

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/28/2011
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NAME OF PROVIDER OR SUPPLIER ST FRANCIS HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 438 S EMERSON AVE GREENWOOD, IN46143
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L0000	<p>This visit was for a hospice federal recertification and state licensure survey.</p> <p>Survey Dates: December 27-28, 2011</p> <p>Facility Number: 006347</p> <p>Provider Number: 151523</p> <p>Survey Team: Kelly Ennis, BSN, RN, Team Leader Tonya Tucker, RN</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 4, 2011</p>	L0000		
L0523	<p>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 facility policy and clinical record review and interview, the hospice failed to ensure a comprehensive assessment was completed within 5 calendar days</p>	L0523	The Hospice Manager will in-service Social Workers and Spiritual Care staff on timely completion of the Comprehensive Assessment. 10% of clinical records on all new patients will be audited	01/26/2012

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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	<p>after the election of hospice care in 1 of 11 active records reviewed (#3).</p> <p>The findings include:</p> <ol style="list-style-type: none"> The hospice policy titled "Assessment and Care Plan" policy number: 4-001 states, "A comprehensive assessment and plan of care will be developed no less than 5 calendar days following the election of hospice." The hospice policy titled "Spiritual Services" policy number 11-001 states, "The spiritual assessment will be completed within five days of the election of hospice unless patient/family/caregiver refuses." Clinical record #3, with an election and start of care date of 11/10/11, included an initial comprehensive assessment by Employee O, Chaplain, dated 11/28/11. A document titled "Spiritual Counselor Assessment (visit 11/28/2011)" states, "Initial visit to provide support and begin assessment." The note is dated 11/28/11 and signed by employee O, Chaplain. On 12/27/2011, employee M, Clinical Manger/Registered Nurse, indicated the 		<p>quarterly for evidence that all components of the Comprehensive Assessment have been completed within 5 calendar days after the election of Hospice care. The Hospice Director will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>		

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L0638	<p>the Chaplain did not complete the initial assessment within 5 calendar days of the election of hospice care.</p> <p>(1) Homemaker services must be coordinated and supervised by a member of the interdisciplinary group.</p> <p>Based on facility policy and clinical record review and interview, the hospice failed to ensure a registered nurse made on-site supervisory homemaker visits to the patient's home no less frequently than every 14 days and failed to ensure the homemaker followed the written plan of care in 1 of 11 active records reviewed. (#8)</p> <p>The findings include:</p> <p>1. The hospice policy titled "Hospice Aide/Homemaker Services" policy number 4-027 states, "Services provided are to be within the scope and limitations set forth in the plan of care and may not be altered in type, scope, or duration by the aide ... The Registered Nurse will make an on site supervisory visit at least every 14 days."</p> <p>2. Clinical record #8, start of care 12/3/2011, for the election period from 12/3/11 to 3/1/2012, evidenced the following:</p>	L0638	<p>The Hospice Manager will in-service all Hospice RN Case Managers and Hospice Aides/Homemakers that:</p> <p>1. Hospice Homemaker services must be coordinated and supervised by a member of the Interdisciplinary group</p> <p>2. a Registered Nurse must document an on-site supervisory visit no less than every 14 days</p> <p>3. the written Plan of Care may not be altered in type, scope, or duration by the Hospice Aide/Homemaker 10% of Clinical records on all patients receiving Hospice Aide/Homemaker services will be audited quarterly for evidence that Hospice Aides/Homemakers are following the written plan of care and that RN's are conducting supervisory visits no less than every 14 days. The Hospice Director will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>	01/26/2012

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	<p>A. The Hospice Plan of Care states, "Home Maker Services 1 week 12 [Homemaker services 1 time per week for 12 weeks]. Patient/family requested assistance with the following tasks 1. errands 2. light housekeeping in patient care area mop floors, clean bathroom, run sweeper, dust, laundry, wash dishes. 3. other."</p> <p>1.) A document titled "St. Francis Hospice Aide Visit Note" dated 12/15/11 and signed by employee C, Hospice Aide who was providing homemaker services, indicated the Hospice Aide Checked Bowel Movement and Offered fluids. These tasks were not included on the plan of care for homemaker.</p> <p>2.) A document titled "St. Francis Hospice Aide Visit Note" dated 12/22/11 and signed by employee C, Hospice Aide who was providing homemaker services, indicated the Hospice Aide Checked Bowel Movement and Offered fluids. These tasks were not included on the plan of care for homemaker.</p> <p>B. The record failed to evidence any on-site supervisory homemaker visits were ever made on this patient.</p>				

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L0781	<p>3. On 12/28/11 at 2:45 PM, employee M, Clinical Manger / Registered Nurse, indicated the hospice aide was not following the plan of care and should never do anything not listed on the plan of care. Employee M also indicated that supervisory visits should be conducted on homemakers every 14 days. The hospice must:]</p> <p>(3) Provide the SNF/NF or ICF/MR with the following information:</p> <p>(i) The most recent hospice plan of care specific to each patient;</p> <p>(ii) Hospice election form and any advance directives specific to each patient;</p> <p>(iii) Physician certification and recertification of the terminal illness specific to each patient;</p> <p>(iv) Names and contact information for hospice personnel involved in hospice care of each patient;</p> <p>(v) Instructions on how to access the hospice's 24-hour on-call system;</p> <p>(vi) Hospice medication information specific to each patient; and</p> <p>(vii) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>Based on hospice policy, extended care facility patient record, and contract review and interview, the hospice failed to ensure the Extended Care Facility (ECF) had the most recent hospice plan of care in the ECF chart in 1 of 2 (#13) charts reviewed of patients at a ECF.</p>	L0781	The Hospice Manager will in-service all Hospice RN Case Managers that it is the responsibility of the Hospice to ensure that the Extended Care Facility has the most recent Hospice Plan of Care in the ECF chart. 10% of all clinical records on Hospice patients residing in ECF's will be audited quarterly for evidence	01/26/2012	

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	<p>The findings include:</p> <ol style="list-style-type: none"> 1. The policy titled "Extended Care Facilities" policy number 2-022 states, "A copy of each party's care plan will be placed on the other party's chart. Updates will occur regularly and as needed, to be determined by the hospice interdisciplinary team and/or the ECF Care Planning Team." 2. The ECF record for patient #13 failed to evidence a hospice plan of care. 3. On 12/28/11 at 10:05 AM, employee N, Registered Nurse, indicated there was no hospice plan of care in the chart but there should have been. Employee N indicated it was the hospice's responsibility to place the most recent plan of care in the ECF chart, but this was not done. 4. On 12/28/10, at 1:45 PM, hospice provided a contract titled "Hospice and Nursing Facility Services Agreement" for the ECF patient #13 resides in. The contract stated "Hospice shall furnish a copy of Hospice Plan of Care for said Hospice Patient to Nursing Facility at the time of admission into Hospice Program. Hospice Plan of Care will be updated 		<p>that the most recent copy of the Hospice Plan of Care has been placed in the ECF chart. The Hospice Director will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>		

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	<p>from time to time as Hospice Interdisciplinary Group determines to be necessary and a copy of each updated Hospice Plan of Care will be timely furnished to the Nursing Facility."</p> <p>5. On 12/28/2011 at 3:10 PM, employee N, Clinical Manager / Registered Nurse, indicated the hospice plan of care should be placed in the ECF chart each time it is updated.</p>				