PRINTED: 06/14/2022 FORM APPROVED OMB NO. 0938-0391

I ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		151575	B. WING_			C <b>5/19/2022</b>
	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		5/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
L 000	INITIAL COMMENTS		LO	00		
	This visit was for the complaints at Viaques	investigation of 2 Federal st Hospice.				
	were identified to be i out of compliance with of Participation: Initial Assessment of the Pa Condition of Participa Care Planning, and Cadministrator was not Jeopardy on 5/18/22 Jeopardy was not ren	atient and 42 CFR 418.56 tion: Interdisciplinary group, coordination of Services. The ified of the Immediate at 1:45 PM. The Immediate noved by exit on 5/19/22. omitted by the hospice on				
	5/16/22, 5/17/22, 5/18 Complaint: IN 000377	, 5/10/22, 5/11/22, 5/12/22, 8/22, and 5/19/22 7753 - Substantiated, related deficiencies were cited.				
	of sufficient information were cited.	8932 - Unsubstantiated, lack on, unrelated deficiencies				
L 520	Census: 114  QR: Area 2 and 3  INITIAL & COMPREH PATIENT  CFR(s): 418.54	IENSIVE ASSESSMENT OF	L 5	20		
	Based on record revi interview, the hospice	agency failed to ensure all				
_ABORATORY I	DIRECTOR'S OR PROVIDER/S	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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		151575	B. WING	_		05/	19/2022
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
VIAQUES.	T HOSPICE OF INDIANA,	LLC			724 WEST NAVAJO STREET		
					WEST LAFAYETTE, IN 47906		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 524	patients received an uassessment, which cooccurred since the iniprogress toward goals patient's response to frequently as necessathan every 15 days (Sagency failed to ensuupdated comprehens considered changes tassessment, included outcomes, and the patreatment as frequent frequently than every  These deficient practipatients whose clinical (Patients #1, 4, and 5 all 114 active patients care.  On 5/18/22 at 12:45 Filter was identified with Paradministrator was not Jeopardy on 5/18/22.  The cumulative effect resulted in the agency patients received app which could result in the quality hospice care, compliance with 42 Ciliary Participation: Initial arassessment of the Paragement of the Par	updated comprehensive onsidered changes that tial assessment, included is and outcomes, and the care and treatment as ary, but no less frequently one of the see L 524) and the hospice of all patients received an area of the assessment, which that occurred since the initial of progress toward goals and outcent's response to care and outlent's response to care and services at records were reviewed.) With the potential to affect to currently receiving hospice.  PM, an Immediate Jeopardy outlent #1 and Patient #4. The outlent #4. The outlent #4 and Patient #4. The outlent #4 in and Patient #4 in		520			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		ATE SURVEY DMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP COD 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
L 524	physical, psychosod needs related to the addressed in order to patient's well-being, throughout the dying.  This STANDARD is Based on record re hospice agency failed received a comprehidentified the physicand spiritual needs of the state o	assessment must identify the ial, emotional, and spiritual terminal illness that must be o promote the hospice comfort, and dignity	L	524		
	patients.  Findings include:  1. The clinical record benefit election dated diagnosis of liver fair included a plan of cated of the control of the spine/tailbone of the spine	and of Patient #4 revealed a se of 01/20/2022 and a terminal lure. The clinical record are for the benefit period 2022, which indicated the ve skilled nursing services, 3 week, then 2 visits per week are frame. The plan of care are interventions and monitoring of Patient 4's coers (type of wound caused are on a body part, classified in 1-4; a Stage 1 pressure and does not blanch but there in the sacrum / coccyx (bottom et and mid-back.				

	LAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMI		TE SURVEY MPLETED			
		151575	B. WING _			C 05/19/2022
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L 524	were Patient #4's prindocumented in the cliconfirmed that since is services, the primary the patient's wounds, preference. The familitook pictures of the providing wound care the hospice nurse, at The clinical record incompleted at the Initia 01/20/2022, by Regis visit note indicated Papressure ulcers on the centimeters (cm) in leasured 2 cm in leasured 3 cm in depth. RN #10 pressure areas to cook but both areas are designed in turn white very this time." The assessing patient with a request provided by a family in hospice staff.  The record revealed and a session of the cook	#1, who confirmed they mary caregiver, as inical record. Person #1 Patient #4 began hospice caregiver provided care to because of patient by member reported they atient's wounds, while a, and provide the pictures to each visit.  Cluded a Nurse Visit Note al Start of Care, dated stered Nurse (RN) #10. The atient #4 had Stage 1 e coccyx, that measured 2 ength, by 2 cm in width, by 0 ne patient's midback that ngth, by 3 cm in width, by 0 documented "Patient has cocyx and spine, skin is intact sep red and non-blanchable when pressure is applied] at sment failed to evidence the to have their wound care member instead of the  13 subsequent in-person npleted during the ix of 13 visits failed to nent of Patient #4's wounds ation that the patient refused a nurse on 02/01/2022, 222, 03/20/2022, 03/27/2022, assessments also failed to eviewed any pictures of	L5	24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING			X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	1 -	· · · · · · · · · · · · · · · · · · ·
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L 524	by RN #10, and dated indicated Patient #4's worsened to a Stage open and extends to the wound on the mic Stage 2 pressure ulcollayers of skin are affer failed to evidence woobtained for both wou categorize the stages.  The clinical record ind 4/20/2022 - 7/18/2023 skilled nursing service for 2 weeks, and 1 vis The plan of care reversinterventions and treat Stage 1 pressure are back.  The record included a 4/24/2022, completed evidenced the nurse 3 sacral wound and n by 0.5 cm in width, by note failed to evidence and the patient's Stage 2 mid.  The record indicated nurse visits complete 5/18/2022. Two of the 5/08/2022) failed to econducted an assess nor that the patient renurse visit notes failed to the stage of the patient renurse visit notes failed.	a nurse visit note, completed d 02/25/2022. The visit note is sacral wound had 3 pressure ulcer (wound is fat layer below the skin) and 1-back had worsened to a ter (wound is opened and toted). The nurse visit note und measurements were unds for the basis to to for the wounds.  Cluded a benefit period 2, with orders to receive the set 1 visit every other week the sit per week for 12 weeks. Taled hospice nurse the atments included "monitor as to sacrum and medial a nurse visit note dated the by RN #10. The note the assessed Patient #4's Stage the analyse of the ease set of the ease of the eas	L 52	24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	, LLC		STREET ADDRESS, CITY, STATE, ZIP COI 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		5/19/2022	
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L 524	dated 5/09/2022 and record indicated the patient's scrotum and measured 1.0 cm in lo.1 cm in depth.  The clinical record indicated 5/15/2022 and visit note indicated th #4's Stage 3 sacral w measurements of 0.5 width, by 0.2 cm in demid-back wound was length, by 4 cm in wide.  The clinical record	a skilled nurse visit note completed by RN #9. The sheering wound of the buttocks continued and ength, by 1.0 cm in width, by cluded a nurse visit note completed by RN #10. The enurse measured Patient's round and documented the cm in length, by 0.5 cm in	L 5	224			
	02/12/2022 - 04/12/20 02/23/2020, and term disease, high blood p disease; The patient facility. The plan of ca to receive skilled nurs once, every two week for 7 weeks, and 4 Pf The record included a 02/24/2022 and comp indicated observation on Patient #5's left hip visit note revealed the length, by 5 cm in wid The record included a period of 4/13/2022 -	o22, with an election date of sinal diagnosis of heart pressure and chronic kidney presided at an assisted living are indicated the patient was sing services with visits as for 2 weeks, once a week RN (as needed) visits.  a skilled nurse visit, dated pleted by RN #9, that a of a new sheering wound p and buttocks. The nurse ele wound measured 5 cm in 19th, by 0.1 cm in depth.  a plan of care for the benefit 6/11/2022 with orders for es, with visits once a week					

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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA			STREET ADDRESS, CITY, 724 WEST NAVAJO STR WEST LAFAYETTE, II	REET	05/19/2022
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L 524	The record included a dated 4/23/202 and o visit note indicated the to the scrotum and be visit note failed to evithe patient's tracheos.  3. Clinical record for I documents titled, "RN comprehensive asses." Hospice Physician Of the comprehensive as Patient #1's diagnosheart disease of nativangina pectoris, and including vascular dedisturbance, stage 2 buttock, abrasion of ranxiety disorder, depfracture of lumbar verintestine, pre-diabete hearing loss, stress in incontinence of bowe.  The assessment failed of Patient #1's pain the pain. The assessmethods to be used to report pain for Patient dementia and could rassessment failed to were reviewed for nefailed to assess Patie and its impact on the	a skilled nurse visit note, ompleted by RN #10. The e patient's sheering wound attocks had resolved. The dence the nurse assessed tomy and urinary catheter.  Patient #1 included a I Hospice Start of Care" sement dated 4/6/22 and the order #5048" addendum to essessment, dated 4/8/22. Sees included athersclerotic recoronary artery without secondary diagnoses mentia without behavioral pressure ulcer of left eight elbow, generalized ression, wedge compression tebrae, diverticulosis of sees, bilateral sensorineural incontinence, full ls, and a history of falling.  Indicate an assessment mat included the location, duration, impact on activities of interventions to mitigate ement failed to indicate to identify, measure, and the #1, who had advanced not answer questions. The indicate all body systems were or ongoing symptoms, and #1's advanced dementia Patient #1's ability to and share / express spiritual,	L	224		

			COMPLE	DATE SURVEY COMPLETED		
		151575	B. WING _		05/19	9/2022
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	1 00/1	5/2522
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L 533 L 533	CFR(s): 418.54(d)  The update of the comust be accomplish interdisciplinary groundividual's attending consider changes the initial assessment. In the patient's progress as well as a reasses response to care. The accomplished as	REHENSIVE ASSESSMENT	L 5.			
	Based on record reinterview, the agence received an updated which considered of the initial assessment goals and outcomes to care and treatment but no less frequent 4 active records revisample of 6 patients.  Findings include:  1. The clinical record benefit election dated diagnosis of liver fail included a plan of ca 01/20/2022 - 04/19/2 skilled nurse care 3 then 2 visits per weet.	not met as evidenced by: view, observation, and y failed to ensure all patients if comprehensive assessment, hanges that occurred since int, included progress toward is, and the patient's response int as frequently as necessary, ly than every 15 days for 3 of fewed (4, 5, and 1) of a total is.  In d of Patient #4 revealed a re of 01/20/2022 and a terminal lure. The clinical record are for the benefit period 2022, with orders to receive visits per week for 1 week, ek for an undefined time are indicated hospice nurse				

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	ROVIDER OR SUPPLIER T HOSPICE OF INDIAN	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	<u> </u>	03/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
L 533	of Patient 4's Stage wound caused by prepart, classified as "s 1 pressure ulcer is result has no open are (bottom of the spine). The record included visit, conducted on 0 Nurse (RN) #10. The Patient#4 had a Stapatient's coccyx melength by 2 cm in wistage 1 pressure ulmeasuring 2 cm in lecm in depth. RN #10 pressure areas to cout both areas are count both areas are count to the compart of the c	attments included monitoring 1 pressure ulcers (type of rolonged pressure on a body stages" between 1-4; a Stage eddened and does not blanch eas) on the sacrum/coccyx /tailbone) and mid-back.  an initial Start of Care nurse 01/20/2022 by Registered e nurse visit notes indicated ge 1 pressure ulcer on the asuring 2 centimeters (cm) in dth by 0 cm in depth and a cer on the patient's mid back ength by 3 cm in width by 0 0 documented "Patient has occyx and spine, skin is intact leep red and non-blanchable when pressure is applied] at  Inducted on 05/16/2022 at in #1, who confirmed they imary caregiver, as clinical record. Person #1 atient 4 began services, the ided all wound care as was ce. Person #1 reported they ent 4's wounds, while provide the pictures, to the view, during each visit. The ence the hospice oup (IDG) updated the et to evidence Patient 4's on #1 to provide the wound	L 53	33		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CO 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		5/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
L 533	and 02/25/2022. The evidence the IDG upon assessment to reflect towards goals.  The record included a on 02/25/2022 at 3:5% note indicated Patient worsened to a Stage open and extends to wound on the mid bar 2 pressure ulcer (wouskin are affected).  The record included a meetings held on 03/failed to evidence the comprehensive assessin patient's wound state the record included a meeting held on 4/0 summary failed to evicomprehensive assessin patient's progress toward the record included a period 4/20/2022 - 7/1 orders for skilled nurse other week for 2 weeks.  The record included a the meeting held on 5.	meeting summaries failed to dated the comprehensive Patient 4's progress  a nurse care visit, completed PM by RN #10. The visit 4's sacral wound had 3 pressure ulcer (wound is fat layer below skin) and the ck had worsened to a Stage and is opened and layers of 11/2022. The summary IDG updated the patient's sament to reflect the change atus.  an IDG meeting summary for 18/2022. The meeting dence the IDG updated the sement to reflect the vards goals.  a plan of care for the benefit 18/2022 with patient care are care visits of 1 visit every ks and then 1 visit per week 10 updated the sement to reflect the wards goals.  The meeting summary for 18/2022 with patient care are care visits of 1 visit every ks and then 1 visit per week 10 updated the sement to reflect the	L 5	33		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	١ , ,	MPLETED
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	ı, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	<u>`</u>	3311312022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
L 533	plan of care for the b 02/12/2022 - 04/12/2 date of 02/23/2020, a heart disease with hi chronic kidney disea assisted living facility orders for skilled nur weeks for 2 weeks, t weeks, and 4 PRN (a The record included 02/24/2022 and comindicated a new shee Patient 5's left hip and document the wound by 5 cm in width, by The record included a meeting held on 3/ summaries failed to the comprehensive a 5's progress towards The record included period of 4/13/2022 - included orders for n for 9 weeks and 3 Pf The record included 4/23/2022 and comp note indicated Patier scrotum and buttocks. The record included 5/09/2022 and comp indicated the sheering scrotum and buttocks.	of Patient #5 included a enefit election period of 022, with a hospice election and terminal diagnoses of gh blood pressure and se; Patient #5 resided at an 7. The plan of care included se care visits once every two hen once a week for 7 as needed) visits.  a nurse care visit, dated pleted by RN #9 that ering wound was observed on a d buttocks. The nurse I measured 5 cm in length, 0.1 cm in depth.  an IDG meeting summary for 18/2022 and 4/08/2022. The evidence the IDG updated assessment to reflect Patient goals.  a plan of care for the benefit of 6/11/2022. The plan of care urse care visits once a week RN visits.  a nurse visit note, dated leted by by RN #10. The visit at 5's sheering wound to the	L 5	33		

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NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
VIAQUES	T HOSPICE OF INDIANA	LLC		7	24 WEST NAVAJO STREET		
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L 533	Continued From page	÷ 11	L	533			
	0.1 cm in depth.						
	The record included a a meeting held on 4/2 evidence the IDG upon assessment to reflect towards goals.  3. A home visit was considence, an assiste apartment, on 5/12/22. Upon entry to the apasitting on the common heavily soiled with feed Patient 1's left outer a removed the dressing open area that was homeasured 0.5 cm x 0 increase in depth since assessment, dated 4/further retraction by Fourtocks, observed a the coccyx. RN #9 incomposes than it did on a pressure ulcer noted. Wound #2 was obsertear at the right elbow on the left forearm with and a geri sleeve, from Patient #1 had scatte extremities and 3 discomposed wound care and the ALF nurses pother times. RN #9 composed wound #1 would likely a new dressing each	onducted at Patient #1's d living facility (ALF) 2 at 3:30 PM with RN #9. artment, noted Patient 1 was de and a mepilex dressing, ces, was noted and covered and inner buttock. RN #9 g and revealed a round, eavily soiled with feces and 5 cm x 0.2 cm, a 0.1 cm ce the most recent wound (06/22 (Wound #1). Upon RN #9 of Patient 1's stage 2 pressure ulcer over dicated wound #1 looked dmission and that the to the coccyx was new. ved to be a scabbed skin w. A skin tear was observed th multiple intact steri strips m a reported fall on 5/11/22. red bruising over their					
	A review of the admis	sion comprehensive					

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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE DIENCY)	(X5) COMPLETION DATE	
L 533	was a stage 2 press buttock and measuring 1 cm x 1 a skin tear to right e bilateral arms."  was a stage 2 press buttock and measuring 1 cm x 1 a skin tear to right e bilateral arms."	4/6/22, indicated wound #1 sure ulcer on the left lower red 1 cm x 1.5 cm x 0.1 cm as round, partial thickness, sue, with indistinct edges. Hout exudate nor odor, and zation was "50 -<75%" with no had 0 - 25% necrotic tissue. The comprehensive red wound #2 measured 1.5 and the comprehensive red wound #2 measured 1.5 and 0 - 25% necrotic tissue. The depth description repeated with intact granulation repeated as a mount of bloody repithelialization. There was and 0 - 25% necrotic tissue. An assessment narrative repithelialization as 4 noted areas to buttocks. The depth detection to the sure of the title tremains intact at this time. The area to left buttock measuring a stage 2 to left buttock remains intact at this time. The sure of the sure	L	533			
	assessed with every be measured at lea administrator was a						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		<u>. I</u>	72	TREET ADDRESS, CITY, STATE, ZIP CODE  24 WEST NAVAJO STREET  VEST LAFAYETTE, IN 47906	1 03/	19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 533	prior to a nurse care of Patient #1, to notify R fallen (on 5/11/22) and to have sustained an instructed RN #10 to wound" during the visindicated RN #10 later not assessed during the ALF staff had already On 5/13/22 at 3:15 Plobserved the stage 2 weeks earlier and stablanchable. It's more indicated, when aske wound was to be meareason for the 5/11/22 indicated the visit schewound was sessed the not require an assess nurse.  IDG, CARE PLANNIN SERVICES CFR(s): 418.56  This CONDITION is Based on record revisit and services (Sethe skilled nurse impand failed to ensure as a services (Sethe skilled nurse impand failed to ensure	M, the administrator acted RN #10 on 5/11/22, visit, that was scheduled for th#10, that the patient had d was reported by the ALF injury. The administrator "be sure to assess the sit. The administrator reported, the wound was the 5/11/22 visit because the applied a dressing.  M, RN #10 indicated to have buttock wound about 2 ted, "It's healed now, and it's like a stage 1 now." RN #10 d, to not know how often a asured. When asked for the 2 nurse care visit, RN #10 reduled was an aide that the ALF nurse had left arm injury, therefore did sment from the hospice		533			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		151575	B. WING				C <b>19/2022</b>
	ROVIDER OR SUPPLIER  THOSPICE OF INDIANA	LLC		7:	TREET ADDRESS, CITY, STATE, ZIP CODE 24 WEST NAVAJO STREET VEST LAFAYETTE, IN 47906		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 536	care and services (Set 4 active patient record sample of 6 patients.  These deficient practipatients whose clinical (Patients #1, 4, and 5 all 114 active patients care.  On 5/18/22 at 12:45 F was identified for Patiadministrator was not administrator was not the cumulative effect resulted in the agency patients received appropriately health care, the with 42 CFR 418.56 (Interdisciplinary group coordination of service APPROACH TO SER CFR(s): 418.56(a)(1)  (1) The hospice must interdisciplinary group individuals who work physical, medical, psy spiritual needs of the families facing termin Interdisciplinary group care and services offe group, in its entirety, is services.	rdinated, and supervised the ee L 554) in a total sample of ds reviewed out of a total sample of ds reviewed out of a total scess affected 3 of 4 active al records were reviewed of with the potential to affect a currently receiving hospice.  PM, an Immediate Jeopardy sent's #1 and #4 and the sified on 5/18/22 at 1:45 PM.  It of these systemic problems by is inability to ensure propriate care and services the agency not providing states being out of compliance condition of Participation: to care planning, and these.  EVICE DELIVERY  It designate an or or groups composed of together to meet the ychosocial, emotional, and		536			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		151575	B. WING		C <b>05/19/2022</b>
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	, 30.10.2022
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L 539	Continued From pag	ne 15	L 53	9	
	(Interdisciplinary Gro and services for 3 of	view and interview, the IDG pup) failed to supervise care 4 active records reviewed (4, al sample of 6 patients.			
	benefit election date diagnosis of liver fail initial plan of care for 01/20/2022 - 04/19/2 patient was to receiv with 3 visits per week for an undefine care indicated hospit treatments included Stage 1 pressure uld by prolonged pressure s "stages" between ulcer is reddened an	2022 which indicated the re skilled nursing services k for 1 week then 2 visits per red time frame. The plan of ce nurse interventions and monitoring the patient's rers (type of wound caused re on a body part, classified 1-4; a Stage 1 pressure d does not blanch but has no secrum / coccyx (bottom of			
	4:14 PM with Person were Patient #4's pri documented in the c relayed that since Paservices, the primary wound care to the patient preference.  The record included that were completed period, 8 of which fa provided wound care to the wound care (01/2)	linical record. Person #1 atient #4 began hospice / caregiver had provided all atient's wounds, as was  13 skilled nursing visit notes during the certification iled to evidence the nurse e nor that the patient refused			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		ATE SURVEY DMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
L 539	notes indicated " Caregiver complete during these visits.  The record included meeting summaries 01/28/2022 and 02/indicated Hospice P #4] has pressure and summaries failed to members noted the the patient's wounds RN, and failed to evipatient's wound care the caregiver.	ge 16 2022, 04/03/2022). The visit Wound care not provided; d care" for both wounds  Interdisciplinary Group (IDG) for meetings held on 11/2022. The summaries hysician #2 noted "[Patient eas to coccyx and spine." The evidence any other IDG presence and / or status of s, including the Administrator / idence the IDG discussed the e was being provided only by  an IDG meeting summary for	L 5	39		
	a meeting held on 0 The summary indical ulcers to back and summary failed to emembers noted the patient's wounds, in and failed to eviden patient's wound care the hospice cliniciar caregiver.  The record included on 02/25/2022 at 3: note indicated the pworsened to a Stage open and extends to wound on the mid b Stage2 pressure ulc layers of skin are af	2/25/2022 [no time noted]. ated RN #10 noted "Pressure acrum continue." The vidence any other IDG presence and/or status of the cluding Hospice Physician #2, ce the IDG discussed that the e was not being provided by as, but by the primary  a nurse visit note completed 53 PM by RN #10. The visit atient's sacral wound had a 3 pressure ulcer (wound is of fat layer below skin) and the ack had worsened to a per (wound is opened and				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG		OATE SURVEY COMPLETED
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L 539	The summaries failed deterioration of the evidence any IDG mand/or status of the the Administrator/R and failed to eviden patient's wound car the primary caregive.  The record included a meeting held on Coindicated RN #10 no sacrum and mid bar. The summary failed deterioration of the any IDG members in status of the patient Physician #2, and fadiscussed the patient Physician #2, and fadiscussed the patient provided only by the The record included a meeting held on 4 indicated RN #10 no pressure ulcers to scontinues to decline cleansing with [normoted nurse visit freweek. The summar wounds were declinincreasing or increat to evidence the current wounds and skilled evidence any other presence and/or staincluding Hospice Fevidence the IDG devidence the IDG devidence and IDG devidence the IDG devidence and IDG devidence the IDG devidence the IDG devidence and IDG devidence the IDG devidence the IDG devidence and IDG devidence the IDG devidence and IDG devidence the IDG devidence the IDG devidence and IDG devidence the IDG devidence the IDG devidence and IDG devidence the IDG devi	day 11/2022 and 04/08/2022.  ed to evidence the patient's wounds, failed to nembers noted the presence patient's wounds, including N and Hospice Physician #2, ce the IDG discussed the e was being provided only by er.  d an IDG meeting summary for 03/25/2022. The summary oted "pressure areas to ck, condition deteriorating." It to evidence the specific wounds, failed to evidence noted the presence and/or it's wounds, including Hospice ailed to evidence the IDG nt's wound care was being	L5			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	[```		(3) DATE SURVEY COMPLETED	
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L 539	Continued From pag	ue 18	L	539			
	a meeting held on 05 indicated "Wounds: midback" and the particles of 1 summary failed to existilled nurse visit freevidence any other I presence and/or statincluding Hospice Plevidence the IDG discare was being provemary for the boundary of the boundary	vidence the current order for quency and failed to DG members noted the tus of the patient's wounds, hysician #2, and failed to scussed the patient's wound ided only by the caregiver.  If of Patient #5 included a penefit election period of 2022, which indicated a penefit election period of 2021, with terminal penefit election period of 2022, which indicated a penefit election period of 2021, with terminal penefit election period of 2022, which indicated a penefit election period of 2022, which indicated a penefit election period of 2022, which indicated a penefit election of 2022, with terminal penefit election period of 2022, with terminal penefit election of 2022, with terminal penefit election period of 2022, with terminal penefit election penef					
	care failed to eviden needed nursing visit frequency and who verthe patient's tracheo (hospice or assisted) The record included 02/24/2022 and com	ce the indication for as s and failed to evidence the was responsible for changing stomy and urinary catheter living facility).  a skilled nurse visit, dated					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUC			LETED
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L 539	documented the would by 5 cm in width, by 6 cm in width in orders for Patient 5's scrotum / buttocks. The responsible to chang and urinary catheter facility).  The record included a meeting held on 3/s summaries failed to ediscussed who was the trach, and urinary catheter, and urinary catheter indicated the nursing services with weeks plus 3 PRN visindicated nursing interest indicated the nursing services with weeks plus 3 PRN visindicated nursing interest indicated the nursing services with weeks plus 3 PRN visindicated nursing interest indicated to education and suctioning, educatheter, and wound scrotum every visit at for PRN changes evifailed to evidence the patient's sheering we buttocks, including the responsible to chang and urinary catheter facility).  The record included a contraction of the patient's sheering we buttocks, including the responsible to chang and urinary catheter facility).	d buttocks. The nurse and measured 5 cm in length, 0.1 cm in depth.  a physician order dated licated dressing change sheering wound to the he order indicated the manged daily and as needed soilage." The order failed to change the dressing living facility).  an IDG meeting summary for 18/2022 and 4/08/2022. The evidence the IDG members to provide Patient 5's wound, wheter care.  a plan of care for the benefit 3/2022 - 6/11/2022. The plan patient was to receive skilled visits once a week for 9 sits. The plan of care eventions included but were performed indication of indwelling urinary care to pressure ulcer on and as needed (no indication denced). The plan of care eventions for the eventions for the		339			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′			DATE SURVEY COMPLETED
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(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETION DATE
note indicated the p scrotum and buttool  The record included dated 5/09/2022, corecord indicated the patient's scrotum are and measured 1.0 c width, by 0.1 cm in order dated to evidence the who was to provide and urinary cathetes. A review the clinic evidenced a docum Comprehensive Assupdate Report," dated diagnoses of a stage buttock and abrasic order for skilled nurs week, then 1 time a prn visits for symptothe "Hospice Certifice" evidenced an order to perform wound cutilizing clean technicaline, pat dry, application change daily until herecord failed to evide frequency of daily dispatient's buttocks, to into the care plan.  An order dated 4/6/2 section titled Currer	atient's sheering wound to the ks had resolved.  It a skilled nursing visit note ompleted by RN #9. The esheering wound to the nd buttocks was still present om in length, by 1.0 cm in depth.  If an IDG meeting summary for 14/29/2022. The summary ne IDG members discussed the patient's wound, trach, or care. It call record for Patient #1 ent "Hospice IDG sessment and Plan of Care ated 4/6/22 - 4/8/22, evidenced to 2 pressure ulcer to the left of the right elbow, and an one se visits 2 times a week for 1 week for 12 weeks, with 3 om management. A review of cation and Plan of Care, or dated 4/6/22, "Hospice nurse are to left inner buttock ique - cleanse with normal by medihoney to wound bed, ealed and prn." The clinical tence an updated order and ressing changes to the or incorporate the 4/6/22 order.	L 5	39		
	Continued From paramote indicated the pscrotum and buttool dated 5/09/2022, correcord indicated the patient's scrotum and measured 1.0 cowidth, by 0.1 cm in the record included a meeting held on 0 failed to evidence the who was to provide and urinary cathete 3. A review the clinic evidenced a docum Comprehensive Ass Update Report," dat diagnoses of a stag buttock and abrasic order for skilled nurs week, then 1 time a prn visits for symptothe "Hospice Certific" evidenced an orde to perform wound coutilizing clean technical saline, pat dry, application of the cord failed to evidence of daily until herecord failed to evidence of the cord failed to evidence of the cord failed to evidence of daily until herecord failed to evidence of daily dispatient's buttocks, to into the care plan.  An order dated 4/6/section titled Currer included a clinical significant in the care plan.	THOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 20 note indicated the patient's sheering wound to the scrotum and buttocks had resolved.  The record included a skilled nursing visit note dated 5/09/2022, completed by RN #9. The record indicated the sheering wound to the patient's scrotum and buttocks was still present and measured 1.0 cm in length, by 1.0 cm in width, by 0.1 cm in depth.  The record included an IDG meeting summary for a meeting held on 04/29/2022. The summary failed to evidence the IDG members discussed who was to provide the patient's wound, trach, and urinary catheter care.  3. A review the clinical record for Patient #1 evidenced a document "Hospice IDG Comprehensive Assessment and Plan of Care Update Report," dated 4/6/22 - 4/8/22, evidenced diagnoses of a stage 2 pressure ulcer to the left buttock and abrasion of the right elbow, and an order for skilled nurse visits 2 times a week for 1 week, then 1 time a week for 12 weeks, with 3 pri visits for symptom management. A review of the "Hospice Certification and Plan of Care, "evidenced an order dated 4/6/22, "Hospice nurse to perform wound care to left inner buttock utilizing clean technique - cleanse with normal saline, pat dry, apply medihoney to wound bed, change daily until healed and prn." The clinical record failed to evidence an updated order and frequency of daily dressing changes to the patient's buttocks, to incorporate the 4/6/22 order	TOORRECTION  151575  B. WING  ROVIDER OR SUPPLIER  T HOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 20 note indicated the patient's sheering wound to the scrotum and buttocks had resolved.  The record included a skilled nursing visit note dated 5/09/2022, completed by RN #9. The record indicated the sheering wound to the patient's scrotum and buttocks was still present and measured 1.0 cm in length, by 1.0 cm in width, by 0.1 cm in depth.  The record included an IDG meeting summary for a meeting held on 04/29/2022. The summary failed to evidence the IDG members discussed who was to provide the patient's wound, trach, and urinary catheter care.  3. 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An order dated 4/6/22 indicated "Hospice nurse A section titled Current Meeting Summary," included a clinical summary "Patient has 4 noted	THOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PIECEDED BY FULL (EACH DEFICIENCY MUST BE PIECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 20  note indicated the patient's sheering wound to the scrotum and buttocks had resolved.  The record included a skilled nursing visit note dated 5/09/2022, completed by RN ##. The record indicated the sheering wound to the patient's scrotum and buttocks was still present and measured 1.0 cm in length, by 1.0 cm in width, by 0.1 cm in depth.  The record included an IDG meeting summary for a meeting held on 04/29/2022. The summary failed to evidence the IDG members discussed who was to provide the patient's wound, trach, and urinary catheter care.  3. 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An order dated 4/6/22 indicated "Hospice nurse A section titled Current Meeting Summary," included a clinical summary, "Patient has 4 noted	THOUSE OR SUPPLIER  THOUSE OF INDIANA, LLC  SUMMAIN STATEMENT OF DEFICIENCES (EACH ORSEPTION OF DEFICIENCES) (EACH ORSEPTION OF DEFICIENCES   TAY WEST LAFACETTE, IN 47906   L 539  PROVIDER OR STREET AND ORDER TOOL OF THE MEST LAND OF THE MEST LAND ORDER  (EACH ORSERT LAND (EACH ORSERT  (EACH ORSERT  (EACH ORSERT  (EACH ORSERT  (EACH ORSERT  (EACH ORSERT  (EA

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		STRUCTION	COMP	SURVEY
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L 539	noted to left upper but this time. Hardened some as uring 1 cm by 1 buttock measuring 1 Patient also has a ski Treatments in place, arms." This report fail reviewed and incorporthe changed frequency orders from the 4/6/2.  A review of the "Hosp Assessment and Plart dated 4/8/22 - 4/22/22 wound and right elbornarrative evidenced to description from the 4 narrative failed to evidence goals and the integumentary system.  A review of the "Hosp Assessment and Plart dated 4/22 - 5/6/22 etc. [stage] 1 to buttocks, Narrative to include conew infections or wornext 2 weeks: continued frequency 1x/wk. The IDG had discussed wound needs based comprehensive assessments.	2 cm by 1 cm. Pink area ttock. Skin remains intact at cabbed area to left buttock cm, and a stage 2 to left cm by 1.5 cm by 0.1 cm. In tear to right elbow. bruising noted to bilateral led to evidence the IDG had brated into the plan of care by of visits and treatment 2 order.  Sice IDG Comprehensive in of Care Update Report, 2 evidenced the left buttock of wabrasion diagnoses. The left same measurements and 1/6/22 narrative. The dence the IDG had reviewed in the same measurements and 1/6/22 narrative. The dence the IDG had reviewed in the status of Patient #1's in.  Sice IDG Comprehensive in of Care Update Report widenced "Pressure area stg skin tear to L [left] elbow. In hanges since last IDG no linds SN plan/goal for the line with current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan. Its report failed to evidence and the patient's current care plan.	L	539			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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L 539	each patient. The IDG pending admissions, appropriateness for herecertifications, and an needed to meet the pif the documentation. IDG had discussed a impairments to include pressure wounds with their progress, the ad IDG did not include the On 5/12/22 at 10:12 // interviewed concerning queried as to whether descriptions and meatreatment, prevention patients' integumentate discussed, the medical director indicused all patients medical director indicused. When asked measurements were integumentary impair stated, "I'm told if some conversation about we mentioned and I assured for and I'll be not something. My assurementing. My assurementing. My assurementing. My assurementing.	curred every 2 weeks for a duties included review of the patient's ospice, pending iny additional disciplines atients' needs. When asked for Patient #1 evidenced the assessment of integumentary in the stage of identified in wound measurements or ministrator indicated the assessment of integumentary in the stage of identified in wound measurements or ministrator indicated the assessment of integuments or ministrator indicated the assessment of integuments or ministrator indicated the incose details.  AM, the medical director was and the IDG process. When a patient's wound assurements, plan for of further deterioration of any status, and goals were all director indicated the IDG assessed anyone up for recertification, its, infections, antibiotics, and do to meet the patients' if wound descriptions and areviewed for patients with ments, the medical director mething happens. The ounds isn't that in depth. It's the indepth is edifically says a complicated error of the patients of they're being of they need aption is everyone has a role changes. I can only go with	L 5	39		

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L 543	Continued From page	23		543			
		3.20					
L 543	PLAN OF CARE CFR(s): 418.56(b)		L:	543			
	the hospice interdisci with the attending phy representative, and the accordance with the partners of them so desire.  This STANDARD is a Based on record reveloped (Patient #8)	nilies must follow an plan of care established by plinary group in collaboration ysician (if any), the patient or ne primary caregiver in patient's needs if any of the most met as evidenced by: iew and interview, the did to ensure the skilled nurse of care in 1 of 4 active yed (Patient 4) and failed to					
	of 6 patients.	·					
	benefit election date of diagnosis of liver failurinitial plan of care for 01/20/2022 - 04/19/20 nursing services were for 1 week then 2 visitime frame. The plan nurse interventions a monitoring the patien (type of wound cause a body part, classified	2022 which indicated skilled e ordered 3 visits per week ts per week for an undefined of care indicated hospice and treatments included t's Stage 1 pressure ulcers d by prolonged pressure on d as "stages" between 1-4; a per is reddened and does not					

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		151575	B. WING		05/19/2022
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	, 33.33.22	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
L 543	mid back. The nurse dressing (type of wou "preventative [sic]." The frequency and sp the dressing.  The record included a 01/22/2022, which inchanged to "cleanse dry, apply moisture b apply foam border dr wound care in absenorder failed to eviden dressing changes we The record included a 02/25/2022 at 3:53 P indicated the patient's worsened to a Stage open and extends to wound on the mid ba 2 pressure ulcer (worseling the worseling change to "clean a dry, apply Medihoney to treat wounds], app Family to provide worseline in the provide worse	om of the spine/tailbone) and could apply an Allevyn and dressing) for the order failed to evidence ecific indication for applying a physician order, dated dicated the wound care was wound with soap and water, arrier cream to open areas, essing. Family to provide ce of hospice nurse." The ce the frequency the ere to be performed.  a nurse visit completed on M by RN #10. The visit note	L 54	3	
	4:14 PM with Person were Patient #4's prir	ducted on 05/16/2022 at #1, who confirmed they mary caregiver as inical record. Person #1			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		OATE SURVEY COMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP C 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	ODE	30.10.2322	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
L 543	services, the primary wound care to the partial description of the benefit period included for the benefit period included orders that skilled nursing service for 2 weeks, then 1 or 1 or 2 weeks, then 1 or 3 or 2 weeks, then 1 or 3 or 2 weeks, then 1 or 4 orders or 4 orders or 4 orders or 5 order failed to prevential description orders.  The record included a meeting held on 4 orders.  The record included a meeting held on 4 orders orders.  The record included a meeting held on 4 orders order orders	atient #4 began hospice y caregiver had provided all atient's wounds, as was be.  a recertification plan of care d 4/20/22 - 7/18/22 which Patient #4 was to receive ces, 1 visit every other week visit per week for 12 weeks. icated hospice nurse eatments included but not Stage 1 pressure areas to back. Allevyn dressing may intative[sic]." The plan of care current status of the patient's flect an individualized plan as in the dressing changes, and is updated wound care  an IDG meeting summary for decided " Wounds: Stage 2 bine and coccyx. Condition despite daily treatment of inal saline]" The record order dated 04/24/2022 wound care was to change to wound cleanser, dry, apply am border dressing." The ince the location and ing changes were to be was to perform the wound to modify the patient's inpatient's continued	L	543		
	deterioration of would 2. The clinical record	nds. d of Patient #5 included a				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G		MPLETED
		151575	B. WING		,	C 05/19/2022
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  724 WEST NAVAJO STREET  WEST LAFAYETTE, IN 47906			55/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
L 543	plan of care for the 02/12/2022 - 04/12/ date of 02/23/2020, heart disease with is chronic kidney disease resided at an assist care contained and services with visits weeks, followed by 4 PRN (as needed) nursing intervention limited to, education suctioning, educa	benefit election period of 2022, with an hospice election and terminal diagnoses of high blood pressure and ase, and that Patient #5 ed living facility. The plan of order for skilled nursing once every 2 weeks for 2 once a week for 7 weeks, and visits. The plan of care in contracheostomy care and on of indwelling urinary dicare to pressure ulcer on and as needed. The plan of invidualized to the patient's ary catheter, and wound care no was to provide the care equently the care was to be  If a skilled nurse visit ducted on 02/24/2022 by RN anew sheering wound was tient's left hip and buttocks. In the wound measured 5 cm in width, by 0.1 cm in depth.  If a physician order dated indicated dressing change int's sheering wound to the The order indicated the changed daily and as needed in soilage." The order failed to to change the dressing	L 54	13		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		151575	B. WING			05/	19/2022
	ROVIDER OR SUPPLIER  THOSPICE OF INDIANA	, LLC		STREET ADDRESS, C 724 WEST NAVAJO WEST LAFAYETT			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH (	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 543	a week for 9 weeks p care with orders for the included, but not limit tracheostomy care and indwelling urinary cat pressure ulcer on script needed (no indication evidenced). The plant was responsible to put identified and the free nursing facility) the care	sing services with visits once alus 3 PRN visits. The plan of the nursing interventions that used to, education on the suctioning, education of the ter, and wound care to the otum, every visit, and as the for PRN changes of care failed to include who to rovide the care needs quency (hospice or skilled the term of the term of the preformed for the term of the term		554			
	The hospice must de of communication an with the hospice's ow to- (1) Ensure that the in maintains responsibil and supervising the communication of the comm	velop and maintain a system d integration, in accordance in policies and procedures, terdisciplinary group ity for directing, coordinating, care and services provided.  not met as evidenced by: iew and interview the ure the interdisciplinary coordinated, and and services for 2 of 4 active atient's 4 and 5) of a total					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION  IG		ATE SURVEY DMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  724 WEST NAVAJO STREET  WEST LAFAYETTE, IN 47906		I	03/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SHOOL) CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
L 554	initial plan of care for 01/20/2022 - 04/19, nursing services of then 2 visits per we frame. The plan of interventions and tr Patient 4's Stage 1 wound caused by part, classified as "1 pressure ulcer is but has no open are (bottom of the spine). An interview was concept with the clinical record. If a pressure ulcer is but has no open are (bottom of the spine). An interview was concept with the clinical record. If a pressure ulcer is but has no open are (bottom of the spine). An interview was concept with the clinical record. If a pressure ulcer is but has no open are (bottom of the spine). The record included that were completed that were completed period, 8 of which for provided wound care (01/21/02/09/2022, 03/13/20/03/2022). The vicare not provided; (both wounds during). The record included meeting summaries of 1/28/2022, 02/11/2 summaries failed to the status of the part of the	illure. The record included an or the benefit period /2022 with order for skilled 3 visits per week for 1 week, lek for an undefined time care indicated hospice nurse reatments included monitoring pressure ulcers (type of prolonged pressure on a body stages" between 1-4; a Stage reddened and does not blanch leas) on the sacrum/coccyx letailbone) and mid back.  Inducted on 5/16/2022 at 4:14 who confirmed they were ly caregiver as documented in Person #1 confirmed that gan hospice services, the lad provided all wound care to label based on Patient 4's label of the patient refused the 2022, 01/22/2022,02/01/2022, 2022, 03/20/2022, 03/27/2022, 2022, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/27/2022, 2021, 03/20/2022, 03/20/2022, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 03/20/2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2021, 2022, 2022, 2021, 2022,	L	554		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		TE SURVEY MPLETED	
		151575	B. WING			C 5/19/2022
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
L 554	treatment which met ensured the wounds appropriately.  The record included a 02/25/2022 at 3:53 P indicated the patient's worsened to a Stage open and extends to wound on the mid bat 2 pressure ulcer (worskin are affected).  The record included a meetings held on 3/1	wound care monitoring and the patient's requests and were being monitored a nurse visit completed on M by RN #10. The visit note	L 5:	54		
	developed and super for wound care monit met Patient 4's prefer The record included a for the benefit period orders for skilled nurs other week for 2 week week for 12 weeks.  The record included a conducted during this the date of record revidates were 4/24/22, 5/15/22. These visit in nurse completed wou caregiver refused care	a recertification plan of care 4/20/22 - 7/18/22 with ing services of 1 visit every as, followed by 1 visit per 4 nurse visits which were certification period, through iew on 5/18/22, the visit 5/01/22, 5/08/22, and otes failed to evidence the nd care nor that the patient / e and indicated wound care he hospice clinician, that the inpleted care for both				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		151575	B. WING _			C 5/19/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•	3/13/2022
VIA OUEO:	T LICODICE OF INDIA	NA LLO		724 WEST NAVAJO STREET		
VIAQUES	T HOSPICE OF INDIA	INA, LLC		WEST LAFAYETTE, IN 47906		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
L 554	Continued From p	age 30 ed an IDG meeting summary for	L	554		
	a meeting held on evidence the IDG patient wounds an developed and su for wound care mo met the patient's r wounds were bein	5/06/22. The summary failed to discussed the status of the lid failed to evidence the IDG pervised an individualized plan onitoring and treatment which equests and ensured the g monitored appropriately.				
	plan of care for the 04/12/22, a hospid and terminal diagroblood pressure and that Patient #5 restacility. The plan of ordered skilled nutronce every two we week for 7 weeks, The plan of care in included, but not litracheostomy care indwelling urinary pressure ulcer on needed. The plan indication for as not of evidence the free responsible for characteristics.	ere do f Patient #5 included a see benefit period of 02/12/22 - ce election date of 02/23/2020, moses of heart disease with high d chronic kidney disease, and sided at an assisted living of care indicated Patient #5 was ursing services, with visits to be each for 2 weeks, then once a and 4 PRN (as needed) visits. Indicated nursing interventions of each suctioning, education of each suctioning, education of catheter, and wound care to scrotum every visit, and as of care failed to evidence the eeded nursing visits and failed equency and who was anging the patient's urinary catheter (hospice or ality).				
	documented as co #9 which indicated observed on the p The nurse docume in length, by 5 cm	ed a skilled nurse visit onducted on 02/24/2022 by RN d a new sheering wound was atient's left hip and buttocks. ent the wound measured 5 cm in width, by 0.1 cm in depth.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
151575	B. WING		C 05/40/2022
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC		STREET ADDRESS, CITY, STATE, ZIP CO 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	<b>05/19/2022</b> DDE
IUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
the treatment order for bund of the scrotum / s to change the dressing "dislodgement or d to evidence who was to dily (hospice or assisted)  IDG meeting summary for 22 and 4/08/22. The dence the IDG discussed wounds, tracheostomy, d failed to evidence the ervised an individualized stomy, and urinary g and treatment.  Ian of care for the benefit //2022 - 06/11/2022. The depatient was to receive with visits once a week visits and nursing but were not limited to, only care and suctioning, urinary catheter, and ulcer on scrotum every indication for PRN deplan of care failed to de orders for the patient's decrotum / buttocks and dequency and who was go the patient's ry catheter (hospice or killed nursing visit ted on 4/23/22 by RN #10.	L 5	54	
	IDENTIFICATION NUMBER:  151575	IDENTIFICATION NUMBER:  151575  B. WING_  WINT BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  1 the treatment order for bound of the scrotum / s to change the dressing "dislodgement or do to evidence who was to dily (hospice or assisted)  IDG meeting summary for 22 and 4/08/22. The dence the IDG discussed wounds, tracheostomy, defailed to evidence the ervised an individualized stomy, and urinary grand treatment.  Idan of care for the benefit /2022 - 06/11/2022. The lee patient was to receive with visits once a week visits and nursing but were not limited to, only care and suctioning, urinary catheter, and ulcer on scrotum every indication for PRN in eplan of care failed to be orders for the patient's scrotum / buttocks and equency and who was gribe patient's ry catheter (hospice or killed nursing visit ted on 4/23/22 by RN #10. Patient 5's sheering	151575  151575  151575  151575  15

NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 554  Continued From page 32  The record included a skilled nursing visit note dated 5/09/22 and completed by RN #9. The record indicated the sheering wound to the	C 5/19/2022 (X5) COMPLETION DATE
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 554  Continued From page 32  The record included a skilled nursing visit note dated 5/09/22 and completed by RN #9. The record indicated the sheering wound to the	(X5) COMPLETION
VIAQUEST HOSPICE OF INDIANA, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 554  Continued From page 32  The record included a skilled nursing visit note dated 5/09/22 and completed by RN #9. The record indicated the sheering wound to the	COMPLETION
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  L 554  Continued From page 32  L 554  The record included a skilled nursing visit note dated 5/09/22 and completed by RN #9. The record indicated the sheering wound to the	COMPLETION
The record included a skilled nursing visit note dated 5/09/22 and completed by RN #9. The record indicated the sheering wound to the	
dated 5/09/22 and completed by RN #9. The record indicated the sheering wound to the	
patient's scrotum and buttocks was still present and measured 1.0 cm in length, by 1.0 cm in width, by 0.1 cm in depth.  The record included an IDG meeting summary for a meeting held on 4/29/22. The summary failed to evidence the IDG discussed the status of the patient wounds, tracheostomy, and urinary catheter, and failed to evidence the IDG developed and supervised an individualized plan for wound, tracheostomy, and urinary catheter care monitoring and treatment.  L 591  NURSING SERVICES  CFR(s): 418.64(b)(1)  (1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.  This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure the nursing needs of all patients were met as identified in the patient's comprehensive assessment and updated assessments for 3 of 4 active records reviewed (Patients 4, 5, and 1) out of a total sample of 6 patients.  Findings include:	

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		151575	B. WING		C 05/19/2022
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	, 00.10.2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
L 591	Continued From pa	ge 33	L 59	1	
	Registered Nurse (Feffective 02/01/2019 responsible for assufor a patient / family assessing, planning evaluating phases of the company of th	of the nursing process"  Ind of Patient #4 indicated a se of 01/20/2022 and terminal lure. The record included an our the benefit period 2022 which indicated the even skilled nursing services sek for 1 week then 2 visits period time frame. The plan of ince nurse interventions and monitoring the patient's coers (type of wound caused our on a body part, classified in 1-4; a Stage 1 pressure and does not blanch but has no seacrum/coccyx (bottom of the mid back. The nurse could essing (type of wound			
	conducted on 01/20 (RN) #10. The visit I a Stage 1 pressure measuring 2 centim in width by 0 cm in culcer on the patient's length by 3 cm in widocumented "Patier coccyx and spine, s	an initial start of care visit /2022 by Registered Nurse notes indicated Patient#4 had ulcer on the patient's coccyx eters (cm) in length by 2 cm depth and a Stage 1 pressure s mid back measuring 2 cm in dth by 0 cm in depth. RN #10 ht has pressure areas to kin is intact but both areas are lanchable [does not turn white			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  IG		COMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
L 591	nurse visits were concertification period, the nurse assessed patient refused and 02/09/2022, 03/13/2 and 04/03/2022.  The clinical record indocumented as concertification as the wound had worsened (wound is open and skin) and the wound worsened to a Stag opened and layers of nurse's note failed the assessment was comeasurements.  The clinical record induced of 04/20/2022 - 07/18/2019 patient was ordered services with 1 visit weeks, and 1 visit weeks, and 1 visit peressure areas to some of the compression of the compress	d 13 subsequent in-person impleted during the 6 of which failed to evidence Patient #4's wounds nor the assessment on 02/01/2022, 2022, 03/20/2022, 03/27/2022, ancluded a nurse visit note impleted on 02/25/2022 by RN revealed Patient #4's sacral ed to a Stage 3 pressure ulcer extends to fat layer below the don the mid-back had e 2 pressure ulcer (wound is of skin are affected). The o evidence a complete wound inducted, to include wound included a benefit period 2022, which indicated the 1 to receive skilled nursing every other week for 2 interventions and the monitor Stage 1 acrum and medial back."	L5	91		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		151575	B. WING		C 05/19/2022
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		1 03/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
L 591	Continued From pa	ge 35	L 59	1	
	notes documented a 04/24/22 and 5/18/2 evidence the nurse assessment of Patie patient having refus (05/01/2022 and 05). The clinical recorplan of care for the 02/12/2022 - 04/12/hospice election dat diagnosis of heart diagnosis of heart diagnosis of heart diagnosis election patient resided at an plan of care indicate skilled nursing servi	ent #4's wounds nor the sed an assessment //08/2022).  Ind of Patient #5 included a benefit election period of //2022, which indicated a set of 02/23/2020, a terminal sease with high blood ic kidney disease, and the in assisted living facility. The led the patient was to receive sices with visits once every two once a week for 7 weeks, and			
	The record included documented as con #9 which indicated a observed on the part The nurse documer in length, by 5 cm in The record included election period of 04 plan of care indicate skilled nursing servi for 9 weeks plus 3 F. The record included documented as con #10. The visit note in the part of the p	d a skilled nurse visit aducted on 02/24/2022 by RN a new sheering wound was tient's left hip and buttocks. In the wound measured 5 cm in width, by 0.1 cm in depth.  If a plan of care for the benefit 4/13/2022 - 06/11/2022. The left the patient was to receive lices with visits once a week			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		151575	B. WING _			1	C 19/2022	
	NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			724 WI	TADDRESS, CITY, STATE, ZIP CODE EST NAVAJO STREET LAFAYETTE, IN 47906	1 00,	10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
L 591	urinary catheter.  The record included documented as condition as a condition and the patient's scrotum present and measured cm in width, by 0.1 cd. A review of the state assessment for Paties indicated the patient to the left buttock, which anges daily. The coalso indicated the paright elbow, which reand a dressing change.  A review of a RN vision Report and dated 4/7 the wounds were obshospice nurse, and for oversaw care of the coassisted living facility.  A review of a RN vision evidence that the wood assessed by the hose evidence the nurse of the coassessed by the h	a skilled nursing visit lucted on 05/09/2022 by RN ated the sheering wound to and buttocks was still ed 1.0 cm in length, by 1.0 m in depth.  Int of care comprehensive ent #1, dated 4/6/22, had a stage 2 pressure ulcer nich received dressing omprehensive assessment tient had an abrasion to the ceived antibiotic ointment ge twice daily.  It note titled "Nurse Visit 7/22, failed to evidence that served and assessed by the ailed to evidence the nurse wounds by Entity #2, an of the control of the control of the wounds sted living facility.  It note dated 4/16/22 failed to unds were observed and pice nurse, and failed to oversaw care of the wounds were observed and pice nurse, and failed to oversaw care of the wounds were observed and pice nurse, and failed to oversaw care of the wounds	LS	591				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING		(X3) DATE SURVEY COMPLETED		
	151575	B. WING				
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		05/19/2022	
(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE	
assessed by the horevidence the nurse by Entity #2, an ass A review of an RN vevidence that the wassessed by the horevidence the nurse by Entity #2, an ass On 5/12/22 at 12:20 administrator indicated with every dressing measured at least tradministrator was a care policy and state wound care policy."  On 5/12/22 at 1:13 indicated contacting an already schedule the RN the patient I had a wound. The area #10 to "be sure to a visit. The administrator reported not assess covered and had all ALF nurse.  On 5/13/22 at 3:15 the stage 2 buttock and stated, "It's hear It's more like a stage not knowing how of measured. When are	spice nurse, and failed to oversaw care of the wounds sisted living facility.  Visit note dated 5/7/22 failed to vounds were observed and espice nurse, and failed to oversaw care of the wounds sisted living facility.  DPM, the agency ated wounds were assessed a change and should be wice a week. The asked for the agency's wound ated, "We're told we have no oversaw care of the wounds were assessed a change and should be wice a week. The asked for the agency's wound ated, "We're told we have no oversaw care of the wounds were assessed and change and should be wice a week. The asked for the agency's wound ated, "We're told we have no oversaw care of the wound ted, "We're told we have no oversaw care of the wound ted, "We're told we have no oversaw care of the administrator instructed RN assess the wound" during the ator indicated RN #10 later sing the wound because it was ready been assessed by the  PM, RN #10 indicated seeing wound about 2 weeks ago alled now, and it's blanchable. The indicated are a wound was to be sked remove if the visit made	L 59	91			
	Continued From parassessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence that the wassessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence that the wassessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence the nurse by Entity #2, an assessed by the hore evidence that the wassessed by	THOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 37 assessed by the hospice nurse, and failed to evidence the nurse oversaw care of the wounds by Entity #2, an assisted living facility.  A review of an RN visit note dated 5/7/22 failed to evidence that the wounds were observed and assessed by the hospice nurse, and failed to evidence that the wounds were observed and assessed by the hospice nurse, and failed to evidence the nurse oversaw care of the wounds by Entity #2, an assisted living facility.  On 5/12/22 at 12:20 PM, the agency administrator indicated wounds were assessed with every dressing change and should be measured at least twice a week. The administrator was asked for the agency's wound care policy and stated, "We're told we have no wound care policy."  On 5/12/22 at 1:13 PM, the administrator indicated contacting RN #10 on 5/11/22, prior to an already scheduled visit for patient #1, to notify the RN the patient had fallen earlier that day and had a wound. The administrator instructed RN #10 to "be sure to assess the wound" during the visit. The administrator indicated RN #10 later reported not assessing the wound because it was covered and had already been assessed by the	TOORTECTION  TOORTICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 37  assessed by the hospice nurse, and failed to evidence the nurse oversaw care of the wounds by Entity #2, an assisted living facility.  A review of an RN visit note dated 5/7/22 failed to evidence the the wounds were observed and assessed by the hospice nurse, and failed to evidence the nurse oversaw care of the wounds by Entity #2, an assisted living facility.  On 5/12/22 at 12:20 PM, the agency administrator indicated wounds were assessed with every dressing change and should be measured at least twice a week. The administrator was asked for the agency's wound care policy and stated, "We're told we have no wound care policy."  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When asked remove if the visit made on 5/11/22 was because the patient fell and had a skin tear, RN #10 indicated it was an aide	THOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 37 assessed by the hospice nurse, and failed to evidence the nurse oversaw care of the wounds by Entity #2, an assisted living facility.  A review of an RN visit note dated 5/7/22 failed to evidence than urse oversaw care of the wounds by Entity #2, an assisted living facility.  On 5/12/22 at 12:20 PM, the agency administrator indicated wounds were assessed with every dressing change and should be measured at least twice a week. The administrator was asked for the agency's wound care policy."  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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA (X2) I IDENTIFICATION NUMBER: A. BL		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		151575	B. WING		0!	C <b>5/19/2022</b>	
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	•	0/10/2022	
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L 591	Continued From page	e 38	L 59	91			
L 651	assessment from the GOVERNING BODY CFR(s): 418.100(b)	hospice nurse. AND ADMINISTRATOR	L 65	51			
	functioning) assumes responsibility for the the provision of all ho operations, and conti and performance imp administrator appoint governing body is res operation of the hosp	designated persons so full legal authority and management of the hospice, spice services, its fiscal muous quality assessment rovement. A qualified ed by and reporting to the eponsible for the day-to-day ice. The administrator must be and possess education red by the hospice's					
	Based on record rev Governing Body faile adopted a policy to g minimum expectation measurement, care, I documentation of any impairment for 1 of 1 detrimentally affected provide for the comfo	reporting, and reparting, and reparting patient integumentary. Governing Body, which the hospice's ability to rt and dignity of 3 (Patients e patients reviewed out of a					
	The findings included	:					
	Practice Guidelines, https://ehhi.com/sites CareGuidelines.pdf, r wound/ulcer shall be	cle, Wound Care, Clinical Version 1.2, copyright 2020, /default/files/AccessWound revealed "At a minimum, the measured once a week ded if the wound care is					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED			
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	NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	<b>,</b>	03/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
L 651	ordered less than or evidenced a docum Care" comprehensive dated 4/6/22, and the #5048" addendum to assessment, dated included stage 2 preserved abrasion of the right. A home visit was conception of the right. A home visit was removed on 5/12/22 at 3:30 Feen measured of the second of the conception. A review of the conception of the conception of the second of the plan nurse was ordered and does areas) on the sacrus spine/tailbone) and A review of the initial documented as control or the right.	linical record for Patient #1 ent "RN Hospice Start of ye assessment for Patient #1, the "Hospice Physician Order to the comprehensive 4/8/22, the patient diagnoses resure ulcer of left buttock, the elbow.  Inducted with Patient #1 in the ring facility (ALF) apartment PM, with RN 9. The wound 0.5 cm x 0.2 cm, a 0.1 cm the ence the most recent wound the on 4/6/22 (36 days assurements.) During this the erved in the sacral dressing d.  PM, RN #10 indicated not the wound was required to be dinical record for Patient #4 to care indicated hospice to monitor Patient 4's Stage 1 the of wound caused by on a body part, classified as 4', a Stage 1 pressure ulcer is not blanch but has no open m/coccyx (bottom of the mid-back.	L 6	51				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		151575	B. WING		1	C 19/2022	
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			7	STREET ADDRESS, CITY, STATE, ZIP CODE 24 WEST NAVAJO STREET NEST LAFAYETTE, IN 47906	1 001	13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 651	O cm depth and a Sta Patient #4's midback measuring 2 cm length RN #10 documented to coccyx and spine, are deep red and nor white when pressure  A review of nurse visit subsequent in-person completed during the which failed to evident Patient #4's wounds in an assessment on 02 03/13/2022, 03/20/20 04/03/2022.  A review of a nurse visit completed on 04/24/2 Patient #4's Stage 3 scm in length, 0.5 cm in The visit note failed to of the patient's Stage  A review of a visit note of the patient's Stage  A review of a visit note of the patient's Stage  A review of the cline revidenced it contained benefit election period 04/12/2022. Patient to 04/12/2022.	ters (cm) length, 2 cm width, age 1 pressure ulcer on was documented as th, 3 cm width, 0 cm depth. "Patient has pressure areas skin is intact but both areas a-blanchable [does not turn is applied] at this time."  It notes revealed 13 nourse visits were certification period, 6 of ace the nurse assessed for that Patient #4 refused (201/2022, 02/09/2022, 22, 03/27/2022, and  Isit note documented as 2022 by RN #10, revealed acarral wound measured 0.5 nowidth, by 0.1 cm in depth. To evidence an assessment 2 mid-back pressure ulcer.  Bed revealed visit notes dated 8/2022, that failed to conducted a wound at #4's wounds, nor that an assessment.  Inical record of Patient #5 da plan of care for the dof 02/12/2022 - 5 orders included skilled by two weeks for 2 weeks,	L	651			

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		151575	B. WING _		05/19/202	2	
	NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906			
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L 662	needed.  A review of a skilled conducted on 04/23/the patient's sheering buttocks had resolved.  A review of the next documented as concidays later) by RN #9 wound to the patient present and measure width, 0.1 cm depth.  5. On 5-12-2022 at concerns were share include clinicians has assessment of the primpairments at least document a complet wounds identified for deterioration of the vadditional interventic comfort and dignity, to know the accepted for wound assessment the above clinical received in the composition of the value of the composition of the value of the composition of the value of the	nursing visit documented as 72022 by RN #10, revealed g wound to the scrotum and ed.  skilled nursing visit ducted on 05/09/2022 (17 0), revealed the sheering 1's scrotum and buttocks was ed 1.0 cm length, 1.0 cm  12:20 PM, when the above ed with the administrator to ving failed to document an atients' integumentary weekly and to conduct and the wound assessment of all repatients, the documented wounds' status without ons to facilitate patients' and failure of a staff member diclinical standard of practice ent, the administrator verified cord findings and indicated no wound care policy" [to e, care planning, and	L6				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ELE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		1 03/13/2022		
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L 662	Continued From page	ge 42	L 66	62				
	Based on record re hospice agency faile orientation which ac specific job duties for	s not met as evidenced by: eview and interview, the ed to provide an initial ddressed an employee's or 3 of 3 registered nurse ewed (Branch Manager #1 and						
	& Training," and las indicated but was no Orientation 4. Ite	#COR 3.29, titled "Orientation t revised 10/21/2021, ot limited to " Procedure. A. ems to be covered with the view of job responsibilities"						
	administrator, effect was not limited to "	escription for the position of tive 03/01/2022, indicated but Accountability Objectives: istrator ensures adequate						
	Registered Nurse (Feffective 02/01/2019 responsible for assisted for a patient / family assessing, planning evaluating phases of Administer treatr	escription for the position of RN) Case Manager / RN, 9, indicated the nurse was uming "primary responsibility caseload that includes the primary process.  The nursing process of the nursing process of the nursing process of the nursing process.  The nursing process of the nursing process of the nursing process.  The nursing process of the nursing process of the nursing process.						
	date of 11/16/2020. Competency Check 02/23/2021. The co	e of RN #9 indicated a hire The file included a "RN Skills list" completed on mpetency checklist failed to related to "Home Safety						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED		
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L 662	Vaccinations Media  5. The personnel file registered nurse, with was promoted to the 12/21/2021. The person orientation was comployee's branch dia  6. The personnel file registered nurse, with The personnel file fair orientation was conducted employee's branch dia  7. An interview was conducted and interview was conducted and interview, the Adrivation was conducted and interview.	Pain Management ications" were completed.  of Branch Director #1, a in hire date of 07/19/2021 and role of Branch Director on sonnel file failed to evidence inducted specific to the rector duties.  of Branch Director #2, a in hire date of 02/14/2022. Ited to evidence an ucted specific to the rector duties.  onducted with the 8/2022 at 4:18 PM. During ininistrator confirmed the two not completed orientation	L 66	52		