

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151610		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  11/13/2013	
NAME OF PROVIDER OR SUPPLIER  VITAS HEALTHCARE CORPORATION MIDWEST				STREET ADDRESS, CITY, STATE, ZIP CODE 3209 W SMITH VALLEY RD STE 214 GREENWOOD, IN 46142			
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L000000	<p>This visit was for a federal and state hospice complaint investigation survey.</p> <p>Complaint #IN00137828 - Substantiated. Federal and State deficiencies related to the allegations are cited.</p> <p>Survey Date: November 12 and 13, 2013</p> <p>Facility #: 012684</p> <p>Medicaid Vendor #: N/A</p> <p>Surveyors: Susan E. Sparks, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 19, 2013</p>			L000000	<p>This Plan of Correction, prepared by Vitas Healthcare Corporation Midwest Indianapolis program describes the actions taken to correct asserted deficiencies found during a survey that concluded on November 13, 2013. This Plan of Correction includes the title of the person responsible for the corrective action and a description of the monitoring/compliance process that will be implemented. Preparation and execution of this plan of correction does not constitute an admission or agreement of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of correction is prepared and executed solely because it is required by federal/state law. Given these action, Program believes that it is in compliance with all requirements of the Medicare Hospice Benefit Conditions of Participation.</p>		

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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L000523	<p><b>418.54(b)</b> <b>TIMEFRAME FOR COMPLETION OF ASSESSMENT</b> 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.</p> <p>Based on clinical record and policy review and interview, the hospice failed to ensure each member of the interdisciplinary group completed the comprehensive assessment within 5 days after the election of hospice for 3 of 7 clinical records reviewed of patients (1, 2 and 7).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Clinical record 1, start of care (SOC) 7/17/13, failed to evidence a psychosocial evaluation at all for the start of care.</li> <li>Clinical record 2, SOC 8/28/13, evidenced a skilled nursing evaluation on 8/28/13, a spiritual evaluation on 8/30/13, a psychosocial evaluation on the sixth day 9/3/13, and a bereavement evaluation on 8/28/13.</li> </ol> <p>On 11/12/13 at 3:30 PM, the Performance Improvement Specialists, Employee B, indicated the psychosocial evaluation was done late.</p>	L000523	<p>Program has reviewed their process for completion of Comprehensive Assessment; Policy 5.16 Assessment and VITAS Standard Initial and Comprehensive Assessment and determined no revisions required. Corrective Action for patients identified by this survey: Patient#1-Patient is no longer on service Patient#2 and #7 contain a Psychosocial Assessment Immediate measures/changes put in place: Social Worker has been counseled/coached and retrained. Program has hired a new patient care secretary responsible for tracking timely submission of clinical notes. During the week of 11/11/13 corporate has assisted in the new patient care secretary training. In addition to other processes, training included: * Tracking initial comprehensive assessments* Management oversight of PCS duties* Additionally program has a staff meeting scheduled for Tuesday 11/26/13 and includes the following focus: *VITAS Standard Initial and Updated Comprehensive</p>	12/01/2013			

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	<p>3. Clinical record 7, SOC 7/1/13, evidenced skilled nursing assessment 7/2/13, spiritual assessment 7/2/13, bereavement assessment 7/2/13 and the psychosocial assessment done on the seventh day 7/8/13.</p> <p>On 11/12/13 at 3:30 PM, the Performance Improvement Specialists, Employee B, indicated the psychosocial evaluation was done late and could not explain why. There has been a major turn over in the office and the corporate office has brought in their "SWAT" team to retrain all staff members and hire/train the new staff members.</p> <p>4. A policy titled "Interdisciplinary Team Policies Assessment", Policy 5:16, Date of Revision 12/2/08, states, "A comprehensive assessment completed by IDG (Interdisciplinary ) members identified in the initial assessment, in consultation with the attending physician (if any) is started on or before the effective date of election and will be completed within five (5) days of the effective date of the election."</p>		<p>assessment*Focus on assessment timeframes*VITAS Standard Home Chart*Focus on placing Initial Comprehensive Assessment in the patient location at the time of the visit*Survey findings*Timely submission of papers*Documentation tracking Title of Person(s) responsible for Corrective Action: General ManagerMonitoring/Compliance Process: During the 3 month period following the survey, Program will review 100% of the charts of active patients according to the VITAS Standard POST Admission ProActive Call process to ensure timely completion of the initial comprehensive assessment. The number of reviews conducted after the initial 3 month period will be based on the initial auditing results.</p>		

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L000537	<p>418.56 IDG, CARE PLANNING, COORDINATION OF SERVICES The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient. Based on clinical record and policy review and interview the agency failed to ensure the interdisciplinary (IDG) team developed a plan of care for 2 of 7 patients with the potential to affect all patients. (1 and 7 )</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 7/17/13, failed to evidence the interdisciplinary team had developed an initial plan of care.</p> <p>On 11/13/13 at 11:30 AM, the Vice President of Operations, Employee A, indicated the Registered Nurse (RN) assigned to this case had not done the plan of care. Shortly after hiring the RN, he started missing work and turning in his assignments late. She indicated the plan of care was not completed and what was done was late.</p> <p>2. Clinical record 7, SOC 7/1/13, failed to evidence an initial care plan.</p>	L000537	<p>Program has reviewed their process for completion of the Initial Plan of Care; Policy 5.02 Interdisciplinary Team and VITAS Standard Care Planning and determined no reviewisions required Corrective Action for patients identified by this survey:Patient #1-Program had obtained an Initial Plan of Care dated 7/22/13 and no billing occurred from 7/17/13-7/21/13.Patient #7-Program had obtained an Initial Plan of Care dated 7/9/13 and no billing occurred from 7/1/13-7/8/13. Immediate measures/changes put in place:The RN referenced in this survey is no longer employed with VITAS.Porgram has hired a new patient care secretary responsible for tracking timely submission of clinical notes.During the week of 11/11/13 corporate has assisted in the new patient care secretary training. In addition to other processes, training included:*Tracking Initial Comprehensive Assessments*Management oversight of PCS dutiesAdditionally, program has a</p>	12/01/2013			

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	<p>On 11/12/13 at 3:30 PM, the Performance Improvement Specialists, Employee B, indicated the plan of care was not done and could not explain why. There had been a major turn over in the office and the corporate office has brought in their "SWAT" team to retrain all staff members and hire/train the new staff members.</p> <p>3. A policy titled "Interdisciplinary Team Policies Interdisciplinary Team", Policy 5:02, Revision Date, 12/09/09, states, "Members of the team, along with the participation of the patient/family and the attending physician )if there is one designated), will develop the initial plan of care and participate in the periodic review and update which will occur at least every 15 days."</p>		<p>staff meeting scheduled for Tuesday 11/26/13 and includes the following focus:*VITAS Standard Initial and Updated Comprehensive assessment*Focus on assessment timeframes*VITAS Standard Home Chart*Focus on placing Initial Comprehensive Assessment in the patient location at the time of the visit*Survey findings*Timely submission of paperwork*Documentation trackingTitle of Person(s) responsible for Corrective Action: General ManagerMonitoring/Compliance Process: During the 3 month period following the survey, Program will review 100% of the charts of active patients according to the VITAS Standard Post Admission ProActive Call process to ensure timely completion of the initial comprehensive assessment. The number of reviews conducted after the initial 3 month period will be based on the initial auditing results.</p>		