

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/26/2016
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NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 950 NORTH MERIDIAN STREET, SUITE 700 INDIANAPOLIS, IN 46204
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L 0000  Bldg. 00	<p>This was a federal hospice complaint survey. A federal recertification and state relicensure survey were also completed at this visit.</p> <p>Survey dates April 19-22 and April 26, 2016</p> <p>Complaint ID IN00198126, unsubstantiated Complaint ID IN00198127, unsubstantiated unrelated deficiencies are cited</p> <p>Provider# 15-1511</p> <p>Medicaid Provider ID 200144910A</p> <p>Census 594 Indianapolis 56 Muncie 39 Lafayette</p> <p>Sample 13 records reviewed 3 home visit observations</p>	L 0000		
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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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L 0625  Bldg. 00	<p>418.76(g)(1) HOSPICE AIDE ASSIGNMENTS AND DUTIES</p> <p>(1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section. Based on record review and interview the IDG failed to ensure written care instructions were prepared by a registered nurse for 3 (#6, 7, 8) of 11 records reviewed with hospice aide services on the plan of care.</p> <p>Findings Include:</p> <p>1. A review of clinical record #6 on 4/22/2016 evidenced a hospice election and start of care date 3/23/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 2 times weekly for 5 weeks to begin 4/5/2016. The record failed to include written patient care instructions for the hospice aide.</p> <p>2. A review of clinical record #7 on 4/22/2016 evidenced a hospice election and start of care date 4/12/2016. The record included a plan of care developed by the IDG with orders for hospice aide</p>	L 0625	<p>·Summary statement: The agency ensures the patient's care plan includes written patient care instructions for the hospice aide, prepared by a registered nurse.</p> <p>·Action planned:</p> <p>1.Clinical leadership reviewed Policy WE.H35(Hospice Aide Services), and no changes were indicated.</p> <p>2.Policy WE.H35 was developed February 2009, last reviewed and updated April, 2015, and was designed to communicate standards by which hospice aides provide patient care services.</p> <p>3.Clinical leaders re-educated all clinical staff on the procedures stated in this policy, specifically that hospice aide services are provided under the supervision of a registered nurse and the registered nurse prepares individualized hospice aide care plan with specific patient care instructions.</p> <p>·How the actions will improve the processes: Outcome of this education is that all clinical staff will be aware of the requirement</p>	05/25/2016

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	<p>visits 1 time weekly for 12 weeks to begin 4/19/2016. The record failed to include written patient care instructions for the hospice aide.</p> <p>3. A review of clinical record #8 on 4/25/2016 evidenced a hospice election and start of care date 3/11/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 1 time weekly for 12 weeks effective 3/13/2016. The record failed to include written patient care instructions for the hospice aide.</p> <p>4. The administrator was unable to provide evidence of instructions for the home health aides at the exit interview on 4/25/2016 at 4:30 PM.</p>		<p>for the registered nurse to develop/create written patient instructions for the hospice aide to direct patient care.</p> <ul style="list-style-type: none"> <li>Procedures for implementing the plan of correction for this deficiency: Education occurred during staff meetings during the week of May 9, 2016, via written educational materials and discussion with each clinical team member. The staff education occurred at each individual department's staff meeting, scheduled Tuesday May 10, 2016 for Indianapolis staff, Tuesday May 10, 2016 for Lafayette staff, and Wednesday May 11, 2016 for Muncie staff. The change will be implemented effective immediately at end of education and staff will be compliant before May 25,2016.</li> <li>10 % of clinical records of patients that have hospice aide service will be audited monthly by the QA department for evidence that the registered nurse prepared hospice aide care plan with specific patient care instructions, when the hospice aide is involved in the patient's care. This monthly audit will continue for 1 quarter or as needed until change is evident in documentation. The audit results data will be aggregated and analyzed monthly. Any noncompliance will be trended and any specific staff noted to be noncompliant will be instructed on the importance and rationale of</li> </ul>	

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L 0626 Bldg. 00	<p>418.76(g)(2) HOSPICE AIDE ASSIGNMENTS AND DUTIES (2) A hospice aide provides services that are:</p> <ul style="list-style-type: none"> <li>(i) Ordered by the interdisciplinary group.</li> <li>(ii) Included in the plan of care.</li> <li>(iii) Permitted to be performed under State law by such hospice aide.</li> <li>(iv) Consistent with the hospice aide training.</li> </ul> <p>Based on record review and interview the IDG failed to ensure written care instructions were ordered for 3 (#6, 7, 8) of 11 records reviewed with hospice aide services on the plan of care.</p> <p>Findings Include:</p> <p>1. A review of clinical record #6 on 4/22/2016 evidenced a hospice election</p>	L 0626	<p>compliance. Additional audits will be performed for noncompliant staff on a case by case basis as indicated, based on data. Ongoing failure to comply with this requirement will result in corrective action.</p> <ul style="list-style-type: none"> <li>·Results and trending of audit data will be reported to the Process Improvement Committee.</li> <li>·The Administrator/Clinical Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</li> </ul> <p>·Summary statement: The agency ensures that written patient care instructions are ordered for hospice aide patient care.</p> <p>·Action planned:</p> <ul style="list-style-type: none"> <li>1.Clinical leadership reviewed Policy WE.H35(Hospice Aide Services), and no changes were indicated.</li> <li>2.Policy WE.H35 was developed February 2009, last reviewed and updated April,</li> </ul>	05/25/2016

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	<p>and start of care date 3/23/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 2 times weekly for 5 weeks to begin 4/5/2016. The record failed to include written patient care instructions for the hospice aide.</p> <p>2. A review of clinical record #7 on 4/22/2016 evidenced a hospice election and start of care date 4/12/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 1 time weekly for 12 weeks to begin 4/19/2016. The record failed to include written patient care instructions for the hospice aide.</p> <p>3. A review of clinical record #8 on 4/25/2016 evidenced a hospice election and start of care date 3/11/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 1 time weekly for 12 weeks effective 3/13/2016. The record failed to include written patient care instructions for the hospice aide.</p> <p>4. The administrator was unable to provide evidence of instructions for the home health aides at the exit interview on 4/25/2016 at 4:30 PM.</p>		<p>2015, and was designed to communicate standards by which hospice aides provide patient care services.</p> <p>3. Clinical leaders re-educated all clinical staff on the procedures stated in this policy, specifically that hospice aide services are ordered by the IDG, developed/created by the registered nurse and included in the written care plan, and provided under the supervision of a registered nurse.</p> <ul style="list-style-type: none"> <li>·How the actions will improve the processes: Outcome of this education is that all clinical staff will be aware of the requirement that written patient care instructions are ordered for hospice aide patient care.</li> <li>·Procedures for implementing the plan of correction for this deficiency: Education occurred during staff meetings during the week of May 9, 2016, via written educational materials and discussion with each clinical team member. The staff education occurred at each individual department's staff meeting, scheduled Tuesday May 10, 2016 for Indianapolis staff, Tuesday May 10, 2016 for Lafayette staff, and Wednesday May 11, 2016 for Muncie staff. The change will be implemented effective immediately at end of education and staff will be compliant before May 25, 2016.</li> <li>·10 % of clinical records of patients with hospice aide</li> </ul>	

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L 0629 Bldg. 00	418.76(h)(1)(i) SUPERVISION OF HOSPICE AIDES (l) 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		services will be audited monthly by the QA department for evidence that written patient care instructions are ordered for hospice aide patient care, when the hospice aide is involved in the patient's care. This monthly audit will continue for 1 quarter or as needed until change is evident in documentation. The audit results data will be aggregated and analyzed monthly. Any noncompliance will be trended and any specific staff noted to be noncompliant will be instructed on the importance and rationale of compliance. Additional audits will be performed for noncompliant staff on a case by case basis as indicated, based on data. Ongoing failure to comply with this requirement will result in corrective action. ·Results and trending of audit data will be reported to the Process Improvement Committee. ·The Administrator/Clinical Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

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	<p>interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.</p> <p>Based on record review and interview, the hospice failed to ensure a registered nurse (RN) made an onsite supervisory visit at least every 14 days for 3 (# 6, 8 and 13) of 11 patients receiving hospice aide services.</p> <p>Findings Include:</p> <p>1. A review of clinical record #6 on 4/22/2016 evidenced a hospice election and start of care date 3/23/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 2 times weekly for 5 weeks to begin 4/5/2016. The record failed to evidence supervisory visits by an RN.</p> <p>2. A review of clinical record #7 on 4/22/2016 evidenced a hospice election and start of care date 4/12/2016. The record included a plan of care developed by the IDG with orders for hospice aide visits 1 time weekly for 12 weeks to begin 4/19/2016. The record failed to evidence supervisory visits by an RN.</p> <p>3. A review of clinical record #8 on 4/25/2016 evidenced a hospice election and start of care date 3/11/2016. The record included a plan of care developed</p>	L 0629	<p>·Summary statement: The agency ensures that a registered nurse makes an onsite supervisory visit at least every 14 days of patients receiving hospice aide services.</p> <p>·Action planned:</p> <p>1.Clinical leadership reviewed Policy WE.H35(Hospice Aide Services), and no changes were indicated.</p> <p>2.Policy WE.H35 was developed February 2009, last reviewed and updated April, 2015, and was designed to communicate standards by which hospice aides provide patient care services.</p> <p>3.Clinical leaders re-educated all clinical staff on the procedures stated in this policy, specifically that hospice aide services are ordered by the IDG, developed/created by the registered nurse and included in the written care plan, and provided under the supervision of a registered nurse.</p> <p>·How the actions will improve the processes: Outcome of this education is that all clinical staff will be aware of the requirement that a registered nurse will make an onsite supervisory visit at least every 14 days of patients receiving hospice aide services.</p> <p>·Procedures for implementing the plan of correction for this deficiency: Education occurred</p>	05/25/2016			

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	<p>by the IDG with orders for hospice aide visits 1 time weekly for 12 weeks effective 3/13/2016. The record failed to evidence supervisory visits by an RN.</p> <p>4. The administrator was unable to provide evidence of RN supervisory visits at the exit interview on 4/25/2016 at 4:30 PM.</p>		<p>during staff meetings during the week of May 9, 2016, via written educational materials and discussion with each clinical team member. The staff education occurred at each individual department's staff meeting, scheduled Tuesday May 10, 2016 for Indianapolis staff, Tuesday May 10, 2016 for Lafayette staff, and Wednesday May 11, 2016 for Muncie staff. The change will be implemented effective immediately at end of education and staff will be compliant before May 25,2016.</p> <ul style="list-style-type: none"> <li>·10 % of clinical records of patients with hospice aides service will be audited monthlyby the QA department for evidence that written patient care instructions are ordered for hospice aide patient care, when the hospice aide is involved in the patient's care. This monthly audit will continue for 1 quarter or as needed until change is evident in documentation. The audit results data will be aggregated and analyzed monthly. Any noncompliance will be trended and any specific staff noted to be noncompliant will be instructed on the importance and rationale of compliance. Additional audits will be performed for noncompliant staff on a case by case basis as indicated, based on data. Ongoing failure to comply with this requirement will result in corrective action.</li> <li>·Results and trending of audit</li> </ul>	

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			data will be reported to the Process Improvement Committee. The Administrator/Clinical Director will be responsible for monitoring the corrective actions to ensure that this deficiency is corrected and will not recur		