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

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		151575	B. WING _			C 05/19/2022	
	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022	
(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 CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRICE DEFICIENCY)	JLD 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, 3/22, and 5/19/22 7753 - Substantiated, related deficiencies were cited.					
	Complaint: IN 00036 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.

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 524	patients received an uses assessment, which cooccurred since the inity progress toward goals patient's response to frequently as necessathan every 15 days (Sagency failed to ensure updated comprehensions considered changes that assessment, included outcomes, and the patreatment as frequent frequently than every.  These deficient practical patients whose clinical (Patients #1, 4, and 5 all 114 active patients care.  On 5/18/22 at 12:45 Filter was identified with Patients whose clinical (Patients whose clinical (Patients #1, 4, and 5 all 114 active patients care.  The cumulative patients care.  The cumulative effect resulted in the agency patients received app which could result in the quality hospice care, compliance with 42 C Participation: Initial ar Assessment of the Patients and concerns the patients and could result in the patients received approximate with 42 C Participation: Initial ar Assessment of the Patients received approximate with 42 C Participation: Initial ar Assessment of the Patients received approximate with 42 C Paticipation: Initial ar Assessment of the Patients received approximate with 42 C Patients received approximate received received received receiv	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 CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG		TE SURVEY MPLETED
		151575	B. WING _			C <b>5/19/2022</b>
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP COD 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		3/13/2022
(X4) ID PREFIX TAG			ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
L 524	physical, psychosoc needs related to the addressed in order t	assessment must identify the ial, emotional, and spiritual terminal illness that must be o promote the hospice comfort, and dignity	L 5	24		
	Based on record re hospice agency faile received a compreh identified the physic and spiritual needs terminal illness, for \$1.50 to \$1.50	not met as evidenced by: view and interview, the ed to ensure all patients ensive assessment that al, psychosocial, emotional, of the patients, related to their 3 (Patients 4, 5, and 1) of 4 wed, out of a total sample of 6				
	benefit election date diagnosis of liver fai included a plan of ca 01/20/2022 - 04/19// patient was to receiv visits per week for 1 for an undefined tim indicated hospice not treatments included Stage 1 pressure ulle by prolonged pressure as "stages" between ulcer is reddened ar	rd of Patient #4 revealed a e 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 e frame. The plan of care urse interventions and monitoring of Patient 4's cers (type of wound caused ure 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.				
	An interview was co	nducted on 05/16/2022 at				

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	ROVIDER OR SUPPLIER  THOSPICE 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 LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
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 the sum of the cook in the sum of the cook in 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	L 5	24			

		(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 T HOSPICE OF INDIANA	, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	1 2	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
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.	a nurse visit note, completed d 02/25/2022. The visit note is acral wound had 3 pressure ulcer (wound is fat layer below the skin) and 1-back had worsened to a ter (wound is opened and octed). 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. The alled 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 seed Patient #4's Stage the analyse of the ease seed Patient #4's Stage the analyse of the ease seed Patient #4's Stage the analyse of the ease seed Patient #4's Stage the analyse of the ease seed Patient #4's Stage the easured 0.5 cm in length, who is the earn assessment of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease seed Patient #4's Stage the ease of the ease of the ease seed Patient #4's Stage the ease of t	L 52	24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		151575	B. WING _		C <b>05/19/20</b> 2	22
	ROVIDER OR SUPPLIER	, LLC		STREET ADDRESS, CITY, STATE, ZIP CO 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE COMP E APPROPRIATE	K5) LETION ATE
L 524	dated 5/09/2022 and record indicated the patient's scrotum and measured 1.0 cm in I 0.1 cm in depth.  The clinical record indicated 5/15/2022 and visit note indicated th #4's Stage 3 sacral with measurements of 0.5 width, by 0.2 cm in demid-back wound was	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	24		
	plan of care for the be 02/12/2022 - 04/12/2 02/23/2020, and term disease, high blood p disease; The patient facility. The plan of cato receive skilled nursonce, every two weel for 7 weeks, and 4 Pl The record included a 02/24/2022 and compindicated observation on Patient #5's left hi visit note revealed the length, by 5 cm in wid The record included a period of 4/13/2022 -	of a new sheering wound p and buttocks. The nurse e wound measured 5 cm in 10 km, 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				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		151575	B. WING			C	/2022	
	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	I		STREET ADDRESS, 724 WEST NAVAJO WEST LAFAYETT		05/19	12022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRI DEFICIENCY)	-	(X5) COMPLETION DATE	
L 524	The record included a dated 4/23/202 and ovisit note indicated the to the scrotum and be visit note failed to evithe patient's tracheos.  3. Clinical record for documents titled, "Recomprehensive assers" Hospice Physician Othe comprehensive a 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 bower The assessment failed of Patient #1's pain the pain. The assessment failed of Patient #1's pain the pain. The assessment failed to were reviewed for ne failed to assess Patie and its impact on the	a skilled nurse visit note, completed by RN #10. The e patient's sheering wound attocks had resolved. The dence the nurse assessed stomy and urinary catheter.  Patient #1 included a N Hospice Start of Care" assment dated 4/6/22 and the Order #5048" addendum to assessment, dated 4/8/22. The ses included athersclerotic recoronary artery without secondary diagnoses mentia without behavioral pressure ulcer of left ight elbow, generalized ression, wedge compression artebrae, diverticulosis of s, bilateral sensorineural nontinence, full les, and a history of falling.  The dot indicate an assessment and included the location, duration, impact on activities definition indicate and indicate of identify, measure, and the #1, who had advanced not answer questions. The indicate all body systems were ongoing symptoms, and #1's advanced dementia Patient #1's ability to and share / express spiritual,		24				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		151575	B. WING _		05	C 5/ <b>19/2022</b>	
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	•	1372022	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
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 fure. The clinical record fare for the benefit period 2022, with orders to receive visits per week for 1 week, ek for an undefined time fare indicated hospice nurse					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	COM	(X3) DATE SURVEY COMPLETED		
		151575	B. WING _			C / <b>19/2022</b>
	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	<u> </u>	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 SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
L 533	of Patient 4's Stage wound caused by pipart, classified as "s 1 pressure ulcer is r but has no open are (bottom of the spine)  The record included visit, conducted on (Nurse (RN) #10. Th Patient#4 had a Stapatient's coccyx melength by 2 cm in wi Stage 1 pressure ulmeasuring 2 cm in locm in depth. RN #10 pressure areas to cout both areas are cout but both areas are cout and a cout both areas are cout but both areas are cout but both areas are cout and a cout but both areas are cout but both areas are cout and a cout but both areas are cout and a cout but both areas are cout and a cout but both areas are cout but but but but but but but but but b	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.  In 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 documented "Patient has occyx and spine, skin is intact deep red and non-blanchable when pressure is applied] 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 5	33		

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 _			C <b>5/19/2022</b>	
	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	LLC		STREET ADDRESS, CITY, STATE, ZIP CO 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		3/19/2022	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
L 533	the meetings held on and 02/25/2022. The evidence the IDG upon assessment to reflect towards goals.  The record included a on 02/25/2022 at 3:53 note indicated Patien worsened to a Stage open and extends to wound on the mid bar 2 pressure ulcer (worskin are affected).  The record included a meetings held on 03/failed to evidence the comprehensive assess in patient's wound state to a meeting held on 4/0 summary failed to evidence the comprehensive assess in patient's progress toward the proof of the record included a period 4/20/2022 - 7/orders for skilled nurse other week for 2 weeks.  The record included a the meeting held on 8.	meeting summaries failed to dated the comprehensive Patient 4's progress  a nurse care visit, completed B PM by RN #10. The visit to 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 an IDG meeting summary for 11/2022. The summary IDG updated the patient's asment to reflect the change attus.  In IDG meeting summary for 18/2022. The meeting dence the IDG updated the asment to reflect the change are as a plan of care for the benefit 18/2022 with patient care are care visits of 1 visit every as and then 1 visit per week an IDG meeting summary for 18/06/2022. The meeting dence the IDG updated the second to reflect the wards goals.	L 5	33			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	, ,	MPLETED
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	A, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	· · · · · ·	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		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		151575	B. WING _				C <b>19/2022</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
VIAQUES	T HOSPICE OF INDIANA	LLC			24 WEST NAVAJO STREET		
		, ====		٧	VEST LAFAYETTE, IN 47906		
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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 DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
L 533	was a stage 2 presiduttock and measuring 1 cm x a skin tear to right bilateral arms."  was a stage 2 presiduttock and measuring 1 cm x is wished area noted 1.2 cm by 1 cm and measuring 1 cm x a skin tear to right bilateral arms."	d 4/6/22, indicated wound #1 saure ulcer on the left lower ured 1 cm x 1.5 cm x 0.1 cm d as round, partial thickness, issue, with indistinct edges. Ithout exudate nor odor, and lization was "50 -<75%" with no d had 0 - 25% necrotic tissue of the comprehensive used wound #2 measured 1.5 m. The depth description chable with intact granulation edges, a small amount of bloody of epithelialization. There was and 0 - 25% necrotic tissue of the thickness and the th	L	533			
	assessed with eve be measured at leadministrator was						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		151575	B. WING			C <b>05/19/2022</b>	
	ROVIDER OR SUPPLIER			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			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		151575	B. WING				C <b>19/2022</b>	
	ROVIDER OR SUPPLIER  THOSPICE OF INDIANA	LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		24 WEST NAVAJO STREET			
(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 its inability to ensure a 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				

	DF 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	, 33.3.2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE COMPLETION
L 539	Continued From pag	ne 15	L 53	9	
	(Interdisciplinary Gro and services for 3 of	view and interview, the IDG oup) failed to supervise care 4 active records reviewed (4, al sample of 6 patients.			
	1. The clinical record 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 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 papatient preference.  The record included that were completed period, 8 of which fa	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		OMPLETED
		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	<u> </u>	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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD 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 F #4] has pressure ar summaries failed to members noted the the patient's wound RN, and failed to expatient's wound car the caregiver.	2022, 04/03/2022). The visit Wound care not provided; d care" for both wounds  I Interdisciplinary Group (IDG) for meetings held on 11/2022. The summaries Physician #2 noted "[Patient eas to coccyx and spine." The evidence any other IDG presence and / or status of s, including the Administrator / vidence the IDG discussed the e was being provided only by	L 5	39		
	a meeting held on O The summary indica ulcers to back and s summary failed to e members noted the patient's wounds, in and failed to eviden patient's wound car the hospice clinician caregiver.  The record included on 02/25/2022 at 3: note indicated the p worsened to a Stag open and extends t wound on the mid b Stage2 pressure ulc layers of skin are af	d an IDG meeting summary for 12/25/2022 [no time noted]. ated RN #10 noted "Pressure sacrum continue." The evidence any other IDG presence and/or status of the acluding Hospice Physician #2, are the IDG discussed that the e was not being provided by his, but by the primary  d a nurse visit note completed 53 PM by RN #10. The visit patient's sacral wound had e 3 pressure ulcer (wound is of fat layer below skin) and the pack had worsened to a coer (wound is opened and fected).				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  IG		ATE SURVEY OMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
	ROVIDER OR SUPPLIER T HOSPICE OF INDIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	I	03/19/2022
(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 CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
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	L 5			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		OMPLETED
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	ROVIDER OR SUPPLIER	A, LLC		STREET ADDRESS, CITY, STATE, ZIP COD 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	E	00/10/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE
L 539	Continued From pag	ue 18	L.	539		
	a meeting held on 00 indicated "Wounds: midback" and the partial nursing services of 10 summary failed to existilled nurse visit free vidence any other I presence and/or statincluding Hospice Plevidence the IDG discare was being proved.  2. The clinical record plan of care for the bound of care indicated Patien nursing services, with weeks for 2 weeks, the weeks, and 4 PRN (care indicated nursing timited to, educated and suctioning, educated educated nursing visit frequency and who with the patient's tracheo (hospice or assisted).	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 penefit electi				
		pleted by RN #9, which ering wound was observed on				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTR			PLETED
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA			724 WEST	DDRESS, CITY, STATE, ZIP CODE NAVAJO STREET AFAYETTE, IN 47906	1 03/	13/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
L 539	Patient 5's left hip and documented the would by 5 cm in width, by 6 the record included 02/25/2022 which incorders for Patient 5's scrotum / buttocks. The record included a meeting held on 3/summaries failed to ediscussed who was to trach, and urinary care indicated the nursing services with weeks plus 3 PRN vindicated nursing intendicated nursing intendicated for education and suctioning, educ catheter, and wound scrotum every visit a for PRN changes evifailed to evidence the patient's sheering would buttocks, including the responsible to changand urinary catheter facility).	d buttocks. The nurse and measured 5 cm in length, 0.1 cm in depth.  a physician order dated dicated dressing change sheering wound to the the order indicated the changed 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 o provide Patient 5's wound, theter care.  a plan of care for the benefit 3/2022 - 6/11/2022. The plan patient was to receive skilled a visits once a week for 9 sits. The plan of care erventions included but were on on tracheostomy care ation of indwelling urinary care to pressure ulcer on and as needed (no indication denced). The plan of care erwound care orders for the		539			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION  IG		DATE SURVEY COMPLETED
		151575	B. WING _			C <b>05/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/19/2022
(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 CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
L 539	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 a transport of a meeting held on 0 failed to evidence the who was to provide and urinary cathete 3. A review the clinical evidenced a docum Comprehensive Ass Update Report," dat diagnoses of a stage buttock and abrasic order for skilled nurweek, then 1 time a prn visits for symptothe "Hospice Certifical" evidenced an order to perform wound cutilizing clean technical saline, pat dry, application of 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 pu/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	39		
		ummary "Patient has 4 noted Scabbed area noted to right				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		ISTRUCTION	COMP	SURVEY
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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	, LLC	,	724 W	ET ADDRESS, CITY, STATE, ZIP CODE EST NAVAJO STREET I LAFAYETTE, IN 47906	<u>,                                    </u>	10/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
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 lands SN plan/goal for the left 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.		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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	ROVIDER OR SUPPLIER T HOSPICE OF INDIANA	, LLC		STREET ADDRESS, CITY, STATE, ZIP COL 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		757 1372022
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
L 539	each patient. The IDC pending admissions, appropriateness for h recertifications, and a needed to meet the p if the documentation of IDG had discussed as impairments to include pressure wounds with their progress, the ad IDG did not include the On 5/12/22 at 10:12 A interviewed concerning queried as to whether descriptions and meat treatment, prevention patients' integumentated discussed, the medical discussed all patients medical director indice pending admissions, the list of reported fall other services needeneeds. When asked measurements were integumentary impair stated, "I'm told if some conversation about we mentioned and I assurprovided. No one speewound is getting better cared for and I'll be nesomething. My assurements measurements.	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		

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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		151575	B. WING			05/	19/2022
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(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
L 543 L 543	PLAN OF CARE CFR(s): 418.56(b)  All hospice care and patients and their fan individualized written the hospice interdisc with the attending ph representative, and t accordance with the them so desire.  This STANDARD is Based on record rev hospice agency failed implemented the plan clinical records reviewensure an individualit developed (Patient #	services furnished to nilies must follow an plan of care established by iplinary group in collaboration ysician (if any), the patient or he primary caregiver in patient's needs if any of  not met as evidenced by: riew and interview, the d to ensure the skilled nurse n of care in 1 of 4 active wed (Patient 4) and failed to		543 543			
	Findings include:  1. The clinical record benefit election date diagnosis of liver failt initial plan of care for 01/20/2022 - 04/19/2 nursing services werfor 1 week then 2 vis time frame. The plan nurse interventions a monitoring the patien (type of wound cause a body part, classifie	2022 which indicated skilled e ordered 3 visits per week its per week for an undefined of care indicated hospice and treatments included at's Stage 1 pressure ulcers ed by prolonged pressure on d as "stages" between 1-4; a er is reddened and does not					

AND BLAN OF CORRECTION TO IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		151575	B. WING		0.	5/19/2022
	AN OF CORRECTION  151575  E OF PROVIDER OR SUPPLIER  QUEST HOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 24  sacrum/coccyx (bottom of the spine/tailbone) and mid back. The nurse could apply an Allevyn dressing (type of wound dressing) for "preventative [sic]." The order failed to evidence the frequency and specific indication for applying the dressing.  The record included a physician order, dated 01/22/2022, which indicated the wound care was changed to "cleanse wound with soap and water, dry, apply moisture barrier cream to open areas, apply foam border dressing. Family to provide wound care in absence of hospice nurse." The order failed to evidence the frequency the dressing changes were to be performed.  The record included a nurse visit completed on 02/25/2022 at 3:53 PM by RN #10. The visit note indicated the patient's sacral wound had worsened to a Stage 3 pressure ulcer (wound is open and extends to fat layer below skin) and the wound on the mid back had worsened to a Stage 2 pressure ulcer (wound is opened and layers of		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
L 543	sacrum/coccyx (bottomid back. The nurse dressing (type of wor "preventative [sic]." Ithe frequency and spath the dressing.  The record included 01/22/2022, which in changed to "cleanse dry, apply moisture to apply foam border dressing changes were dressing changes with the dressing pressure ulcer (wo skin are affected).  The record included 03/05/2022, which in to change to "clean a dry, apply Medihone to treat wounds], approximately to provide work to treat wounds, approximately dressing pressure dressing pressure dressing pressure dressing pressure dressing pressure dressing the dressing dressing the dressing pressure dressing the dressing dressing the dressing pressure dressing the dressing dressing the dressing th	om of the spine/tailbone) and could apply an Allevyn and dressing) for The order failed to evidence pecific indication for applying a physician order, dated dicated the wound care was wound with soap and water, parrier cream to open areas, ressing. Family to provide the frequency the ere to be performed.  In a nurse visit completed on the More More More More More More More Mor	L 54	3		
	4:14 PM with Person were Patient #4's pri	nducted on 05/16/2022 at #1, who confirmed they mary caregiver as inical record. Person #1				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OMPLETED	
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	PLAN OF CORRECTION IDENTIFICATION NUMBER:  151575  ME OF PROVIDER OR SUPPLIER  AQUEST HOSPICE OF INDIANA, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES	, LLC		STREET ADDRESS, CITY, STATE, ZIP CO 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
L 543	relayed that since Paservices, the primary wound care to the parameter patient 4's preference. The record included for the benefit period included orders that skilled nursing service for 2 weeks, then 1 v. The plan of care indivinterventions and tre limited to, "monitor Sacrum and medial be applied for prever failed to reflect the convolution of the con	atient #4 began hospice caregiver had provided all atient's wounds, as was e.  a recertification plan of care 4/20/22 - 7/18/22 which Patient #4 was to receive tes, 1 visit every other week disit per week for 12 weeks. Cated hospice nurse atments included but not tage 1 pressure areas to tage 1 pressure areas to tack. Allevyn dressing may attative[sic]." The plan of care current status of the patient's tect an individualized plan as the dressing changes, and the updated wound care  an IDG meeting summary for 22/22. The summary ted " Wounds: Stage 2 toine and coccyx. Condition despite daily treatment of all saline]" The record order dated 04/24/2022 wound care was to change to yound cleanser, dry, apply am border dressing." The fince the location and fing changes were to be was to perform the wound to modify the patient's patient's continued	L	543			
		d of Patient #5 included a					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G		ATE SURVEY OMPLETED
		151575	B. WING			C <b>05/19/2022</b>
	AQUEST HOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 543  Continued From page 26 plan of care for the benefit election period of 02/12/2022 - 04/12/2022, with an hospice election date of 02/23/2020, and terminal diagnoses of heart disease with high blood pressure and chronic kidney disease, and that Patient #5 resided at an assisted living facility. The plan of care contained an order for skilled nursing services with visits once every 2 weeks for 2 weeks, followed by once a week for 7 weeks, and 4 PRN (as needed) visits. The plan of care nursing interventions included, but were not limited to, education on tracheostomy care and suctioning, education of indwelling urinary catheter, and wound care to pressure ulcer on scrotum every visit and as needed. The plan of care failed to be individualized to the patient's tracheostomy, urinary catheter, and wound care needs, including who was to provide the care required and how frequently the care was to be performed.  The record included a skilled nurse visit documented as conducted on 02/24/2022 by RN #9 which indicated a new sheering wound was observed on the patient's left hip and buttocks. The nurse document the wound measured 5 cm in length, by 5 cm in width, by 0.1 cm in depth.  The record included a physician order dated 02/25/2022 which indicated dressing change orders for the patient's sheering wound to the	1	STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
L 543	plan of care for the 02/12/2022 - 04/12/ date of 02/23/2020, heart disease with he 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 is included, but were not in on tracheostomy care and on of indwelling urinary dicare to pressure ulcer on and as needed. The plan of lividualized 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 inducted on 02/24/2022 by RN as 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 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		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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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 plus 3 PRN visits. The plan of the nursing interventions that the dot, education on the suctioning, education of theter, and wound care to the sotum, every visit, and as the for PRN changes of care failed to include who rovide the care needs quency (hospice or skilled the sare was to be preformed for the start of the same wound the services of the same was to be preformed for the services of the same was to be preformed for the services of the same was to be preformed for the services of the same was to be preformed for the services of the same was to be preformed for the services of the same was to be preformed for the services of the same was to be preformed for the same was to be preformed for the services of the same was to be preformed for the same was the same w		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 on 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 a coordinated, and and services for 2 of 4 active atient's 4 and 5) of a total					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION  IG		ATE SURVEY OMPLETED
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	AME OF PROVIDER OR SUPPLIER  IAQUEST HOSPICE OF INDIANA, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES	STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
L 554	diagnosis of liver fainitial 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 concerned by the part of the status of the primary caregiver have clinical record. It is not provided wounds expressed preference of the provided wound care (01/21/02/09/2022, 03/13/204/03/2022). The vicare not provided; the status of the part of t	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 and who confirmed they were letailbone as documented in Person #1 confirmed that gan hospice services, the lad provided all wound care to lease on Patient 4's letailbone and the refused the remainded the patient refused the remainded to evidence the nurse remainded to evidence the nurse remainded to evidence the remainded	L	554		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	СОМ	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  THOSPICE OF INDIANA	, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906			
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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 ba 2 pressure ulcer (worskin are affected).  The record included a meetings held on 3/1 4/22/22. The summa IDG discussed the stadeveloped and super	r wound care monitoring and the patient's requests and were being monitored  a nurse visit completed on M by RN #10. The visit note is 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 an IDG meeting summary for 1/22, 3/25/22, 4/08/22, and ries failed to evidence the latus of the patient wounds, vised an individualized plan oring and treatment, that	L 5:	54		
	for the benefit period orders for skilled nurs other week for 2 wee week for 12 weeks.  The record included a conducted during this the date of record red dates were 4/24/22, 85/15/22. These visit in nurse completed wou caregiver refused care	otes failed to evidence the ind care nor that the patient / e and indicated wound care he hospice clinician, that the inpleted care for both				

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		3/19/2022
				724 WEST NAVAJO STREET		
VIAQUES	T HOSPICE OF INDIA	NA, LLC		WEST LAFAYETTE, IN 47906		
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L 554	a meeting held on evidence the IDG patient wounds and developed and supfor wound care momet the patient's rewounds were bein 2. The clinical recplan of care for the 04/12/22, a hospic and terminal diagrablood pressure and that Patient #5 respectively. The plan of care for the plan of care for the control of the care facility. The plan of care for the care facility. The plan of care facility. The plan of care facility.	age 30 ad an IDG meeting summary for 5/06/22. The summary failed to discussed the status of the d failed to evidence the IDG pervised an individualized plan positoring and treatment which equests and ensured the g monitored appropriately.  For of Patient #5 included a separate benefit period of 02/12/22 - separate election date of 02/23/2020, soses of heart disease with high did chronic kidney disease, and ided at an assisted living for care indicated Patient #5 was arsing services, with visits to be	L	554		
	once every two we week for 7 weeks, The plan of care ir included, but not li tracheostomy care indwelling urinary pressure ulcer on needed. The plan indication for as not o evidence the fre responsible for chatracheostomy and assisted living faci. The record included documented as compared on the part of the nurse documents in length, by 5 cm.	seks for 2 weeks, then once a and 4 PRN (as needed) visits. Indicated nursing interventions mited to, education on and 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				

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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	72022	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 554  Continued From page 31  0/2/5/20/22, to change the treatment order for Patient #5's sheering wound of the scrotum / buttocks. The order was to change the dressing daily and as needed for "dislodgement or soliage." The order failed to evidence who was to change the dressing daily (hospice or assisted living facility).  The record included an IDG meeting summary for a meeting held on 3/18/22 and 4/08/22. The summaries 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.  The record included a plan of care for the benefit election period of 04/13/2022 - 06/11/2022. The plan of care indicated the patient was to receive skilled nursing services, with visits once a week for 9 weeks and 3 PRN visits and nursing interventions included, but were not limited to, education on tracheostomy care and suctioning, education of indivelling urinary catheter, and wound care to pressure ulcer on scrotum every visit and as needed (no indication for PRN changes evidenced). The plan of care failed to evidence the wound care orders for the patient's sheering wound to the scrotum / buttocks and failed to evidence the frequency and who was responsible for changing the patient's tracheostomy and urinary catheter (hospice or assisted living facility).  The record included a skilled nursing visit documented as conducted on 4/23/22 by RN #10. The visit note indicated Patient for Se sheering		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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L 554	Continued From page	÷ 32	L	554			
L 591	dated 5/09/22 and co record indicated the spatient's scrotum and and measured 1.0 cm width, by 0.1 cm in de The record included a meeting held on 4/2 evidence the IDG dispatient wounds, trach catheter, and failed to developed and super for wound, tracheostic care monitoring and the NURSING SERVICE: CFR(s): 418.64(b)(1) (1) The hospice must services by or under the registered nurse. Nuthat the nursing need identified in the patien comprehensive assessments.  This STANDARD is a Based on record reviagency failed to ensu patients were met as comprehensive assessments for 3 of	buttocks was still present in length, by 1.0 cm in length.  In IDG meeting summary for 19/22. The summary failed to cussed the status of the eostomy, and urinary in evidence the IDG vised an individualized plan ormy, and urinary catheter treatment.  In provide nursing care and the supervision of a rising services must ensure is of the patient are met as int's initial assessment, issment, and updated in the nursing needs of all identified in the patient's	L	591			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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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	·	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
L 591	Continued From paç	ge 33	L 59 <sup>-</sup>	1		
	Registered Nurse (Feffective 02/01/2019 responsible for assure for a patient / family assessing, planning evaluating phases of the company of	of the nursing process"  Index of Patient #4 indicated a set of 01/20/2022 and terminal lure. The record included an or the benefit period 2022 which indicated the exe skilled nursing services sek for 1 week then 2 visits period time frame. The plan of the ce nurse interventions and monitoring the patient's coers (type of wound caused lure 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 lessing (type of wound				
	conducted on 01/20 (RN) #10. The visit is a Stage 1 pressure measuring 2 centime in width by 0 cm in culcer on the patient's length by 3 cm in widocumented "Patien coccyx and spine, si	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 it has pressure areas to kin is intact but both areas are lanchable [does not turn white				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  IG		OATE SURVEY COMPLETED
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	AQUEST HOSPICE OF INDIANA, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906		03/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
L 591	when pressure is approximately marked patient refused and 20/09/2022, 03/13/2 and 04/03/2022.  The clinical record in documented as confused patient refused and 10-20/09/2022, 03/13/2 and 04/03/2022.  The clinical record in documented as confused patient refused and sconfused patient refused and 10-20/2022 and 10-20/202	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, 2022, 03/20/2022, 03/27/2022, 2022, 03/20/2022, 03/27/2022, 2022, 03/20/2022, 03/27/2022, 2022, 03/20/2022, 03/27/2022, 2022, 03/20/2022, 2022, 03/20/2022 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 concluded a benefit period 2022, which indicated the lato receive skilled nursing every other week for 2 ere week for 12 weeks. The ed hospice nurse interventions uded "monitor Stage 1 acrum and medial back."	L 5	91		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	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 CORRECT (EACH CORRECTIVE ACTION SHOU 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 05/01/2022 and 05/01/2022 - 04/12/2 hospice election dat diagnosis of heart d pressure and chroni patient resided at ar plan of care indicate skilled nursing servi	ent #4's wounds nor the ed an assessment			
	#9 which indicated a observed on the pat The nurse documen 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	a skilled nurse visit ducted on 02/24/2022 by RN a new sheering wound was ient's left hip and buttocks. It the wound measured 5 cm a width, by 0.1 cm in depth.  a plan of care for the benefit 1/13/2022 - 06/11/2022. The ad the patient was to receive ces with visits once a week			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		STRUCTION	COMP	SURVEY LETED	
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NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE 724 WEST NAVAJO STREET WEST LAFAYETTE, IN 47906			03/13/2022	
(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 cond #9. The record indicathe patient's scrotum present and measured 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 calso 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 wassisted living facility. A review of a RN vision evidence that the wounds were obshospice nurse, and for oversaw care of the wassisted living facility. A review of a RN vision evidence that the wounds were obsychologically with the wounds were obsychologically assisted living facility. A review of a RN vision evidence that the wassessed by the hose evidence that the wassessed by the hose evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2, an assistance in RN vision evidence the nurse of by Entity #2.	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				

NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  724 WEST NAVAJO STREET  WEST LAFAYETTE, IN 47906   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 591  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 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	COMPLETED	
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 591  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 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	3 1 <b>9/2022</b>	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 591  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 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	03/19/2022	
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 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	(X5) COMPLETION DATE	
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 ALF nurse.  On 5/13/22 at 3:15 PM, RN #10 indicated seeing the stage 2 buttock wound about 2 weeks ago and stated, "It's healed now, and it's blanchable. It's more like a stage 1 now." RN #10 indicated not knowing how often a wound was to be measured. When asked remove if the visit made on 5/11/22 was because the patient fell and had a		

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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 repaired parties and 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				

1 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	, ,	COMPLETED	
		151575	B. WING			C 5/19/2022	
NAME OF PROVIDER OR SUPPLIER  VIAQUEST HOSPICE OF INDIANA, LLC  SUMMARY STATEMENT OF DEFICIENCIES				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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
L 651	evidenced a docum Care" comprehensidated 4/6/22, and the #5048" addendum to assessment, dated included stage 2 president's assisted like on 5/12/22 at 3:30 for measured 0.5 cm x increase in depth sit assessment last dobetween wound me visit, feces was obsident when it was removed to 5/13/22 at 3:15 knowing how often a measured.  3. A review of the cevidenced the plannurse was ordered and pressure ulcers (typprolonged pressure "stages" between 1 reddened and does areas) on the sacruspine/tailbone) and A review of the initial documented as controls.	clinical record for Patient #1 ent "RN Hospice Start of we assessment for Patient #1, ne "Hospice Physician Order to the comprehensive 4/8/22, the patient diagnoses ressure ulcer of left buttock, at elbow.  Inducted with Patient #1 in the wing facility (ALF) apartment PM, with RN 9. The wound 0.5 cm x 0.2 cm, a 0.1 cm nce the most recent wound ne on 4/6/22 (36 days asurements.) During this reved in the sacral dressing red.  PM, RN #10 indicated not a wound was required to be  Indical record for Patient #4 of care indicated hospice to monitor Patient 4's Stage 1 re 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 65	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		<u> </u>	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 leng RN #10 documented to coccyx and spine, are deep red and nor white when pressure  A review of nurse visi subsequent in-persor completed during the which failed to evider Patient #4's wounds an assessment on 02 03/13/2022, 03/20/20 04/03/2022.  A review of a nurse vision completed on 04/24/2 Patient #4's Stage 3 sign in length, 0.5 cm in length, 0.5 cm in length, 0.5 cm in the visit note failed to of the patient's Stage  A review of a visit not 05/01/2022 and 05/08 evidence the nurse coassessment of Patien Patient 4 had refused 4. A review of the cline videnced it contained benefit election period 04/12/2022. Patient in nursing services ever once a week for 7 we needed) visits. The period of the patient in the patien	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 abblanchable [does not turn is applied] at this time."  It notes revealed 13 an nurse visits were certification period, 6 of ace the nurse assessed for that Patient #4 refused (201/2022, 02/09/2022, 122, 03/27/2022, and  Isit note documented as 2022 by RN #10, revealed sacral wound measured 0.5 an width, by 0.1 cm in depth. To evidence an assessment 12 mid-back pressure ulcer.  The ded revealed visit notes dated 8/2022, that failed to conducted a wound at #4's wounds, nor that I an assessment.  Thical 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			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		151575	B. WING _			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		05/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
L 651	needed.  A review of a skilled conducted on 04/23/the patient's sheering buttocks had resolved.  A review of the next documented as conducted as conducted as conducted as conducted as conducted as laterally 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 intervention comfort and dignity, to know the accepter for wound assessment the above clinical recomposition of the value	nursing visit documented as 2022 by RN #10, revealed g wound to the scrotum and d.  skilled nursing visit ducted on 05/09/2022 (17 yrevealed the sheering is 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 e wound assessment of all is patients, the documented vounds' status without ens 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				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '			(X3) DATE SURVEY COMPLETED		
		151575	B. WING		05	C / <b>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		03/19/2022		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
L 662	Continued From pa	ge 42	L 66	62				
	Based on record re hospice agency faile orientation which ac specific job duties fo	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						
	An agency policy     Training," and las     indicated but was no	#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 assufor 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 when the pate in company orientation in grograms"						
	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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  G		(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		33,10,2022
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
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, the Adrivation was conducted and interview, the Adrivation was conducted and interview was conducted and interview, the Adrivation with the personnel file fair orientation was conducted and interview was conducted and interview was conducted and interview, the Adrivation with the personnel file fair orientation was conducted and interview wa	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		