

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151502	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2012
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NAME OF PROVIDER OR SUPPLIER HOSPICE OF SOUTH CENTRAL INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 E 17TH ST COLUMBUS, IN 47201
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L0000	<p>This visit was for a state and federal complaint investigation.</p> <p>Complaint #: IN 00103187 - Substantiated: State and Federal deficiencies related to the allegation are cited.</p> <p>Survey Date: 03/08/12</p> <p>Facility #: 005119</p> <p>Medicaid Vender: #200141610A</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 19, 2012</p>	L0000		

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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L0508	<p>418.52(b)(4)(i) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON The hospice must: (i) Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator;</p> <p>Based on review of hospice documents, clinical records, and interview, the hospice failed to follow its own policy by failing to provide services for 1 of 1 (#1) patient named in a grievance complaint and failing to report this grievance to the administrator within 24 hours of staff becoming aware of the alleged violation with the potential to affect all patients who report grievances.</p> <p>The findings include:</p> <p>1. The hospice policy provided titled "Patient Rights", revised 02/03/12, stated, "Hospice of South Central Indiana, Inc. will inform patients of their rights as a Hospice patient, and Hospice will protect and promote the exercise of these rights. ... d. Voice grievances regarding treatment of care that is (or fails to be furnished and the lack of respect for</p>	L0508	<p>A new Patient/Family Complaints policy was approved, and education provided to all staff, stressing the importance of timely reporting of grievances/complaints to all appropriate leadership, including the Administrator within 24 hours of receipt of a grievance/complaint. Education was provided during the week of 3/26/2012 - 03/30/2012 with additional sessions to be completed the week of 04/02/2012 - 04/06/2012 (including volunteers, individuals furnishing hospice services under arrangement, and board members).A new On-Call Services policy was approved with education to all staff who may receive calls from patients and/or patient representatives during on-call hours. Education was provided during the weeks of 03/20/2012-03/23/2012, with additional sessions to be completed the week of 04/02/2012-04/06/2012. This</p>	04/06/2012			

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	<p>property by anyone who is furnishing services on behalf of Hospice. ... 3. Hospice must report all alleged violations ... to the administrator within 24 hours of hospice staff becoming aware of the alleged violation."</p> <p>2. Review of hospice document titled "Hospice of South Central Indiana, Inc. Grievance Documentation" evidenced a patient grievance from patient #1, the date the incident occurred, and the date the grievance was reported was 15 days prior to the administrator being notified.</p> <p>3. On March 8, 2011, at 3:10 PM, the corporate compliance officer and the hospice registered nurse (RN) that signed the above grievance complaint investigation and the same RN that was on call the evening the family member called for a nurse visit, indicated a hospice nurse visit should have been conducted.</p>		<p>policy includes an On-Call Log to be utilized at all locations. Volunteer who received initial complaint #1 was counseled on the proper and timely reporting of a complaint. The Patient Care Coordinator (PCC) involved in complaint #1 was counseled on the process for appropriately responding to on-call requests, and use of critical thinking to determine when a visit is necessary. The new Patient/Family Complaints and On-Call Services policies will be included in orientation to all new staff as well as added to the required annual education for all staff and individuals furnishing hospice services under arrangement.</p>		

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L0509	<p>418.52(b)(4)(ii) EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON [The hospice must:] (ii) Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;</p> <p>Based on hospice document and clinical record review and interview, the hospice failed to follow its own policy by failing to follow its own grievance process for 1 of 1 patient named in a grievance complaint (#1) with the potential to affect all patients who file a grievance.</p> <p>The findings include:</p> <p>1. The hospice policy provided titled "Patient Rights", revised 02/03/12, stated, "Hospice of South Central Indiana, Inc. will inform patients of their rights as a Hospice patient, and Hospice will protect and promote the exercise of these rights. ... d. Voice grievances regarding treatment of care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of Hospice. ... 3.</p>	L0509	<p>A new Patient/Family Complaints policy was approved, and education provided to all staff, stressing the importance of timely reporting of grievances/complaints to all appropriate leadership, including the Administrator within 24 hours of receipt of a grievance/complaint. Education was provided during the week of 3/26/2012 - 03/30/2012 with additional sessions to be completed the week of 04/02/2012 - 04/06/2012 (including volunteers, individuals furnishing hospice services under arrangement, and board members).A new On-Call Services policy was approved with education to all staff who may receive calls from patients and/or patient representatives during on-call hours. Education was provided during the weeks of 03/20/2012-03/23/2012, with additional sessions to be completed the week of 04/02/2012-04/06/2012. This</p>	04/06/2012			

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	<p>Hospice must report all alleged violations ... to the administrator within 24 hours of hospice staff becoming aware of the alleged violation."</p> <p>2. The hospice Grievance Process-Supervisor report stated, "1. Staff will: a. Listen to the concern. ... b. Notify supervisor immediately. ... c. Complete Grievance Report in detail. ... 2. Supervisor will: a. Review grievance with employee. ... b. Review written grievance. ... c. If Supervisor is not a Manager or Director, he/she will notify ... Manager or Director. d. Manager or Director will assign responsibility for investigation and notify. ... e. Steps 2 a-2 d must occur within 24 hours of complaint notification."</p> <p>3. Review of hospice document titled "Hospice of South Central Indiana, Inc. Grievance Documentation" evidenced a patient grievance from patient #1, the date the incident occurred, and the date the grievance was reported was 15 days prior to the administrator being notified.</p> <p>4. On March 8, 2011, at 3:10 PM, the corporate compliance officer and the hospice registered nurse (RN) that signed the above grievance complaint investigation and the same RN that was on call the evening the family member</p>		<p>policy includes an On-Call Log to be utilized at all locations. Volunteer who received initial complaint #1 was counseled on the proper and timely reporting of a complaint. The new Patient/Family Complaints and On-Call Services policies will be included in orientation to all new staff as well as added to the required annual education for all staff and individuals furnishing hospice services under arrangement.</p>		

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	called for a nurse visit, indicated a hospice nurse visit should have been conducted.			

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L0543	<p>418.56(b) PLAN OF CARE 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 hospice policy and clinical record review, the hospice failed to ensure the plan of care as needed visits were utilized / made as ordered for 1 of 1 records reviewed and patient / family named in the hospice complaint record (#1) with the potential to affect all the hospices patients who filed a grievance.</p> <p>The findings include:</p> <p>1. The hospice policy titled "Plan of Care", with a revised date of 03/05/2009, states "All Hospice care and services furnished to patients and their families will follow an individualized written Plan of Care [POC] established by the Hospice interdisciplinary group</p>			L0543	<p>Review PC-30 Plan of Care policy with all staff responsible for patient care. Educate Staff on the importance of following the Plan of Care for each patient, the process for determining when a visit is necessary, and appropriate documentation. Education completed during weeks of 03/20/2012-03/23/12 with additional sessions to be completed during the week of 04/02/2012-04/06/12. Review new policy, CL-13 On-Call Services, with all staff who may receive calls from patients and/or patient representatives. Also reviewed the proper use of form HSCI-563 On-Call Log. Education completed during weeks of 03/20/2012-03/23/12 with additional sessions to be completed during the week of 04/02/2012-04/06/12. Reinstate d use of the Visit Planning Form at all locations. The Visit Planning Form is used to ensure the Plan of Care is followed for each patient and on-call staff is aware of and can better track visits/disciplines ordered for each patient. Education completed</p>		06/30/2012

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	<p>[IDG] in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs. May include PRN [as needed orders] orders for visit frequencies to ensure the most appropriate level of services is provided to the patient. The IDG will document the patient's or representative's level of understanding, involvement and agreement with the Plan of Care."</p> <p>2. Review of the clinical record of the patient named in the hospice agency complaint log evidenced a POC for the certification period 11/12/11 to 1/10/12 with established 5 PRN visits a week for skilled nursing (SN) for symptoms. The record failed to evidence that a SN visits was made as needed on 12/24/11 when the patient's family member called related to the patient who had fallen in the hallway and the caregiver / family was unable to get the patient up. The patient had fallen when the patient had become</p>		during weeks of 03/20/2012-03/23/12 with additional sessions to be completed during the week of 04/02/2012-04/06/12. An audit of 10% of patient charts will be completed each month for three months, using the Focus Clinical Record audit form, to ensure that the Plan of Care is followed (completion date 06/30/2012).		

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	combative toward the family.			