

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151518		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/12/2022	
NAME OF PROVIDER OR SUPPLIER DEACONESS VNA				STREET ADDRESS, CITY, STATE, ZIP COD 611 HARRIETT STREET EVANSVILLE, IN 47734			
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E 0000 Bldg. 00	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 418.113.</p> <p>Survey Dates: 5/5/2022-5/12/2022</p> <p>Census: 56</p> <p>At this Emergency Preparedness survey, Deaconess VNA, was found to have been in compliance with the Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers at 42 CFR 418.113.</p> <p>QR Completed 5/25/2022 A4</p>			E 0000			
L 0000 Bldg. 00	<p>This visit was for a Federal Recertification and State Re-licensure survey of a Provider.</p> <p>Survey Dates: 5/5/2022-5/12/2022</p> <p>Census: 56</p> <p>Facility: 005939</p>			L 0000			
L 0503 Bldg. 00	<p>418.52(a)(2) NOTICE OF RIGHTS AND RESPONSIBILITIES</p> <p>(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</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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>information to the patient concerning its policies on advance directives, including a description of applicable State law. Based on record review and interview, the agency failed to demonstrate knowledge of advance directive changes based on current state laws for 1 of 1 hospice agency admission packet review.</p> <p>Findings include:</p> <p>On 5/5/2022 at 2:42 p.m. AS-2 provided the 2022 admission packet book that included Advanced Directives dated 2018 for review.</p> <p>During an interview on 5/12/2022 at 10:55 a.m. CS-5 reviewed the 2022 admission packet book that contained the 2018 Advanced Directives and confirmed the information was current. The CS-5 indicated if the Advanced Directives were updated there would be an updated sticker placed over the 2018 date. CS-5 indicated, Consolidated Health Services (contracted management services) corporate compliance CS-10, would be responsible for any updated Indiana laws regarding Advanced Directives. CS-5 was unaware of the July 2021 update to the Advanced Directives.</p>			L 0503	<p>L503 Notice of Rights and Responsibilities</p> <p>Deaconess Hospice must comply with the requirement of subpart I of part 489 regarding advance directives. Deaconess Hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law.</p> <p>Mandatory inservices for all clinical hospice associates occurred on June 2, 2022 by the Administrator regarding: changes in State law concerning Advanced Directives with details below:</p> <p>Individuals can now sign a single advance directive which may be used to replace the following older types of advance directives: the durable power of attorney containing healthcare powers, the appointment of a healthcare</p>		06/03/2022

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L 0655	418.100(e) PROFESSIONAL MANAGEMENT		<p>representative, and the living will declaration or life-prolonging procedures declaration. Previously executed advance directives will remain valid so long as the directives were valid at the time of execution Deaconess Hospice will continue to utilize POST form unless patient or POA chooses to utilize their form</p> <p>Education packets were provided to all hospice associates who were unable to attend the June 2, 2022 inservice on June 3, 2022..</p> <p>/p> /p> To ensure compliance with the above requirement, the Administrator or designee will conduct 4 home visits per month for 3 months starting week of 6/6 and ongoing as part of the agency quarterly quality monitoring.</p> <p>The compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body</p>		

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Bldg. 00	<p>RESPONSIBILITY</p> <p>A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be--</p> <p>(1) Authorized by the hospice;</p> <p>(2) Furnished in a safe and effective manner by qualified personnel; and</p> <p>(3) Delivered in accordance with the patient's plan of care.</p> <p>Based on observation, record review, and interview, the agency failed to ensure personnel records were complete and accurate with administrative control that was clearly delineated in the hospice's organizational structure for 1 of 1 hospice agency.</p> <p>Findings include:</p> <p>1. An undated Deaconess Health System, INC Policy & Procedure No. 45-05 S policy titled Personnel Record Administration was provided by the Regional Vice President of Clinical Services (AS-5) on 5/11/2022 at 3:40 p.m. The policy indicated, but was not limited to, "I. SCOPE: This policy and procedure applies to the system entities in which Deaconess has least 50% or greater ownership including but not limited to ..."</p> <p>2. A list of Personnel Records was provided on 5/9/2022 during the daily exit conference. All requested Personnel Records were not received until 3:00 p.m. on 5/10/2022 due to the Employee Health (Comp Center) not available due to TB vaccination update administrations with staff.</p>			L 0655	<p>L655 Professional Management Responsibility</p> <p>Deaconess Hospice must ensure hospice personnel/medical records are complete and accurate with Administrative control in the hospice organization.</p> <p>Education provided to alternate Administrator/Manager of Clinical Services and consultation with Deaconess Hospital Employee Comp Center, on June 3, 2022 by the Administrator regarding the Personnel records must be complete and accurate, and the hospice is required to demonstrate stewardship and control over the Hospice agency personnel/medical files as to not impede a survey process.</p> <p>Deaconess Hospice will maintain</p>		06/10/2022

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	<p>During personnel record review on 5/10/22 at 3:00 p.m. in collaboration with CS-5, all required documentation was not contained within the complete file and no one at the hospice had direct access to any of the employee files needed to complete the review.</p> <p>3. During an interview on 5/5/2022 at 11:27 a.m., the Manager of Clinical Services (AS-2) indicated the medical file for personnel records are kept and maintained at the Deaconess Employee COMP center. This entity is responsible for ensuring all medical requirements by employees are current and communicate this information with the hospitals and joint ventures of Deaconess Health Systems.</p> <p>4. On 5/5/2022 at 11:27 a.m. the AS-2 was asked to provide vaccination /exemption status on all direct and contracted staff for review. On 5/6/2022 at 12:40 p.m. asked AS-2 again for vaccinated exempted employee list and review of medical / religious exemptions to evidence compliance with the vaccination mandate for Covid-19. On 5/6/2022 at 2:25 p.m. AS-2 and CS-1 indicated Deaconess Hospital (owner of the hospice agency) would not give the state agency access to view the vaccination exemptions for hospice personnel to evidence compliance with the vaccination mandate for Covid-19. The hospice agency failed to demonstrate stewardship and control over the hospice agencies personnel /medical files in order to evidence compliance without impeding the survey process.</p> <p>5. During an interview on 5/6/2022 at 2:25 p.m. AS-2 indicated that Deaconess personnel would not give the agency the hospice staff Covid vaccination exempt statements to determine compliance with the vaccine mandate without the</p>				<p>hospice personnel/medical records to ensure The files are complete and accurate. /p> /p> b> Administrator or designee will audit 100% of all b> /p> The compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body</p>		

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L 0698 Bldg. 00	<p>surveyor signing a form. Requested the vaccination exemptions and covid vaccination cards a second and final time from the MCS.</p> <p>418.106(e)(2)(ii) LABEL DISPOSE STORAGE DRUGS (ii) Disposal of controlled drugs in hospices that provide inpatient care directly. The hospice that provides inpatient care directly in its own facility must dispose of controlled drugs in compliance with the hospice policy and in accordance with State and Federal requirements. The hospice must maintain current and accurate records of the receipt and disposition of all controlled drugs. Based on record review and interview, the agency failed to ensure the most stringent requirement of disposal of in-patient unit controlled substances (drugs with a high potential for abuse) were performed by licensed personnel for 1 of 1 in-patient hospice agency.</p> <p>Findings include:</p> <p>1. An undated policy titled Deaconess VNA Plus, LLC Hospice Center Medications, Narcotic Orders was provided by the AS-2 on 5/12/2022 at 8:45 a.m. The policy indicated, but was not limited to, "All narcotic medications utilized by patients in the Hospice Center will be ordered and managed in accordance with Federal and State laws. ... 2. Nursing personnel will maintain narcotic administration and documentation ... 3. All Schedule II narcotic medications will be kept in a locked drawer/cabinet. Only Hospice Center RNs, pharmacists or physicians will have access to the keys for this drawer/cabinet. ... 5. If for any reason the entire order is not administered to the patient, the remaining Schedule II narcotic will be destroyed according to the Disposal of Narcotics</p>			L 0698	<p>L698 Label Dispose Storage Drugs</p> <p>Deaconess Hospice must ensure the most stringent requirement of disposal of controlled substances within the in-patient unit.</p> <p>Mandatory inservices were performed for all hospice in patient unit associates on June 2, 2022 by Administrator regarding: The hospice that provides inpatient care directly in its own facility must dispose of controlled drugs in compliance with the hospice policy and in accordance with State and Federal requirements. The hospice must maintain current and accurate records of the receipt and disposition of all</p>		06/03/2022

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	<p>Policy. All other Controlled Substances ... 2. Disposition of any unused controlled substance will follow normal procedures for all medication: Complete MAR. Witnessed and signed by RN/RN or RN/Hospice Aide. Dispose of medication as per facility policy."</p> <p>2. A 2018 NAHC Resource: Hospice Disposal of Controlled Substances: Public Law 115-271 - Support for Patients and Communities Act -- Opens Door for Hospice Disposal of Controlled Substances indicated, but was not limited to, "Section 3222 of the Support for Patients and Communities Act authorizes specific hospice staff employed by or working under arrangement for qualified hospices to dispose of controlled substances ... Hospices must observe the most stringent requirement. ... a. ... Types of staff that can dispose of the controlled substances. The Act allows only nurses (RN, LPN, NP), physicians, and physicians assistants. ... 3. The Act requires the hospice to train any nurses, physicians or physician assistants disposing of controlled substances in the disposal of controlled substances in a secure and responsible manner so as to discourage abuse, misuse, or diversion so this may require modifications to existing training or additional training topics. Also, evidence of this training should be maintained."</p> <p>3. Review of the Diversion Control Division website at https://www.deaiversion.usdoj.gov/schedules/ indicated Schedule II Controlled Substances have a high potential for abuse which may lead to severe psychological or physical dependence. Examples of Schedule II narcotics (pain medications) include: hydromorphone (Dilaudid®), methadone (Dolophine®),</p>				<p>controlled drugs. Education included: Policy 5.9 Medication Narcotic Orders- with focus of only nurses, physicians and physicians assistants allowed to waste controlled medication.</p> <p>NAHC Resource: Hospice Disposal of Controlled Substances: The Act only allows nurses (RN, LPN, NP), physicians or physician assistants disposing of controlled substances, in a secure and responsible manner to discourage abuse, misuse or diversion.</p> <p>Education packets were provided to all hospice associates who were unable to attend the June 2, 2022 inservice on June 3, 2022</p> <p>To ensure compliance with the above requirement The Administrator or designee will audit 10% of all Inpatient charts weekly for 3 months then ongoing as part of the agency quarterly quality monitoring.</p> <p>The compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body</p>		

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L 0782 Bldg. 00	<p>meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.</p> <p>4. During an interview on 5/5/2022 at 1:30 p.m. in-patient center RN-3 and Certified Nursing Assistant (CNA)-4 indicated CNA's are allowed to waste narcotics (Dilaudid and morphine) along with the RN on night shift.</p> <p>5. During an interview on 5/12/2022 at 8:45 a.m. AS-2 indicated in-patient center RN's along with CNA's are allowed to waste narcotics on night shift because the agency does not have the luxury of staffing 2 (two) RN's on night shift.</p> <p>418.112(f) ORIENTATION AND TRAINING OF STAFF Hospice staff, in coordination with SNF/NF or ICF/IID facility staff, must assure orientation of such staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements. Based on record review and interview, the agency failed to ensure hospice staff furnished orientation on hospice philosophy, policies and procedures regarding methods of comfort, pain control, symptom management, principles about death and dying all skilled nursing licensed facilities that provide care to hospice patients for 6 of 6 active skilled nursing facilities, with the potential to affect all contracted skilled nursing facilities. (Entities #1,#2,#3,#4,#5,#6)</p>			L 0782	<p>L782 Orientation and Training of Staff</p> <p>Deaconess Hospice in coordination with SNF/NF or ICF/IID facility staff, must assure orientation of such staff furnishing care to hospice patients in the hospice</p>		06/10/2022

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	<p>Findings include:</p> <p>1. An 11/2019 contract titled Hospice-Skilled Nursing Facility Agreement was provided by CS-5 on 5/11/2022 at 4:45 p.m. The contract indicated, but was not limited to, "2.11 Training, Education and Assessment. Hospice shall provide orientation and training for all Personnel, including but not limited to the staff's specific job duties, and Hospice's philosophy, policies and procedures regarding methods of comfort, pain control, and symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements. ... provide in-service training and education programs where required. Hospice shall have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12-month period."</p> <p>2. Review of the Active Clients in Facilities Report provided by AS-2 on 5/5/2022 at 2:22 p.m. indicated 8 active hospice patients reside in skilled nursing facilities for Entities #1, #2, #3, #4, #5, #6.</p> <p>3. During an interview on 5/11/2022 at 2:30 p.m. AS-2 and CS-5 were asked how the agency ensures orientation and training on hospice occurred for all skilled nursing facilities based on agency contract. Neither AS-2 or CS-5 knew who provided orientation and training for skilled nursing facilities.</p> <p>4. During an interview on 5/11/2022 at 3:30 p.m. AS-2 and CS-5 were unable to provide evidence that orientation and training on hospice occurred</p>				<p>philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements.</p> <p>Mandatory education for hospice associates was provided on June 3, 2022 by Administrator regarding The requirement that the hospice's contract with a Skilled Facilities include but not limited to the hospice shall provide orientation and training for all Personnel, staff's specific job duties and the Hospices philosophy, policies and procedures regarding methods of comfort, paint control and symptom management, as well as principles about death and dying, individual responses to death, patients rights, appropriate forms and record keeping requirements. The hospice will maintain a written description of the inservice training provided during the previous 12 month period.</p> <p>Education included: b> 83.04 Hospice Care for Nursing</p>		

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	<p>for all skilled nursing facilities for the years 2022, 2021, and 2020.</p> <p>5. During an interview on 5/11/2022 at 4:20 p.m. Volunteer Coordinator (VC)-1 indicated past employee #7 and him/herself conducted in-services to skilled nursing facilities but stopped in 2017 and was taken over by another personnel who was longer with the agency. VC-1 indicated archived files would be stored at Deaconess Hospital and was unsure who to reach to retrieve files but would try. The agency was not able to provide any further documents by exit date.</p>				<p>Facility Residents- Coordination of Care, 83.05 Hospice Care for Nursing Facility Residents- Hospice Plan of Care 83.06 Hospice Care for Nursing Facility Residents- Written Agreements.</p> <p>Education packets were provided to all clinicians that were unable to attend the June 2, 2022 inservice on June, 3 2022</p> <p>Each contracted skilled facility was provided a Hospice education packet, along with a letter from Deaconess to schedule a in person training on required elements</p> <p>Compliance with providing educational packets and scheduling letters will be completed by June 10, 2022. In Person education to facilities will be completed for all facilities that currently have hospice patients by June 30, 2022.</p> <p>To ensure compliance with the above requirement the Administrator or designee will audit 100% contracted skilled facilities for documentation the required education was provided by June 30, 2022, then annually as part of the agency quality monitoring.</p> <p>The compliance process will be</p>		

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L 0784 Bldg. 00	<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 record review and interview, the agency failed to ensure direct care staff and contracted staff qualifications that provide services were kept current for 6 of 28 personnel records reviewed, with the potential to affect all hospice personnel. (RN#5, RN#7, RN#8, CNA#5, CNA#6, MT#1)</p> <p>Findings include:</p> <p>1. A 5/25/2021 revised CHI policy, titled Administrative Control, was provided by CS-5 on 5/9/2022 at 11:50 a.m. The policy indicated, but was not limited to, "The Administrative Staff maintains administrative control and establishes lines of authority for the delegation of responsibility. ... 1. The Company/Agency is defined as: ... Deaconess VNA Plus, LLC ... 2. The Governing Body is responsible for : Overseeing compliance ... Establishing or approving written policies and procedures governing all operations. ... Human resource management ... Employee qualifications ... 3. All care services not directly</p>			L 0784	<p>the direction supervision of the Administrator with oversight by the governing body</p> <p>L784 Personnel Qualification</p> <p>Deaconess Hospice must ensure all professionals who furnish services directly, under an individual contract or under arrangements with a hospice, qualifications are kept current.</p> <p>Education provided to Alternate Administrator/Manager of Clinical Services and consultation with Deaconess Hospital Employee Comp Center, on June 3, 2022 by the Administrator regarding: All professional providers who furnish services directly must include the following requirements but are not limited to, orientation to hospice and completion of background checks</p>		06/10/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>provided by the Company are monitored and controlled by the Company ... A written contract is developed and implemented ..."</p> <p>2. An undated policy titled, Deaconess Health System, INC Personnel Records Administration was provided by CS-5 on 5/11/2022 at 3:40 p.m. The policy indicated, but was not limited to, "Scope: This policy and procedure applies to the system entities in which Deaconess has at least 50% or greater ownership ... Deaconess VNA Plus, LLC ... IV. Policy: It is the policy of Deaconess to: ... B. Verify the background, licensure and/or licensure of all employees filing positions where such is required ... V. ... A. The Human Resources Department is responsible for: 1. ... maintaining personnel records. ... 4. Making personnel records available ... 5. ... provide accurate employment information ... B. The COMP Center is responsible for maintaining records ... establish all Deaconess employees are ...free of active communicable diseases. C. Department Directors/Managers are responsible for generating and maintaining up-to-date employee competency files and able to furnish them upon request by HR, a regulatory credentialing agency, or other local/state/federal agency."</p> <p>3. An undated job description titled DVNA Director of Clinical [Services] was provided by CS-5 on 5/12/2022 at 10:45 a.m. The job description indicated, but was not limited to, "is responsible for the day-to-day operational responsibilities and oversight of all personnel ... services provided by the Hospice Agency ... overall management ...".</p> <p>4. On 5/11/2022 at 10:15 a.m. reviewed personnel files along with AS-2 . The agency failed to ensure the following personnel files included orientation</p>				<p>for all hospice personnel/contract staff.</p> <p>Education included: Policy 10-40S Licensure, Notification, and Registration of Staff</p> <p>A criminal background was provided on May 26, 2022 for the Music Therapist and placed in her file. Music Therapist was oriented to hospice on 04/11/2018.</p> <p>To ensure compliance with the above requirement the Administrator or designee will audit 100% of all new personnel/contract files for orientation to hospice and background checks by June 10, 2022, then 10% quarterly as part of the agency quality monitoring.</p> <p>The compliance process will be the direction supervision of the Administrator with oversight by the governing body</p>		

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L 0795 Bldg. 00	<p>to hospice: RN-5, RN-7, RN-8, CNA-5, CNA-6. During the review, the agency failed to ensure a current contract and criminal background check were available for review for Music Therapist (MT)-1. At that time, AS-2 was unsure why the personnel files did not include hospice orientation and a background check for MT-1. The AS-2 indicated in 2018 the Foundation started funding for MT-1's services, but was unsure of the names of the people who made up the Foundation.</p> <p>418.114(d)(1) CRIMINAL BACKGROUND CHECKS The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.</p> <p>Based on record review and interview, the agency failed to ensure a criminal background check was obtained for 1 of 1 contracted music therapy record review. (MT-1)</p> <p>Findings include:</p> <p>A 5/25/2021 revised CHI policy, titled Administrative Control, was provided by CS-5 on 5/9/2022 at 11:50 a.m. The policy indicated, but was not limited to, "The Administrative Staff maintains administrative control and establishes lines of authority for the delegation of responsibility. ... 1. The Company/Agency is defined as: ... Deaconess VNA Plus, LLC ... 2. The Governing Body is responsible for : Overseeing compliance ... Establishing or approving written policies and procedures governing all operations. ... Human resource management ... Employee</p>			L 0795	<p>L795 Criminal Background Checks</p> <p>Deaconess Hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.</p> <p>Education provided to Alternate</p>		06/03/2022

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>qualifications ... 3. All care services not directly provided by the Company are monitored and controlled by the Company ... A written contract is developed and implemented ..."</p> <p>An undated job description titled DVNA Director of Clinical [Services] was provided by CS-5 on 5/12/2022 at 10:45 a.m. The job description indicated, but was not limited to, "is responsible for the day-to-day operational responsibilities and oversight of all personnel ... services provided by the Hospice Agency ... overall management ...".</p> <p>On 5/5/2022 at 11:27 a.m. AS-2 indicated the hospice agency contracts Music Therapy (MT). On 5/9/2022 at 4:20 p.m. AS-2 and CS-5 was asked to provide MT-1's personnel file and contract for review. Both AS-2 and CS-5 were unsure if the contract was current given the MT was funding by the Foundation.</p> <p>On 5/11/2022 at 10:15 a.m. reviewed personnel files along with AS-2 . The agency failed to ensure a current contract and a criminal background check were available for review for MT-1.</p>				<p>Administrator/Manager of Clinical Services in consultation with Deaconess Hospital Employee Comp Center, on June 3, 2022, by the Administrator regarding: assurance of criminal background checks for all hospice associates including contracted staff who have direct patient contact or access to patient records.</p> <p>Education included: Policy 10-40S Licensure, Notification, and Registration of Staff</p> <p>A criminal background was completed on May 26, 2022 for the Music Therapist.</p> <p>To ensure compliance with the above requirement the Administrator or designee will audit 100% of all new personnel/contract files for background checks by June 10, 2022 then 10% quarterly as part of the agency quality monitoring.</p> <p>The compliance process will be the direction supervision of the Administrator with oversight by the governing body</p>		

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L 0900 Bldg. 00	<p>418.60 (d)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff § 418.60 Condition of participation: Infection control.</p> <p>(d) Standard: COVID-19 Vaccination of facility staff. The hospice must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>(1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following hospice staff, who provide any care, treatment, or other services for the hospice and/or its patients:</p> <p>(i) Hospice employees;</p> <p>(ii) Licensed practitioners;</p> <p>(iii) Students, trainees, and volunteers; and</p> <p>(iv) Individuals who provide care, treatment, or other services for the hospice and/or its patients, under contract or by other arrangement.</p> <p>(2) The policies and procedures of this section do not apply to the following hospice staff:</p> <p>(i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other staff specified in paragraph (d)(1) of this section; and</p>						

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	<p>(ii) Staff who provide support services for the hospice that are performed exclusively outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other staff specified in paragraph (d)(1) of this section.</p> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the hospice and/or its patients;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the hospice has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the hospice's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; Based on record review and interview, the agency failed to ensure the contracted music therapist vaccination status was made available for review for 1 of 1 music therapy personnel record review. (MT-1)</p> <p>Findings include:</p> <p>1. An undated policy titled, Deaconess Health System, INC Personnel Records Administration was provided by CS-5 on 5/11/2022 at 3:40 p.m. The policy indicated, but was not limited to, "A. The Human Resources Department is responsible for: 1. ... maintaining personnel records. ... 4. Making personnel records available ... 5. ... provide accurate employment information ... B. The COMP Center is responsible for maintaining records ... establish all Deaconess employees are ... free of active communicable diseases.</p> <p>2. The complete clinical record for patient 2, start of care date 4/13/21, was reviewed on 5/6/22. The plan of care for the 1st benefit period 4/13/21-7/11/21 included an order for Music</p>			L 0900	<p>L900 Vaccination of Facility Staff</p> <p>Deaconess Hospice will ensure a process that all staff specified in paragraph (d)(1) of this section are fully vaccinated, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.</p> <p>Education provided to Alternate Administrator/Manager of Clinical</p>		06/03/2022

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	<p>Therapy as needed. Orders of Discipline and Treatments indicated Music Therapy will be provided. The agency failed to ensure the music therapist was vaccinated per federal/state regulations or agency policy, and contracted with the agency to provide direct patient services.</p> <p>3. The complete clinical record for patient 6, start of care date 5/4/22, was reviewed on 5/10/22. The plan of care for the 1st benefit period 5/4/22-8/1/22 included an order for Music Therapy as needed upon request of the patient. The agency failed to ensure the music therapist was vaccinated per federal/state regulations or agency policy, and contracted with the agency to provide direct patient services.</p> <p>4. The complete clinical record for patient 7, start of care date 5/2/22, was reviewed on 5/10/22. The plan of care for the 1st benefit period 5/2/22-7/30/22 included an order for Music Therapy as needed upon request of the patient. The agency failed to ensure the music therapist was vaccinated per federal/state regulations or agency policy, and contracted with the agency to provide direct patient services.</p> <p>5. On 5/11/2022 at 10:15 a.m. reviewed personnel files along with AS-2. The agency failed to ensure the Covid vaccination status or exemption was kept within the medical personnel file for Music Therapist #1.</p>				<p>Services in consultation with Deaconess Hospital Employee Comp Center, on June 3, 2022 by the Administrator regarding: Assurance of COVID vaccination or exemption for all hospice associates including contracted staff who have direct patient contact. Education Included Policy 70-57 Vaccination Requirements</p> <p>COVID Vaccination status was received on May 26, 2022 for the Music Therapist.</p> <p>To ensure compliance with the above requirement the Administrator or designee will audit 100% of all new personnel/contract files for COVID 19 vaccination or exemption by June 10, 2022 then 10% quarterly as part of the agency quality monitoring.</p> <p>The compliance process will be under the direct supervision of the Administrator with oversight by the Governing Body.</p>		