted living facility] to collaborate on approach of meeting with [daughter], ... on 12-30."</p> <p>A. Attached to this complaint</p>			

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	<p>was the following documentation, "[assisted living facility] Notes ... PART 1: Patient Care issue Monday 12.15.14 ... Sometime Monday afternoon CTC was called on the patient. ... HA [employee A] participated in the CTC from Tuesday 12.16.14 12am-4am, volunteered to pick up the 4 am-8 am. Tuesday 12.16.14 According to facility staff, [employee A] requested for the patient to have [his/her] pain medication due to the schedule at 7:30 am before she left the facility. [employee A] received the medications form a staff member who put the medication in her bare hand and provided it to the patient. The medication that was needed was her Benadryl but instead she was given Tramadol. ... ."</p> <p>B. Attached to this complaint was a interdisciplinary narrative note dated 12/16/14 by employee M stating, "pg 1 HSW was asked to sit on a phone call with [employee L] when the DO [employee O] called [a staff member at the assisted living facility]. ... [a staff member at the assisted living facility] shared that the aide came to ask for the medication prior [pg 2] to leaving the facility and the [staff member at assisted living facility] who could give the pt the medication was pregnant [and] should not give the medication due to the pt having shingles. So the aide gave the</p>						

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	<p>medication. ... ."</p> <p>3. On 1/14/15 at 10:35 AM, employee C (registered nurse) indicated employee A (hospice aide) admitted to administering the pain medication to the patient and the information on the incident was sent to the hospice legal department. Employee C indicated the legal department informed the hospice it was not required to report this to the State agency, so this incident was not reported.</p> <p>4. Personnel file A (hospice aide) evidenced a document titled "Employee Counseling Form" stating, "EMPLOYER STATEMENT ... Date of Incident: 12/16/2014 Time of Incident: 07:45 am Comments: When doing CTC for a pt, staff member at the pt's home asked [aide] to give the pt [patient's] meds as the staff member couldn't go in to the room due to a condition pt had and the staff was pregnant. [aide] was in a hurry and did not think about it and took the meds and gave them to the pt. This is out of [aide's] scope of practice. ... Acknowledgements I have read and understand this counseling statement. Employee Signature: '[employee A]' date: '12/30/14' Supervisor/Manager: [employee O-administrator] ... ."</p> <p>5. The policy dated December, 2012</p>						

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	<p>titled "ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS" states, "PURPOSE To provide guidelines for the safe administration of medications by licensed personnel. POLICY Licensed nursing personnel will administer and document any medications which have been ordered by the physician, as a part of the plan of care and have been approved for safe administration and monitoring during a hospice visit. ... PROCEDURE ... 3. Licensed nurses will administer medications ordered by the physician (or other authorized independent practitioner) that can be safely administered and monitored during a home visit. 4. Non-licensed personnel will not administer medications. Where not prohibited by law, non-licensed personnel may assist the patient in the self-administration of medication and complete the corresponding documentation. ... ."</p> <p>6. The policy dated September, 2014 titled "HOSPICE AIDE SERVICES" states, "PURPOSE To specify the role of the hospice aide and/or homemaker in hospice care. POLICY Hospice aide services will include personal care services provided by trained hospice aides ... PROCEDURE ... 4. Hospice aide duties include: ... C. Assisting with</p>						

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L000628	<p>medications that are ordinarily self-administered (per state regulations) D. Report changes in the patient's condition and needs ... 5. Hospice aides will document care provided in accordance with the hospice aide assignment ... ."</p> <p>418.76(g)(4) HOSPICE AIDE ASSIGNMENTS AND DUTIES (4) Hospice aides must report changes in the patient's medical, nursing, rehabilitative, and social needs to a registered nurse, as the changes relate to the plan of care and quality assessment and improvement activities. Hospice aides must also complete appropriate records in compliance with the hospice's policies and procedures. Based on clinical record, agency policy and document review, and interview, the hospice failed to ensure the hospice aide reported changes in the patient's medical needs to a registered nurse in 1 of 8 records reviewed with hospice aide services creating the potential to affect all hospice patients receiving hospice aide services. (#1)</p> <p>Findings include:</p>	L000628	The DOO/designee will educate all HA's regarding RN notification of all changes to the plan of care/ assignment and Policy # 4-003-Hospice Aide Services. The notifications will be documented on a narrative or coordination note by the HA with follow up responses from the RNCM as needed per a visit,	02/19/2015

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	<p>1. Clinical record #1, start of care 9/24/13, contained a document electronically entered by employee O (administrator) on 9/24/13 for episode 7/21 to 9/16/14 titled "Aide Care Plan" stating, "485 Frequency ... HHA (hospice aide) 1WK [week] 2WK8 .. ADL [activities of daily living] SERVICES Turn and position in Bed ... Every Visit Light Housekeeping ... Every Visit File Nails ... Weekly Clean Nails ... Every Visit Transfer Client From Bed/Chair ... Every Visit Assist To Bedside Commode ... Every Visit Skin Care ... Every visit Perineal care ... Every Visit Shaving ... Every Visit Oral Care ... Every Visit Nail Care ... Weekly Dressing ... Every Visit Bathing-BedBath ... Every Visit Secondary Bathing-Shower ... Every Visit Primary Bathing-Sponge Bath ... Every Visit Tertiary IADL [instrumental activities of daily living] Services Offer Fluids ... Every Visit Change Linens ... Weekly And as Needed INTAKE/OUTPUT Date of Last BM [bowel movement] ... Every Visit OTHER SERVICES Comfort Care ... Every Visit Emotional Support ... Every Visit."</p> <p>A. The record contained a document electronically signed by employee N (registered nurse) on 9/3/14 titled "Visit</p>		<p>narrative or coordination note. The DOO/designee will audit 25% of all active charts monthly. When compliance threshold of 90% is maintained for 2 consecutive months, audits will be reduced to quarterly and findings will be reported to the QAPI committee.</p>	

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	<p>Note Report" stating, "Hospice Recert Assessment ... ASSESSMENT CLIENT DEMOGRAPHICS ... Location of Care: Home-Private residence of the patient or caregiver [page 5 of 9] NEUROLOGIC WAS MENTAL STATUS ASSESSED? Yes INDICATE PATIENT'S MENTAL STATUS (MARK ALL THAT APPLY): Disoriented Hallucinations Alert Oriented to Person INDICATE ABNORMAL NEUROLOGIC FINDINGS: None ... INDICATE THE PATIENT'S POSTURE AND BEHAVIOR (MARK ALL THAT APPLY): Immobility ... [page 7 of 9] FUNCTIONAL WAS MUSCULOSKELETAL SYSTEM ASSESSED? Yes INDICATED MUSCULOSKELETAL ASSESSMENT (MARK ALL THAT APPLY): Pain/Stiffness ... Atrophy Limited Range of Motion Amputation Prosthesis Gait/Ambulation disturbance ... INDICATE MOBILITY ASSESSMENT FINDINGS: Transfers bed to chair with maximal Assistance ... ."</p> <p>B. The record evidenced a document dated 9/12/14 titled "Visit Note Report" stating, "Visit Type ... AIDE HOSPICE VISIT ... [employee H - hospice aide] ... Narrative Patient Very pleasant. Gave patient bath on commode. Left leg off be cause knees was getting</p>						

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	<p>swelled. Patient very confused talking about remembering me at his wedding. put new pajamas on patient shaved patient and brushed his teeth. put cream on patient bottom. little bit red no open areas. Put patient back in recliner with feet propped up. Left patient with gloves and wipes." The employee documented "YES" to all tasks being completed. The record failed to evidence the observations documented by the hospice aide were reported to the registered nurse, case manager.</p> <p>On 1/16/15 at 11:25 AM, employee C (registered nurse) indicated the patient resides in his/her own home and the documentation does not include if the patient was alone at the time of the visit, but the aide should not have left the patient alone and the case manager should have been notified of patient's status.</p> <p>2. The policy dated September, 2014 titled "HOSPICE AIDE SERVICES" states, "PURPOSE To specify the role of the hospice aide and/or homemaker in hospice care. POLICY Hospice aide services will include personal care services provided by trained hospice aides ... PROCEDURE ... 3. Hospice aide duties include: ... D. Report changes in the patient's condition and</p>						

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L000629	<p>needs ... ."</p> <p>418.76(h)(1)(i) SUPERVISION OF HOSPICE AIDES (I) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit. Based on clinical record and policy review and interview, the hospice failed to ensure a registered nurse made an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide in 1 of 8 clinical records reviewed with hospice aide services creating the potential to affect all patients of the hospice receiving hospice aide services. (#7)</p> <p>Findings include:</p> <p>1. Clinical record #7, election and start of care 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15 to include orders for skilled nursing</p>	L000629	<p>The DOO/designee will educate all nurses regarding Policy # 4-003-Hospice Aide Services, Policy # 8-027 Responsibilities/Supervision of Clinical Service, and requirement of an on-site supervisory visit to assess the HA performance every 14 days. The DOO/designee will audit 25% of all active charts monthly. When compliance threshold of 90% is maintained for 2 consecutive months, audits will be reduced to quarterly and findings will be reported to the QAPI committee.</p>	02/19/2015	

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	<p>services 3 times per week for one week, 2 times per week for 12 weeks, and 4 visits as needed and hospice aide services 2 times per week for 1 week, 5 times per week for 12 weeks, and 1 time per week for 1 week for assistance with personal care and activities of daily living.</p> <p>The record evidenced a skilled nursing visit with supervision of the hospice aide dated 12/24/14. The record evidenced a skilled nursing visit with supervision of the hospice aide dated 1/16/15. The record failed to evidence the registered nurse performed a supervisory visit of the hospice aide no less frequently than every 14 days.</p> <p>2. On 1/23/15 at 10:56 AM, employee L (registered nurse) indicated an aide supervisory visit was conducted by the registered nurse on 12/24/14 and not again until 23 days later on 1/16/15.</p> <p>3. The policy dated September, 2014 titled "HOSPICE AIDE SERVICES" states, "PURPOSE To specify the role of the hospice aide and/or homemaker in hospice care. POLICY Hospice aide services will include personal care services provided by trained hospice aides ... Services provided by an aide could include: ... These activities in accordance with the plan of care and</p>			

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L000670	<p>physician's orders will be assigned and supervised by a hospice registered nurse every 14 days unless specified otherwise by state regulations. ... ."</p> <p>Based on clinical record review, policy review, admission packet review, document review, and interview, it was determined the hospice failed to ensure the clinical record contained correct clinical information that is available to the patient's attending physician and hospice staff in 1 of 9 clinical records reviewed (See L 671); failed to ensure the clinical record contained signed copies of the notice of patient rights and election statement in 6 of 9 clinical records reviewed (See L 673); and failed to ensure all entries in the electronic medical record were appropriately authenticated in accordance with current accepted standards of practice in 2 of 9 clinical records reviewed (See L 679).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.104 Clinical Records.</p>	L000670	<p>The DOO/designee will educate all hospice team staff on Condition of Participation 418.104 to ensure all components of the clinical record are signed and maintained as a part of the Electronic Clinical Record The DOO/designee will audit 25% of all active charts monthly to ensure all authentication/signatures and components of the medical record are present. When compliance threshold of 100% is maintained for 2 consecutive months, audits will be reduced to quarterly and all findings will be reported to the QAPI committee.</p>	02/19/2015

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L000671	<p>418.104 CLINICAL RECORDS A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.</p> <p>Based on clinical record review, policy review, and interview, the hospice failed to ensure the clinical record contained correct clinical information that is available to the patient's attending physician and hospice staff in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 9/24/13, contained documents electronically entered by employee O (administrator) on 9/24/13 for episodes 5/22 to 7/20/14 and 7/21 to 9/16/14 titled "Aide Care Plan" stating, "485 Frequency ... HHA (hospice aide) 1WK [week] 2WK8 .. ADL [activities of daily living] SERVICES Turn and position in Bed ...</p>	L000671	<p>The DOO/designee will educate all hospice team staff on Condition of Participation 418.104 to ensure all components of the clinical record are signed and maintained as a part of the Electronic Clinical Record. Policy # 4-003 will be reviewed with the HA staff members to ensure completion of the plan assigned and accurate documentation of services provided during visits. The DOO/designee will audit 25% of all active charts monthly to ensure all authentication/signatures and components of the medical record are present. When compliance threshold of 100% is maintained for 2 consecutive months, audits will be reduced to quarterly and all</p>	02/19/2015

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	<p>Every Visit Light Housekeeping ... Every Visit File Nails ... Weekly Clean Nails ... Every Visit Transfer Client From Bed/Chair ... Every Visit Assist To Bedside Commode ... Every Visit Skin Care ... Every visit Perineal care ... Every Visit Shaving ... Every Visit Oral Care ... Every Visit Nail Care ... Weekly Dressing ... Every Visit Bathing-BedBath ... Every Visit Secondary Bathing-Shower ... Every Visit Primary Bathing-Sponge Bath ... Every Visit Tertiary IADL [instrumental activities of daily living] Services Offer Fluids ... Every Visit Change Linens ... Weekly And as Needed INTAKE/OUTPUT Date of Last BM [bowel movement] ... Every Visit OTHER SERVICES Comfort Care ... Every Visit Emotional Support ... Every Visit."</p> <p>A. The record evidenced a visit note electronically signed by employee H (hospice aide) stating, "Visit Date: 05/27/2014 ... Total Time in Home Time: 0.29 Hours ... AIDE visit information CATEGORY: ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: Light HouseKeeping COMPLETED: Y ... Service: Bathing-Bedbath COMPLETED: Y Service: Bathing-Shower COMPLETED: Y</p>		findings will be reported to the QAPI committee.		

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	<p>Service: Bathing-Sponge Bath COMPLETED: Y ... "</p> <p>B. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 05/30/2014 ... Total Time in Home Time: 0.46 Hours ... AIDE visit information CATEGORY: ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: Light HouseKeeping COMPLETED: Y ... Service: Bathing-Bedbath COMPLETED: Y Service: Bathing-Shower COMPLETED: Y Service: Bathing-Sponge Bath COMPLETED: Y ... "</p> <p>C. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 06/03/2014 ... Total Time in Home Time: 0.44 Hours ... AIDE visit information CATEGORY: ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: Light HouseKeeping COMPLETED: Y ... Service: Bathing-Bedbath COMPLETED: Y Service: Bathing-Shower COMPLETED: Y Service: Bathing-Sponge Bath COMPLETED: Y ... "</p> <p>D. The record evidenced a visit note</p>			

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	<p>electronically signed by employee H stating, "Visit Date: 06/06/2014 ... Total Time in Home Time: 0.61 Hours ... AIDE visit information CATEGORY: ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: Light HouseKeeping COMPLETED: Y ... Service: Bathing-Bedbath COMPLETED: Y Service: Bathing-Shower COMPLETED: Y Service: Bathing-Sponge Bath COMPLETED: Y ... "</p> <p>E. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 06/13/2014 ... Total Time in Home Time: 0.39 Hours ... AIDE visit information CATEGORY: ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: Light HouseKeeping COMPLETED: Y ... Service: Bathing-Bedbath COMPLETED: Y Service: Bathing-Shower COMPLETED: Y Service: Bathing-Sponge Bath COMPLETED: Y ... "</p> <p>F. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 07/02/2014 ... Total Time in Home Time: 0.99 Hours ... AIDE visit information CATEGORY:</p>						

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	<p>ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: Light HouseKeeping COMPLETED: Y ... Service: Bathing-Bedbath COMPLETED: Y Service: Bathing-Shower COMPLETED: Y Service: Bathing-Sponge Bath COMPLETED: Y ... ."</p> <p>2. On 1/14/15 at 10:30 AM, employee C indicated employee H had been identified as completing visit sheets and signing her name where the patient should have signed for a patient that was in the hospital. The employee indicated notifying employee O about this concern in order for the administrator to conduct an investigation. Employee C indicated the administrator never conducted an investigation into this concern.</p> <p>3. On 1/16/15 at 11:25 AM, employee C indicated the aide could not have possibly completed bathing by shower, bedbath, and sponge bath at each visit.</p> <p>4. The policy dated September, 2014 titled "HOSPICE AIDE SERVICES" states, "POLICY Hospice aide services will include personal care services provided by trained hospice aides and non-skilled services by homemakers. ... PROCEDURE ... 5. Hospice aides will</p>						

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L000673	<p>document care provided in accordance with the hospice aide assignment. ... ."</p> <p>418.104(a)(2) CONTENT [Each patient's record must include the following:] (2) Signed copies of the notice of patient rights in accordance with §418.52 and election statement in accordance with §418.24.</p> <p>Based on clinical record review, policy review, admission packet review, and interview, the hospice failed to ensure the clinical record contained signed copies of the notice of patient rights and election statement in 6 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#3, 4, 5, 7, 8, and 9)</p> <p>Findings include:</p> <p>1. The policy dated December, 2012 titled "PATIENT BILL OF RIGHTS" states, "PURPOSE To encourage awareness of patient rights, to provide guidelines to assist patients making decisions regarding care, and to support active participation in care planning. ...</p>	L000673	<p>The DOO/designee will educate all hospice staff on the delivery and documentation of the patients rights (see plan of correction for 418.52). In addition, the DOO/ designee will educate all hospice staff on the Hospice Election Statement and Policy 2-004- Informed Consent and the requirement of patient signature and the documentation to be maintained within the medical record.</p> <p>The DOO/designee will audit 25% of all active charts monthly to ensure all required components of the medical record are present. (Patient rights and Election of Hospice Benefit) When compliance threshold of 100% is maintained for 2</p>	02/19/2015

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	<p>PROCEDURE 1. The Patient Bill of Rights statement defines the right of the patient to: A. Voice Grievances ... B. Receive an investigation by the hospice of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, ... the existence of the complaint and the resolution of the complaint must be documented C. Be advised in advance of the right to participate in planning the care or service and in planning changes in the care and service ... G. Be informed, verbally and in writing, of billing and reimbursement methodologies prior to the start of care/service and as changes occur ... H. Receive in writing, prior to the start of care, the telephone numbers for the state specified hotline ... 2. Upon admission, the admitting clinician/technician will provide each patient or his/her representative with a written copy of the patient bill of rights. 3. The patient bill of rights will be explained and distributed to the patient prior to the initiation of organization services ... 4. The admitting clinician will document that the patient has received a copy of the patient bill of rights. .... "</p> <p>2. The undated policy titled "ADMISSION CRITERIA AND PROCESS" states, "PROCEDURE ...</p>		consecutive months, audits will be reduced to quarterly and all findings will be reported to the QAPI committee.				

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	<p>10. The patient or his/her representative will sign the required forms indicating election of hospice care and receipt of patient rights and privacy information. ... ."</p> <p>3. The policy dated December, 2012 titled "HOSPICE ELECTION STATEMENT" states, "PURPOSE To ensure that patients and/or legal guardians/caregivers understand the Medicare Part A or Medicaid coverage for hospice care and agree to this program. PROCEDURE 1. On admission, the admitting registered nurse will discuss the patient's eligibility for the medicare or medicaid hospice benefit. 2. The admitting registered nurse will explain the hospice election statement to the patient and family/caregiver or legal representatives. 3. The patient and family/caregiver, or his/her legal representative will be asked to sign the hospice election statement. 4. The hospice election statement will be located in the patient's clinical record and a copy will be given to the patient."</p> <p>4. Clinical record #3, election and start of care date 11/5/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>5. Clinical record #4, election and start</p>				

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	<p>of care date 12/2/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>6. Clinical record #5, election and start of care date 11/7/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>7. Clinical record #7, election and start of care date 11/19/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>8. Clinical record #8, election and start of care date 12/18/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities. The record contained a hospice certification and plan of care for certification period 12/18/14 to 3/17/15 stating, "Start of Care Date 12/18/2014 ... 21. Orders of Discipline and Treatments ... SN [skilled nursing] 2X [times] WK [week] X13, 1X WK X1 and 4 PRNS [as needed] MSW [social worker] Effective 12/21/2014 1WK1 HHA [hospice aide] 1WK1, 2WK12, 1WK1 CH [chaplain] Effective 12/21/2014 1WK1 ... 23. Nurse's Signature and Date of Verbal SOC [start of care] where applicable: (deemed as electronic signature) [employee P, registered nurse]/[employee O,</p>			

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	<p>administrator] 12/18/2014 ... 27. Attending physician's signature and Date signed [attending] 12/29/2014 28. Medical Director's signature and date signed [employee J] 12/29/2014 (electronically signed)." The record failed to evidence the hospice election statement with signature of receipt by the patient or caregiver.</p> <p>A. On 1/20/14 at 11:35 AM, employee C indicated the electronic medical record did not contain any consents, to include the hospice election statement, for this patient.</p> <p>B. On 1/23/15 at 11:40 AM, employee L stated, "[patient last name] I cannot find" when asked if admission consents were located.</p> <p>9. Clinical record #9, election and start of care date 12/2/14, failed to evidence the patient was provided a written notice of the patient's rights and responsibilities.</p> <p>10. Review of the hospice admission packet presented to patients in and after October 2014 failed to evidence written documentation of the patient's rights and responsibilities and failed to contain a signature page for receiving of the information.</p>						

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L000679	<p>11. On 1/16/15 at 1:55 PM, employee C (registered nurse) indicated the admission packets did not include the patient bill of rights and any patients admitted during or after October, 2014, were not provided the Patient Bill of Rights or Advance Directive information.</p> <p>12. On 1/16/15 at 1:56 PM, employee L (patient family coordinator) indicated the hospice has been using this admission packet since October, 2014. The employee indicated the consents signed upon admission does not indicate if this information was provided.</p> <p>418.104(b) AUTHENTICATION All entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice. Based on clinical record review and interview, the hospice failed to ensure all entries in the electronic medical record were appropriately authenticated in accordance with current accepted</p>	L000679	The DOO/designee will educate all hospice team staff on Condition of Participation 418.104 to ensure all components of the clinical record	02/19/2015			

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	<p>standards of practice in 2 of 9 clinical records reviewed. (#2 and 3)</p> <p>Findings include:</p> <p>1. Clinical record #2, election and start of care 9/24/14, contained a hospice certification and plan of care for certification period 9/24 to 12/22/14 to include hospice aide services.</p> <p>A. The record evidenced a visit note electronically signed by employee H (hospice aide) stating, "Visit Date: 09/26/2014 ... Total Time in Home Time: 0.45 Hours ... AIDE visit information ... CATEGORY: ADL SERVICES Service: Stand by assistance with ambulation COMPLETED: Y Service: ... Agent Signature: [employee H] Client Signature: [employee H] - electronically signed." The document failed to include a signature by the patient and/or caregiver confirming hospice aide services had been provided.</p> <p>B. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 09/29/2014 ... Total Time in Home Time: 0.62 Hours ... AIDE visit information ... CATEGORY: ADL SERVICES Service: Stand by assistance with ambulation COMPLETED: Y Service: ... Agent</p>		<p>are signed (by employee and patient when applicable) and maintained as a part of the Electronic Clinical Record</p> <p>The DOO/designee will audit 25% of all active charts monthly to ensure all authentication/signatures and components of the medical record are present.</p> <p>When compliance threshold of 100% is maintained for 2 consecutive months, audits will be reduced to quarterly and all findings will be reported to the QAPI committee.</p>				

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	<p>Signature: [employee H] Client Signature: [employee H] - electronically signed." The document failed to include a signature by the patient and/or caregiver confirming hospice aide services had been provided.</p> <p>C. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 10/01/2014 ... Total Time in Home Time: 0.64 Hours ... AIDE visit information ... CATEGORY: ADL SERVICES Service: Stand by assistance with ambulation COMPLETED: Y Service: ... Agent Signature: [employee H] Client Signature: [employee H] - electronically signed." The document failed to include a signature by the patient and/or caregiver confirming hospice aide services had been provided.</p> <p>D. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 11/03/2014 ... Total Time in Home Time: 1.62 Hours ... AIDE visit information ... CATEGORY: ADL SERVICES Service: Stand by assistance with ambulation COMPLETED: Y Service: ... Agent Signature: [employee H] Client Signature: [employee H] - electronically signed." The document failed to include a signature by the patient and/or caregiver</p>			

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	<p>confirming hospice aide services had been provided.</p> <p>E. The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 12/12/2014 ... Total Time in Home Time: 2.34 Hours ... AIDE visit information ... CATEGORY: ADL SERVICES Service: Stand by assistance with ambulation COMPLETED: Y Service: ... Agent Signature: [employee H] Client Signature: [employee H] - electronically signed." The document failed to include a signature by the patient and/or caregiver confirming hospice aide services had been provided.</p> <p>2. Clinical record #3, election and start of care 11/05/14, contained a hospice certification and plan of care for certification period 11/5/14 to 2/2/15 to include hospice aide services.</p> <p>The record evidenced a visit note electronically signed by employee H stating, "Visit Date: 11/07/2014 ... Total Time in Home Time: 0.46 Hours ... AIDE visit information ... CATEGORY: ... ADL SERVICES Service: Turn and position in bed COMPLETED: Y Service: ... Agent Signature: [employee H] Client Signature: [employee H] - electronically signed." The document</p>						

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L000686	<p>failed to include a signature by the patient and/or caregiver confirming hospice aide services had been provided.</p> <p>3. On 1/14/15 at 10:30 AM, employee C indicated employee H had been identified as completing visit sheets and signing her name where the patient should have signed for a patient that was in the hospital. The employee indicated notifying employee O about this concern in order for the administrator to conduct an investigation. Employee C indicated the administrator never conducted an investigation into this concern.</p> <p>Based on clinical record and administrative document review, policy</p>	L000686	The DOO/designee will educate all	02/19/2015	

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L000692	<p>review, and interview, it was determined the hospice failed to ensure that patient's medications were administered by a licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law care in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice (See L 692); failed to ensure discrepancies in the administration of controlled drugs were reported to the appropriate State authority to include a written account of the investigation as required by law in 1 of 1 complaint logs reviewed and 1 of 9 clinical records reviewed (See L 700); and failed to ensure that the patient as well as the family and/or other caregiver(s) received instruction in the safe use of durable medical equipment and supplies in 1 of 9 clinical records reviewed (See L 702).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.106 Drugs/Biological's/Medical Supplies/DME.</p>		<p>hospice staff on 418.106 Condition of Participation. In addition see plan of correction above for 418.52 as it relates to patient rights and the complaint grievance process. Policy # 4-052 -Administration and Documentation of Medications and Policy #4-064 Medication Errors will be reviewed with each clinical hospice staff member. The DOO/designee will audit 25% of all active charts monthly to ensure all medications are administered by a licensed nurse, physician or patient (when appropriate). The DOO/designee will audit for and discrepancies and report those discrepancies through the Complaint/Grievance process to include reporting to State authorities when applicable. When compliance threshold of 100% is maintained for 2 consecutive months, audits will be reduced to quarterly and all findings will be reported to the QAPI committee.</p>		

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	<p><b>ADMINISTRATION OF DRUGS AND BIOLOGICALS</b></p> <p>(1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.</p> <p>(2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:</p> <p>(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;</p> <p>(ii) An employee who has completed a State-approved training program in medication administration; and</p> <p>(iii) The patient, upon approval by the interdisciplinary group.</p> <p>Based on clinical record review, hospice complaint log review, and interview, the hospice failed to ensure that patient's medications were administered by a licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law care in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (patient #2)</p> <p>Findings include:</p> <p>1. Clinical record #2, election and start of care date 9/24/14, contained a hospice certification and plan of care for certification period 9/24 to 12/22/14 with a principal diagnosis of Coronary Atherosclerosis Artery Bypass Graft. The</p>	L000692	The DOO/designee will educate all hospice staff on 418.106 Condition of Participation. Policy # 4-052 - Administration and Documentation of Medications and Policy #4-064 Medication Errors will be reviewed with each clinical hospice staff member. The DOO/designee will audit 25% of all active charts monthly to ensure all medications are administered by a licensed nurse, physician or patient (when appropriate). When compliance threshold of 100% is maintained for 2 consecutive months, audits will be reduced to quarterly and all findings will be reported to the QAPI committee.	02/19/2015	

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	<p>record contained a hospice interdisciplinary group comprehensive assessment and plan of care update report dated 12/8/14 to include orders for skilled nursing services 3 times per week times 1 week, 2 times per week for 12 weeks, and 4 as needed with an order date as 9/24/14, hospice social worker services 1 time per month and 2 as needed with an order date as 9/25/14, chaplain services 1 time per month and 2 as needed with an order date as 9/26/14, and hospice aide services 1 time week 1, 3 times per week for 12 weeks, and 1 time week 1 with an order date as 9/24/14.</p> <p>A. The record evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG meeting Date: 10/06/2014 ... IDG Meeting Reason: NEW ADMISSION ... Current Meeting Summary IDG Team Members Registered Nurse [employee N] -electronically signed Details ... IDG Team has discussed and determined patient/PCG [patient caregiver] ability to administer meds (YES): Pt self-admin with nurse setting up pill organizer. ... ."</p> <p>B. The record contained a coordination notes report dated 12/12/14 by employee H (hospice aide) stating,</p>						

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	<p>"Note Patient was complaining about arm hurting noticed blister on arm and hands and face sent pics to nurse she is contacting doctor. Patient was washed up."</p> <p>C. The record contained a coordination note report dated 12/12/14 by the registered nurse (employee N) stating, "Note Diffuse red 'Rash' noted on basis areas on PTs [patients] extremities. None noted on trunk. Some areas with very fine blisters. Discussed with [medical director, employee J] who stated to start a 5-day medrol dose pack. If no resolution in 2-3 days, let him know. Possible shingles, but since no rash noted on trunk, we will try steroids first."</p> <p>D. The record contained a coordination notes report dated 12/15/14 by employee H stating, "Patient had rash and it looked worst than last week. called nurse and she came to evaluate. took patient to doctor. was shingles, waited on prescription, brought patient back in my car took patient to her room. patient stay in room until blisters scab. Patient has a lot of meds to take, talking to nurse to see what patient should do. needing extra help."</p> <p>The record evidenced a</p>						

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	<p>physicians verbal order entered by employee R (registered nurse), approved by employee O on 12/16/14 and electronically signed by the physician on 12/18/14 stating, "Order description: Clarification: On 12/15/14 the following orders were given: 1. Acyclovir 800 mg [milligrams] 1 tab [tablet] PO [orally] Q [every 4 hours 5x [times] a day for 7 days. 2. Tramadol 50 mg 1-2 tabs PO QID [4 times per day] PRN [as needed] Pain. 3. Benadryl 25 mg PO Q 8 hours PRN-Pruitis. 4. Calmoseptine Spray to area affected with shingles QID. ... ."</p> <p>E. The record evidenced an interdisciplinary narrative note dated 12/15/14 by employee M (hospice social worker-HSW) stating, "2:30 PM pg [page] 1 HSW was informed that the pt [patient] was being considered for a respite stay due to the way the doctor wrote medication orders since the [assisted living facility] staff could not put the lotion on or change the pt's incontinence needs. ... pg 2 ... The [casemanager-employee N] asked if emergency CTC would be in line for tonight until placement was in place [due to] weakness [and] incontinence. DO [director of operations, employee O] replied that CTC would have to be done by a nurse if the calamine needs applied or pain pills or aides if just needed. ... pg</p>						

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	<p>3 ... [employee N] then informed the DO, SW [and] PRN nurse that the facility can give [patient] the medication and that the calmoseptine was PRN. RNCM [registered nurse, case manager] was worried about the incontinence/fatigue. ... pg 4 ... DO then stated to start CTC to get the nurse on call notified. HSW then updated everyone that the paperwork had been sent to [attending physician] and that a chest xray was included. DO also stated they would need a [page 5] nurse or aide to cover the 4-8 a shift and that was [employee S, registered nurse] shift and he has clinicals all day tomorrow. Or if the 2 aides could go there until 4 am ... [employee T, registered nurse] then stated that she had put CTC into play because the son thought it would be a good idea. HSW then updated the group that the respite paperwork was sent to [assisted living facility] for the son's signature per pts daughter ... pg 6 ... CTC list was then given. CTC was to be RN's [registered nurses] and aides due to the care issues needed."</p> <p>F. The record evidenced a visit note report dated 12/15/14 by employee E (hospice aide) stating, "Aide hospice visit ... In-home Time BEGAN 12/15/2014 08:39 PM COMPLETED 12/16/14 12:10 AM ... Narrative Patient Denys [sic] any pain. Patient went to sleep</p>						

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	<p>around 8:30 and slept soundly until 11:50. Patient got up, went to bathroom then went back to bed."</p> <p>G. The record evidenced a visit note report dated 12/16/14 by employee A (hospice aide) stating, "Aide Hospice visit ... In-Home Time BEGAN 12:11 AM ... COMPLETED 07:41 AM ... Narrative Patient was resting well and asked what time is it."</p> <p>H. The record evidenced a visit note report dated 12/16/14 by employee U (chaplain) stating, "Chaplain Continuous Care visit ... In-Home Time BEGAN 12/15/14 08:05 AM COMPLETED 12/16/14 12:48 PM Assessment ... NEUROLOGIC Indicate patient's mental status (mark all that apply): Alert Oriented to place Oriented to person Oriented to time Cooperative Calm Receptive ... NARRATIVE Indicate visit narrative: Arrived at 8:05 for CTC. Patient was awake and glad to see me. we talked. had asked for aid to come and give her a bath. wanted to get dressed. called office to let know. aid arrived. patient began to get very sleepy. learned that she had been given pain pill. facility director said aid [sic] had given pain pill. ... "</p> <p>I. The record evidenced a visit note</p>						

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	<p>report dated 12/16/14 by employee R stating, "Hospice RN continuous care evaluation ... In-Home Time BEGAN 12/16/14 12:45 PM COMPLETED 12/16/14 04:03 PM ... Assessment ... NARRATIVE ... PT lethargic but alert, denies any current pain, states she feels sleepy. Blood pressure 80/56, Temp 97.4, Pulse 80, Respirations 8, SPO2 97% on O2[at] 3L [liters] per NC [nasal cannula]. PT states she's hungry, facility preparing something for PT to eat. ... "</p> <p>2. On 1/13/15 at 12:30 PM, a review of the hospice complaint log was conducted.</p> <p>The complaint log evidenced a document titled "Customer Feedback Form" stating, "Individual completing form: [employee B] ... Date Submitted: 12.19.14 Submitted To: [employee C] Customer Name: [staff member at assisted living facility] Vendor [box checked] ... Complaint [box checked] ... Describe Situation Reported By Customer: Please See attached statement PROPOSED ACTION PLAN: Interview staff involved/obtain statements Speak with [staff member at assisted living facility] review client records review all statements and interview notes RESOLUTION (required within 1 week of report): Date 12-26-14 All disciplines involved are in the midst of</p>				

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	<p>disciplinary action being carried out at this time. [employee O] is not to communicate with [staff member at assisted living facility], if there is communication required beyond what CM [case manager] can provide, CM or [staff member at assisted living facility] to contact me directly. 12-30 [employee B], [employee V], [employee N], [staff member at assisted living facility] and patient's [daughter] to meet and review records/events. ... FOLLOW-UP NOTES: 12-19-14 Spoke with [staff member at assisted living facility] regarding events of the day pt was in CTC and phone calls with CD [clinical director] following those events. At this time [staff member at assisted living facility] would prefer to not be contacted by [employee O]. [employee O] made aware via email and phone 12-24 In kokomo office to interview CD who admits to being overwhelmed and "Probably a little defensive with situation" but at a loss as to why it's all been blown out of proportion. HA admits to administering medication "without thinking" [employee O] instructed to write termination up and run it past HR [human resources] today. Implement asap [as soon as possible]. ... Did patient/family concern lead to change in service provider? NO [box checked] Verbal written notification of resolution</p>			

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	<p>communicated to personnel reporting incident: YES [box checked] Date: 12-29-14 with [staff member at assisted living facility] to collaborate on approach of meeting with [daughter], ... on 12-30."</p> <p>A. Attached to this complaint was the following documentation, "[assisted living facility] Notes ... PART 1: Patient Care issue Monday 12.15.14 ... Sometime Monday afternoon CTC was called on the patient. ... HA [employee A] participated in the CTC from Tuesday 12.16.14 12am-4am, volunteered to pick up the 4 am-8 am. Tuesday 12.16.14 According to facility staff, [employee A] requested for the patient to have [his/her] pain medication due to the schedule at 7:30 am before she left the facility. [employee A] received the medications form a staff member who put the medication in her bare hand and provided it to the patient. The medication that was needed was her Benadryl but instead she was given Tramadol. ... ."</p> <p>B. Attached to this complaint was a interdisciplinary narrative note dated 12/16/14 by employee M stating, "pg 1 HSW was asked to sit on a phone call with [employee L] when the DO [employee O] called [a staff member at the assisted living facility]. ... [a staff member at the assisted living facility]</p>			

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	<p>shared that the aide came to ask for the medication prior [pg 2] to leaving the facility and the [staff member at assisted living facility] who could give the pt the medication was pregnant [and] should not give the medication due to the pt having shingles. So the aide gave the medication. .... "</p> <p>3. On 1/14/15 at 10:35 AM, employee C (registered nurse) indicated employee A (hospice aide) admitted to administering the pain medication to the patient and the information on the incident was sent to the hospice legal department. Employee C indicated the legal department informed the hospice it was not required to report this to the State agency, so this incident was not reported.</p> <p>4. Personnel file A (hospice aide) evidenced a document titled "Employee Counseling Form" stating, "EMPLOYER STATEMENT ... Date of Incident: 12/16/2014 Time of Incident: 07:45 am Comments: When doing CTC for a pt, staff member at the pt's home asked [aide] to give the pt [patient's] meds as the staff member couldn't go in to the room due to a condition pt had and the staff was pregnant. [aide] was in a hurry and did not think about it and took the meds and gave them to the pt. This is out of [aide's] scope of practice. ...</p>			

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	<p>Acknowledgements I have read and understand this counseling statement. Employee Signature: '[employee A]' date: '12/30/14' Supervisor/Manager: [employee O-administrator] ... ."</p> <p>5. The policy dated December, 2012 titled "ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS" states, "PURPOSE To provide guidelines for the safe administration of medications by licensed personnel. POLICY Licensed nursing personnel will administer and document any medications which have been ordered by the physician, as a part of the plan of care and have been approved for safe administration and monitoring during a hospice visit. ... PROCEDURE ... 3. Licensed nurses will administer medications ordered by the physician (or other authorized independent practitioner) that can be safely administered and monitored during a home visit. 4. Non-licensed personnel will not administer medications. Where not prohibited by law, non-licensed personnel may assist the patient in the self-administration of medication and complete the corresponding documentation. ... ."</p>			

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L000700	<p>418.106(e)(3)(ii) LABEL DISPOSE STORAGE DRUGS (ii) Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs must be investigated immediately by the pharmacist and hospice administrator and where required reported to the appropriate State authority. A written account of the investigation must be made available to State and Federal officials if required by law or regulation.</p> <p>Based on clinical record review, hospice complaint log review, hospice policy review, and interview, the hospice failed to ensure discrepancies in the administration of controlled drugs were reported to the appropriate State authority to include a written account of the investigation as required by law in 1 of 1 complaint logs reviewed and 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (patient #2)</p> <p>Findings include:</p> <p>1. Clinical record #2, election and start of care date 9/24/14, contained a hospice certification and plan of care for</p>	L000700	<p>The DOO/designee will educate all hospice staff on 418.106 Condition of Participation. In addition see plan of correction above for 418.52 as it relates to patient rights and the complaint grievance process. Policy # 4-052 -Administration and Documentation of Medications and Policy #4-064 Medication Errors will be reviewed with each clinical hospice staff member. The DOO/designee will audit 25% of all active charts monthly to ensure all medications are administered by a</p>	02/19/2015	

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	<p>certification period 9/24 to 12/22/14 with a principal diagnosis of Coronary Atherosclerosis Artery Bypass Graft. The record contained a hospice interdisciplinary group comprehensive assessment and plan of care update report dated 12/8/14 to include orders for skilled nursing services 3 times per week times 1 week, 2 times per week for 12 weeks, and 4 as needed with an order date as 9/24/14, hospice social worker services 1 time per month and 2 as needed with an order date as 9/25/14, chaplain services 1 time per month and 2 as needed with an order date as 9/26/14, and hospice aide services 1 time week 1, 3 times per week for 12 weeks, and 1 time week 1 with an order date as 9/24/14.</p> <p>A. The record contained a coordination note report dated 12/12/14 by employee H (hospice aide) stating, "Note Patient was complaining about arm hurting noticed blister on arm and hands and face sent pics to nurse she is contacting doctor. Patient was washed up."</p> <p>B. The record contained a coordination note report dated 12/12/14 by the registered nurse (employee N) stating, "Note Diffuse red 'Rash' noted on basis areas on PTs [patients]"</p>		<p>licensed nurse, physician or patient (when appropriate). The DOO/ designee will audit for and discrepancies and report those discrepancies through the Complaint/Grievance process to include reporting to State authorities when applicable. When compliance threshold of 100% is maintained for 2 consecutive months, audits will be reduced to quarterly and all findings will be reported to the QAPI committee.</p>		

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	<p>G. The record evidenced a visit note report dated 12/16/14 by employee U (chaplain) stating, "Chaplain Continuous Care visit ... In-Home Time BEGAN 12/15/14 08:05 AM COMPLETED 12/16/14 12:48 PM Assessment ... NEUROLOGIC Indicate patient's mental status (mark all that apply): Alert Oriented to place Oriented to person Oriented to time Cooperative Calm Receptive ... NARRATIVE Indicate visit narrative: Arrived at 8:05 for CTC. Patient was awake and glad to see me. we talked. had asked for aid to come and give her a bath. wanted to get dressed. called office to let know. aid arrived. patient began to get very sleepy. learned that she had been given pain pill. facility director said aid had given pain pill. ... ."</p> <p>H. The record evidenced a visit note report dated 12/16/14 by employee R stating, "Hospice RN continuous care evaluation ... In-Home Time BEGAN 12/16/14 12:45 PM COMPLETED 12/16/14 04:03 PM ... Assessment ... NARRATIVE ... PT lethargic but alert, denies any current pain, states she feels sleepy. Blood pressure 80/56, Temp 97.4, Pulse 80, Respirations 8, SPO2 97% on O2[at] 3L [liters] per NC [nasal cannula]. PT states she's hungry, facility preparing something for PT to eat. ... ."</p>			

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	<p>2. On 1/13/15 at 12:30 PM, a review of the hospice complaint log was conducted.</p> <p>The complaint log evidenced a document titled "Customer Feedback Form" stating, "Individual completing form: [employee B] ... Date Submitted: 12.19.14 Submitted To: [employee C] Customer Name: [staff member at assisted living facility] Vendor [box checked] ... Complaint [box checked] ... Describe Situation Reported By Customer: Please See attached statement PROPOSED ACTION PLAN: Interview staff involved/obtain statements Speak with [staff member at assisted living facility] review client records review all statements and interview notes RESOLUTION (required within 1 week of report): Date 12-26-14 All disciplines involved are in the midst of disciplinary action being carried out at this time. [employee O] is not to communicate with [staff member at assisted living facility], if there is communication required beyond what CM [case manager] can provide, CM or [staff member at assisted living facility] to contact me directly. 12-30 [employee B], [employee V], [employee N], [staff member at assisted living facility] and patient's [daughter] to meet and review records/events. ... FOLLOW-UP</p>			

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	<p>NOTES: 12-19-14 Spoke with [staff member at assisted living facility] regarding events of the day pt was in CTC and phone calls with CD [clinical director] following those events. At this time [staff member at assisted living facility] would prefer to not be contacted by [employee O]. [employee O] made aware via email and phone 12-24 In kokomo office to interview CD who admits to being overwhelmed and "Probably a little defensive with situation" but at a loss as to why it's all been blown out of proportion. HA admits to administering medication "without thinking" [employee O] instructed to write termination up and run it past HR [human resources] today. Implement asap [as soon as possible]. ... Did patient/family concern lead to change in service provider? NO [box checked] Verbal written notification of resolution communicated to personnel reporting incident: YES [box checked] Date: 12-29-14 with [staff member at assisted living facility] to collaborate on approach of meeting with [daughter], ... on 12-30."</p> <p>A. Attached to this complaint was the following documentation, "[assisted living facility] Notes ... PART 1: Patient Care issue Monday 12.15.14 ... Sometime Monday afternoon CTC was called on the patient. ... HA [employee</p>			

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	<p>A] participated in the CTC from Tuesday 12.16.14 12 am-4 am, volunteered to pick up the 4 am-8 am. Tuesday 12.16.14 According to facility staff, [employee A] requested for the patient to have [his/her] pain medication due to the schedule at 7:30 am before she left the facility. [employee A] received the medications from a staff member who put the medication in her bare hand and provided it to the patient. The medication that was needed was her Benadryl but instead she was given Tramadol. .... "</p> <p>B. Attached to this complaint was a interdisciplinary narrative note dated 12/16/14 by employee M stating, "pg 1 HSW was asked to sit on a phone call with [employee L] when the DO [employee O] called [a staff member at the assisted living facility]. ... [a staff member at the assisted living facility] shared that the aide came to ask for the medication prior [pg 2] to leaving the facility and the [staff member at assisted living facility] who could give the pt the medication was pregnant [and] should not give the medication due to the pt having shingles. So the aide gave the medication. .... "</p> <p>3. On 1/14/15 at 10:35 AM, employee C (registered nurse) indicated employee A</p>						

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	<p>(hospice aide) admitted to administering the pain medication to the patient and the information on the incident was sent to the hospice legal department. Employee C indicated the legal department informed the hospice it was not required to report this to the State agency, so this incident was not reported.</p> <p>4. The policy dated December, 2012 titled "ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS" states, "PURPOSE To provide guidelines for the safe administration of medications by licensed personnel. POLICY Licensed nursing personnel will administer and document any medications which have been ordered by the physician, as a part of the plan of care and have been approved for safe administration and monitoring during a hospice visit. ... PROCEDURE ... 3. Licensed nurses will administer medications ordered by the physician (or other authorized independent practitioner) that can be safely administered and monitored during a home visit. 4. Non-licensed personnel will not administer medications. Where not prohibited by law, non-licensed personnel may assist the patient in the self-administration of medication and complete the corresponding documentation. ... ."</p>						

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L000702	<p>418.106(f)(2) USE &amp; MAINTENANCE OF EQUIPMENT &amp; SUPPLIES</p> <p>The hospice must ensure that the patient, where appropriate, as well as the family and/or other caregiver(s), receive instruction in the safe use of durable medical equipment and supplies. The hospice may use persons under contract to ensure patient and family instruction. The patient, family, and/or caregiver must be able to demonstrate the appropriate use of durable medical equipment to the satisfaction of the hospice staff.</p> <p>Based on clinical record and policy review, observation, and interview, the hospice failed to ensure the patient as well as the family and/or other caregiver(s) received instruction in the safe use of durable medical equipment and supplies in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (#7)</p> <p>Findings include:</p> <p>1. Clinical record #7, election and start of care date 11/19/14, contained a hospice certification and plan of care for certification period 11/19/14 to 2/16/15.</p>	L000702	<p>The DOO/designee will educate all clinical staff on Policy # 6-030 Safe and appropriate use of Medical Equipment and Supplies to ensure all clinical staff understand the responsibility of the clinician to instruct patient/caregivers on the appropriate use of all medical equipment within the patient's plan of care. (See plan of correction for L554 and L555)</p> <p>The DOO/designee will audit 25% of all active patient records to ensure the education of all equipment and supplies has been</p>	02/19/2015

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	<p>A. The record contained documents dated 12/1/14, 12/15/14, 12/29/14, and 1/12/14 titled "Hospice IDG [interdisciplinary group] Assessment and Plan of Care Update Report." The plans of care update reports failed to identify the patient and/or caregiver was provided education and training related to proper use of the Hoyer lift.</p> <p>B. The record contained a skilled nursing visit note dated 12/12/14 by employee P (registered nurse) stating, (page 6 of 11)"INDICATE EQUIPMENT/SUPPLIES ORDERED BY HOSPICE (MARK ALL THAT APPLY): Hoyer Lift ... ."</p> <p>C. On 1/15/15 at 11:30 AM, a home visit was conducted. Observations identified a Hoyer lift in the patient's room. At approximately 11:45 AM, the patient indicated the hospice had not provided education with the patient or caregivers on the use of the Hoyer lift.</p> <p>D. On 1/23/15 at 10:50 AM, employee L indicated being unable to locate documentation of the patient and/or family being provided education of the use of the Hoyer lift.</p> <p>2. The policy dated June, 2011 titled</p>		documented and provided to the patient/caregiver. Audits will be performed until a threshold of a 100% is maintained for 2 consecutive months. All findings will be reported to the QAPI committee				

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L000783	"SAFE AND APPROPRIATE USE OF MEDICAL EQUIPMENT AND SUPPLIES" states, "PURPOSE All durable medical equipment and medical supplies will be managed in a safe and appropriate manner. ... PROCEDURE ... 4. It is the responsibility of the clinician/technician, as appropriate, to instruct patients and their family/caregivers regarding the safe and appropriate use of durable medical equipment, home care supplies, and oxygen. ... Evidence of this instruction will be documented in the clinical record. ... "	L000783	See poc for 418.76 and 418.106 The DOO/designee will educate the hospice staff on Policy #8-005  Categories of Qualifications of Personnel to ensure each employee understands their job responsibilities and scope of practice within their license and or certification. The DOO/designee will audit 100% of all personnel files to ensure the required competencies and	02/19/2015			
	Based on clinical record review, hospice complaint log review, personnel file review, policy review, and interview, it was determined the hospice failed to ensure all professionals who furnished services directly acted within the scope of his or her State license, State certification, or registration in 1 of 9 clinical records reviewed (See L 784) and failed to ensure hospice aides met the qualification required by section 1891(a) (3) of the Act and implemented at 418.76 in 5 of 6 hospice aide files reviewed (See L 786).						

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L000784	<p>The cumulative effect of these systemic problems resulted in the hospice's inability to be in compliance with IC 16-25-3 and the Condition of Participation 42 CFR 418.114 Personnel Qualifications.</p> <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 clinical record review, hospice complaint log review, and interview, the hospice failed to ensure all professionals who furnish services directly must act within the scope of his or her State license, State certification, or registration in 1 of 9 clinical records reviewed creating the potential to affect all patients of the hospice. (patient #2)</p> <p>Findings include:</p>	L000784	<p>education is present in each personnel file. In addition, the DOO/designee will monitor 25% of active patient records to ensure the staff are practicing within their scope of practice. Audits will be performed until a threshold of a 100% is maintained for 2 consecutive months.</p> <p>The DOO/designee will educate all hospice staff on Policy # 4-052 and policy # 4-064 to ensure all staff understand who is responsible to administer medications and the reporting of medication occurrences. The DOO/designee will audit 25% of all active patient charts for the correct documentation and administration of medications, and the documentation of any</p>	02/19/2015

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	<p>1. Clinical record #2, election and start of care date 9/24/14, contained a hospice certification and plan of care for certification period 9/24 to 12/22/14 with a principal diagnosis of Coronary Atherosclerosis Artery Bypass Graft. The record contained a hospice interdisciplinary group comprehensive assessment and plan of care update report dated 12/8/14 to include orders for skilled nursing services 3 times per week times 1 week, 2 times per week for 12 weeks, and 4 as needed with an order date as 9/24/14, hospice social worker services 1 time per month and 2 as needed with an order date as 9/25/14, chaplain services 1 time per month and 2 as needed with an order date as 9/26/14, and hospice aide services 1 time week 1, 3 times per week for 12 weeks, and 1 time week 1 with an order date as 9/24/14.</p> <p>A. The record evidenced a document titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" stating, "This IDG meeting Date: 10/06/2014 ... IDG Meeting Reason: NEW ADMISSION ... Current Meeting Summary IDG Team Members Registered Nurse [employee N] -electronically signed Details ... IDG Team has discussed and determined patient/PCG [patient caregiver] ability to</p>		<p>occurrence or complaint resulting in medication errors. Audits will be performed until a threshold of at least 100% is maintained for 2 consecutive months.</p>				

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	<p>administer meds (YES): Pt self-admin with nurse setting up pill organizer. ... ."</p> <p>B. The record contained a coordination notes report dated 12/12/14 by employee H (hospice aide) stating, "Note Patient was complaining about arm hurting noticed blister on arm and hands and face sent pics to nurse she is contacting doctor. Patient was washed up."</p> <p>C. The record contained a coordination notes report dated 12/12/14 by the registered nurse (employee N) stating, "Note Diffuse red 'Rash' noted on basis areas on PTs [patients] extremities. None noted on trunk. Some areas with very fine blisters. Discussed with [medical director, employee J] who stated to start a 5-day medrol dose pack. If no resolution in 2-3 days, let him know. Possible shingles, but since no rash noted on trunk, we will try steroids first."</p> <p>D. The record contained a coordination notes report dated 12/15/14 by employee H stating, "Patient had rash and it looked worst than last week. called nurse and she came to evaluate. took patient to doctor. was shingles, waited on prescription, brought patient back in my car took patient to her room.</p>						

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	<p>patient stay in room until blisters scab. Patient has a lot of meds to take, talking to nurse to see what patient should do. needing extra help."</p> <p>The record evidenced a physicians verbal order entered by employee R (registered nurse), approved by employee O on 12/16/14 and electronically signed by the physician on 12/18/14 stating, "Order description: Clarification: On 12/15/14 the following orders were given: 1. Acyclovir 800 mg [milligrams] 1 tab [tablet] PO [orally] Q [every 4 hours 5x [times] a day for 7 days. 2. Tramadol 50 mg 1-2 tabs PO QID [4 times per day] PRN [as needed] Pain. 3. Benadryl 25 mg PO Q 8 hours PRN-Pruitis. 4. Calmoseptine Spray to area affected with shingles QID. ... ."</p> <p>E. The record evidenced an interdisciplinary narrative note dated 12/15/14 by employee M (hospice social worker-HSW) stating, "2:30 PM pg [page] 1 HSW was informed that the pt [patient] was being considered for a respite stay due to the way the doctor wrote medication orders since the [assisted living facility] staff could not put the lotion on or change the pt's incontinence needs. ... pg 2 ... The [casemanager-employee N] asked if emergency CTC would be in line for</p>						

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	<p>tonight until placement was in place [due to] weakness [and] incontinence. DO [director of operations, employee O] replied that CTC would have to be done by a nurse if the calamine needs applied or pain pills or aides if just needed. ... pg 3 ... [employee N] then informed the DO, SW [and] PRN nurse that the facility can give [patient] the medication and that the calmoseptine was PRN. RNCM [registered nurse, case manager] was worried about the incontinence/fatigue. ... pg 4 ... DO then stated to start CTC to get the nurse on call notified. HSW then updated everyone that the paperwork had been sent to [attending physician] and that a chest xray was included. DO also stated they would need a [page 5] nurse or aide to cover the 4-8 a shift and that was [employee S, registered nurse] shift and he has clinicals all day tomorrow. Or if the 2 aides could go there until 4 am ... [employee T, registered nurse] then stated that she had put CTC into play because the son thought it would be a good idea. HSW then updated the group that the respite paperwork was sent to [assisted living facility] for the son's signature per pts daughter ... pg 6 ... CTC list was then given. CTC was to be RN's [registered nurses] and aides due to the care issues needed."</p> <p>F. The record evidenced a visit note</p>			

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	<p>report dated 12/15/14 by employee E (hospice aide) stating, "Aide hospice visit ... In-home Time BEGAN 12/15/2014 08:39 PM COMPLETED 12/16/14 12:10 AM ... Narrative Patient Denys any pain. Patient went to sleep around 8:30 and slept soundly until 11:50. Patient got up, went to bathroom then went back to bed."</p> <p>G. The record evidenced a visit note report dated 12/16/14 by employee A (hospice aide) stating, "Aide Hospice visit ... In-Home Time BEGAN 12:11 AM ... COMPLETED 07:41 AM ... Narrative Patient was resting well and asked what time is it."</p> <p>H. The record evidenced a visit note report dated 12/16/14 by employee U (chaplain) stating, "Chaplain Continuous Care visit ... In-Home Time BEGAN 12/15/14 08:05 AM COMPLETED 12/16/14 12:48 PM Assessment ... NEUROLOGIC Indicate patient's mental status (mark all that apply): Alert Oriented to place Oriented to person Oriented to time Cooperative Calm Receptive ... NARRATIVE Indicate visit narrative: Arrived at 8:05 for CTC. Patient was awake and glad to see me. we talked. had asked for aid to come and give her a bath. wanted to get dressed. called office to let know. aid arrived.</p>						

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	<p>patient began to get very sleepy. learned that she had been given pain pill. facility director said aid [sic] had given pain pill. ... "</p> <p>I. The record evidenced a visit note report dated 12/16/14 by employee R stating, "Hospice RN continuous care evaluation ... In-Home Time BEGAN 12/16/14 12:45 PM COMPLETED 12/16/14 04:03 PM ... Assessment ... NARRATIVE ... PT lethargic but alert, denies any current pain, states she feels sleepy. Blood pressure 80/56, Temp 97.4, Pulse 80, Respirations 8, SPO2 97% on O2[at] 3L [liters] per NC [nasal cannula]. PT states she's hungry, facility preparing something for PT to eat. ... "</p> <p>2. On 1/13/15 at 12:30 PM, a review of the hospice complaint log was conducted.</p> <p>The complaint log evidenced a document titled "Customer Feedback Form" stating, "Individual completing form: [employee B] ... Date Submitted: 12.19.14 Submitted To: [employee C] Customer Name: [staff member at assisted living facility] Vendor [box checked] ... Complaint [box checked] ... Describe Situation Reported By Customer: Please See attached statement PROPOSED ACTION PLAN: Interview staff involved/obtain statements Speak</p>			

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	<p>with [staff member at assisted living facility] review client records review all statements and interview notes RESOLUTION (required within 1 week of report): Date 12-26-14 All disciplines involved are in the midst of disciplinary action being carried out at this time. [employee O] is not to communicate with [staff member at assisted living facility], if there is communication required beyond what CM [case manager] can provide, CM or [staff member at assisted living facility] to contact me directly. 12-30 [employee B], [employee V], [employee N], [staff member at assisted living facility] and patient's [daughter] to meet and review records/events. ... FOLLOW-UP NOTES: 12-19-14 Spoke with [staff member at assisted living facility] regarding events of the day pt was in CTC and phone calls with CD [clinical director] following those events. At this time [staff member at assisted living facility] would prefer to not be contacted by [employee O]. [employee O] made aware via email and phone 12-24 In kokomo office to interview CD who admits to being overwhelmed and "Probably a little defensive with situation" but at a loss as to why it's all been blown out of proportion. HA admits to administering medication "without thinking" [employee O]</p>						

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	<p>instructed to write termination up and run it past HR [human resources] today. Implement asap [as soon as possible]. ... Did patient/family concern lead to change in service provider? NO [box checked] Verbal written notification of resolution communicated to personnel reporting incident: YES [box checked] Date: 12-29-14 with [staff member at assisted living facility] to collaborate on approach of meeting with [daughter], ... on 12-30."</p> <p>A. Attached to this complaint was the following documentation, "[assisted living facility] Notes ... PART 1: Patient Care issue Monday 12.15.14 ... Sometime Monday afternoon CTC was called on the patient. ... HA [employee A] participated in the CTC from Tuesday 12.16.14 12am-4 am, volunteered to pick up the 4 am-8 am. Tuesday 12.16.14 According to facility staff, [employee A] requested for the patient to have [his/her] pain medication due to the schedule at 7:30 am before she left the facility. [employee A] received the medications from a staff member who put the medication in her bare hand and provided it to the patient. The medication that was needed was her Benadryl but instead she was given Tramadol. ... ."</p> <p>B. Attached to this complaint was a interdisciplinary narrative note</p>						

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	<p>dated 12/16/14 by employee M stating, "pg 1 HSW was asked to sit on a phone call with [employee L] when the DO [employee O] called [a staff member at the assisted living facility]. ... [a staff member at the assisted living facility] shared that the aide came to ask for the medication prior [pg 2] to leaving the facility and the [staff member at assisted living facility] who could give the pt the medication was pregnant [and] should not give the medication due to the pt having shingles. So the aide gave the medication. ... ."</p> <p>3. On 1/14/15 at 10:35 AM, employee C (registered nurse) indicated employee A (hospice aide) admitted to administering the pain medication to the patient and the information on the incident was sent to the hospice legal department. Employee C indicated the legal department informed the hospice it was not required to report this to the State agency, so this incident was not reported.</p> <p>4. Personnel file A (hospice aide) evidenced a document titled "Employee Counseling Form" stating, "EMPLOYER STATEMENT ... Date of Incident: 12/16/2014 Time of Incident: 07:45 am Comments: When doing CTC for a pt, staff member at the pt's home asked [aide] to give the pt [patient's] meds as</p>						

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	<p>the staff member couldn't go in to the room due to a condition pt had and the staff was pregnant. [aide] was in a hurry and did not think about it and took the meds and gave them to the pt. This is out of [aide's] scope of practice. ...</p> <p>Acknowledgements I have read and understand this counseling statement. Employee Signature: '[employee A]' date: '12/30/14' Supervisor/Manager: [employee O-administrator] ... ."</p> <p>5. The policy dated December, 2012 titled "ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS" states, "PURPOSE To provide guidelines for the safe administration of medications by licensed personnel. POLICY Licensed nursing personnel will administer and document any medications which have been ordered by the physician, as a part of the plan of care and have been approved for safe administration and monitoring during a hospice visit. ... PROCEDURE ... 3. Licensed nurses will administer medications ordered by the physician (or other authorized independent practitioner) that can be safely administered and monitored during a home visit. 4. Non-licensed personnel will not administer medications. Where not prohibited by law, non-licensed personnel may assist the patient in the</p>			

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L000786	<p>self-administration of medication and complete the corresponding documentation. ... "</p> <p>418.114(b)(2) PERSONNEL QUALIFICATION [The following qualifications must be met:] Hospice aide. Hospice aides must meet the qualifications required by section 1891(a)(3) of the Act and implemented at §418.76. Based on personnel file and policy review and interview, the hospice failed to ensure hospice aides met the qualifications required by section 1891(a) (3) of the Act and implemented at 418.76 in 5 of 6 hospice aide files reviewed creating the potential to affect all patients of the hospice receiving hospice aide services. (employees A, E, G, H, and I)</p> <p>Findings include:</p> <p>1. Employee file A (hospice aide), date of hire (DOH) 4/29/14 and termination date 12/30/14, failed to evidenced the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed and failed to evidence documentation of</p>	L000786	<p>See plan of correction for L620, L615, L619 and L621. The DOO/designee will educate all staff on policies: 8-005 Catagories of Qualifications of Personnel, 8-023- Personnel Development, and 8-027- Responsibilities/Supervision of Clinical Services to ensure each HA has had a competency performed at hire and annually, has received 12 hours of annual in-service supervised by a registered nurse, passed all areas of competency exam before allowed to perform patient care in that area, and each RN</p>	02/19/2015

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	<p>required in-services for hospice aides.</p> <p>On 1/20/15 at 2:30 PM, employee C (registered nurse-area vice president) presented with an electronic print out of in-services for the year 2014 for all staff. The documents failed to evidence the employee had completed in-service hours in 2014.</p> <p>2. Employee file E (hospice aide), DOH 7/8/13 and date of first patient contact unknown, evidenced the aide skills competency to be evaluated by observation with a registered nurse was not completed until 8/1/14. The file failed to evidence the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed and failed to evidence documentation of required in-service hours for hospice aides.</p> <p>3. Employee file G (hospice aide), DOH 7/9/13 and date of first patient contact unknown, evidenced the aide skills competency to be evaluated by observation with a registered nurse was not completed until 8/22/14. The file failed to evidence the aide skills competency to be evaluated upon hire, by observation with a registered nurse, was performed and failed to evidence documentation of required in-service</p>		<p>performs a HA supervision visit at least every 14 days with documentation on each patient receiving HA services. The DOO/designee perform 100% personnel file audits to: ensure the competncies are present and up to date, to ensure the competency exam has been completed by each HA with competency doumented in all areas, to ensure each HA receives 12 hours of in-service taining annually supervised by a resistered nurse. The DOO/designee will audit 25% of all active patients records to ensure HA supervision has been performed. Audits will be performed until a threshold of at least 100% is maintained for 2 consecutive months. All results will be reported to the QAPI committee.</p>				

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	<p>hours for hospice aides.</p> <p>The file evidenced the aide skills competency to be evaluated by written examination was unsatisfactory in 2 areas and failed to evidence re-examination in these areas. The document dated 7/3/13 titled "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee G] ... Test Scored by [employee C, registered nurse] Score 'Did not pass 2 sections' ... Observation and Reporting 1. Indicate those changes that a hospice aide should always report by phone call to the supervisory nurse. ... 'Did not pass section' ... Physical, Emotional and Developmental Needs (Respect for Privacy/Property) 'Did Not Pass' ... ."</p> <p>4. Employee file H (hospice aide), DOH 4/21/14 and a date of first patient contact as 5/15/14, failed to evidence the aide skills competency to be evaluated by observation with a registered nurse upon hire was performed and failed to evidence documentation of required in-service hours for hospice aides.</p> <p>A. The file evidenced the aide's skills competency to be evaluated by written examination was unsatisfactory in 1 area and failed to evidence re-examination in this area. The document dated 4/15/14</p>						

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	<p>tilted "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee H] ... Test Scored by [employee P, administrator] Score '90' ... Recognizing Emergencies and Knowledge of Emergency Procedures 'Not Passed' ... "</p> <p>B. On 1/20/15 at 4:40 PM, employee C indicated the file did not contain a skills check off by the registered nurse and indicated the employee's last date of patient contact was 12/18/14.</p> <p>5. Employee file I (hospice aide), DOH 12/16/14 and a date of first patient contact as 12/26/14, failed to evidence the aide skills competency to be evaluated by observation with a registered nurse upon hire was performed and failed to evidence documentation of required in-service hours for hospice aides.</p> <p>A. The file evidenced the aide skills competency to be evaluated by written examination was unsatisfactory in 1 area and failed to evidence re-examination in this area. The document dated 5/19/14 tilted "HOSPICE AIDE COMPETENCY EXAM" states, "Employee's name [employee I] ... Test Scored by [employee P] Score '90' ... Recognizing Emergencies and Knowledge of</p>				

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	<p>Emergency Procedures 'Not Passed' ... ."</p> <p>B. On 1/20/15 at 2:30 PM, employee C presented with an electronic print out of in-services for the year 2014 for all staff. The documents evidenced the employee had completed 2 hours of in-service for 2014.</p> <p>6. On 1/20/15 at 4:50 PM, employee C indicated all hospice aides, upon hire, have a skills competency check off by a registered nurse observing care the aide provides and all aides have a written examination also. The employee indicated if an aide scores unsatisfactory in any area on the written examination, the aide should be re-tested and failed to evidence documentation of required in-service hours for hospice aides.</p> <p>7. On 1/23/15 at 1:15 PM, employee C indicated the in-service's are on-line and are performed independently and to pass the course, the aide must receive 80% or better. The employee indicated there is no documentation to evidence the training was supervised by a registered nurse.</p> <p>8. The policy with a revision date of 2/2014 titled "Policy No. [number] CATEGORIES/QUALIFICATIONS OF PERSONNEL" states, "PURPOSE to</p>				

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	<p>define personnel/staffing categories. ...</p> <p>QUALIFICATIONS OF ORGANIZATION PERSONNEL ...</p> <p>Competency ... 2. Hospice Aide: individuals must demonstrate their competency, within orientation, according to the orientation checklist and the activities delineated in the CMS (for medicare certified organizations) competency testing. In addition, ongoing competency assessments are performed through observation and supervisory visits every two (2) weeks as well as monitoring information regarding performance. ... ."</p> <p>9. The policy dated January 2014 titled "Policy No. [number] 8-023.1 PERSONNEL DEVELOPMENT" states, "PURPOSE To ensure training and development for all personnel to maintain competence in assigned duties. POLICY Curo Health Services will provide for personnel development including, but not limited to, continuing education, in-services, training sessions, and one-on-one mentoring. An attendance record of all in-service/organization personnel development programs offered will be maintained by the organization. PROCEDURE ... 5. Curo Health services requires that each staff member complete a minimum of the following programs each year. These mandatory</p>				

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	<p>in-services include: ... 6. In addition, clinical personnel must attend a minimum of the following: ... B. Hospice Aides will attend 12 hours of in-service education annually. ... ."</p> <p>10. The policy with a revised date of 9/2014 titled "RESPONSIBILITIES / SUPERVISION OF CLINICAL SERVICES" states, "PURPOSE To ensure that there is a process for the selection of a qualified individual for overseeing clinical care and services. POLICY Nursing and hospice aide services will be under the supervision of a registered nurse who has at least two (2) years of hospice or community based health care experience. ... ."</p>				