

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

PRINTED: 07/16/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/01/2019
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF SOUTHWEST INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 E 6TH STREET JASPER, IN 47546		
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L 000	INITIAL COMMENTS This survey was for a Federal complaint investigation survey of a deemed hospice agency. Complaint IN00287518 was substantiated with related findings. Survey Dates: June 28 and July 1 of 2019. Facility Number: 5816 Provider Number: 151514 Census = 896 unduplicated admissions last 12 months	L 000			
L 556	COORDINATION OF SERVICES CFR(s): 418.56(e)(3) [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (3) Ensure that the care and services provided are based on all assessments of the patient and family needs. This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to following the agency's own policy by failing to ensure a system of communication with the family was established between the agency and a long term care facility for 2 of 3 records reviewed. (Patient 1, 2) Findings include:	L 556			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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L 556	<p>Continued From page 1</p> <p>1. An undated policy titled, Contractual Agreements, was provided by Employee D on 6/28/19 at 4:15 p.m. The policy indicated, but was not limited to, "Policy: Agency may provide care/services through another individual or entity and will have a contractual arrangement/legally binding, written agreement ... 2. Agency contracts and/or written agreements will include the following: ... The organization or individual who is responsible for: ... The delineation of the role of the hospice and the contractor in the admission process, client family assessment ... Requirements for documentation that services are furnished in accordance with the agreement ..."</p> <p>2. Review of the Hospice Service Agreement for The Villages at Oak Ridge dated April 30, 2015 states,"... Any change in the POC will be discussed with the Hospice Patient or the Hospice Patient's representative and the Facility representatives, and must be approved by Hospice before implementation ... (2) Communicating with Facility representatives and other providers to ensure quality of care of the Hospice Patient or the Hospice Patient's Representative ... (i) Maintain communication with Facility staff, Hospice Patient or the Hospice Patient's Representative and physician with appropriate documentation ..."</p> <p>3. Review of the Facility and Hospice Delineation of Duties for The Villages at Oak Ridge dated 2/16/18 states, "Communication / Coordination Hospice Responsibilities: 1. Hospice is available to communicate with Facility 24 hours a day 7 days a week ... Facility Responsibilities 1. The Facility will communicate with the Hospice: a) Significant change in patient's physical, mental,</p>	L 556			

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L 556	<p>Continued From page 2</p> <p>social, or emotional status occurs and /or any concerns voiced by family. b) Clinical complications that suggest need to alter the POC ..."</p> <p>4. The clinical record for patient #1, election date 2/16/18, benefit period 12/13/18 to 2/1/19, was reviewed on 6/28/19. The patient's diagnoses were Alzheimer's, Chronic Respiratory Failure with Hypoxia, and dysphagia. The clinical record contained the following:</p> <p>Review of a Skilled Nurse (SN) Visit note dated 12/19/19 indicated the patient had abnormal diminished breath sounds, decrease appetite and a PPS (Palliative Performance Scale) of 30 (Totally bedbound. Unable to do any activity. Extensive disease. Total care. Reduced intake. Conscious level full or drowsy. +/- confusion). The note failed to evidence that the Hospice agency notified the family of the patient's condition change. The note failed to evidence if the long-term care facility noted the patient's family of the patient's condition change.</p> <p>Review of a MSW (Medical Social Worker) Visit note dated 12/20/19 failed to evidence any specific communication with the family.</p> <p>Review of a Patient Information Report dated 12/22/18 indicated that patient #1 became very flushed and diaphoretic. Employee L, a RN (Registered Nurse), recorded a blood pressure reading of 196/123 and a blood pressure reading of 213/110 ten minutes later. The RN stated the facility nurse gave a dose of Morphine and put the patient to bed, and recorded a blood pressure of 174/92. The hospice RN did not make a visit at that time. The agency failed to evidence family</p>	L 556			

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L 556	<p>Continued From page 3</p> <p>notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a Skilled Nurse Visit note dated 12/26/19 indicated the patient had abnormal breath sounds, expiratory wheezes "new on this date" and dyspnea at rest. The patient's blood pressure was significantly lower than last assessment, and pulse increased significantly and was irregular. The agency failed to evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a Skilled Nurse Visit note dated 12/30/19 indicated the FSN [facility skilled nurse] reported the patient's blood pressure was 196/132 with a ruddy complexion and grimacing. The FSN gave the patient a dose of 10 mg of Morphine which brought the blood pressure down to 132/68 and recorded a blood pressure of 158/80 one hour later. The FSN indicated the patient had left sided flaccidness and was unable to hold left arm up to track finger with eyes and was unable to follow FSN voice. The FSN also stated the patient ate no breakfast and was refusing all food and fluids. The hospice visit note indicated the patient had a history of TIA's which appears to be what the patient was currently experiencing. The agency failed to evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a Skilled Nurse Visit note dated 12/31/19 indicated the patient was minimally alert and unable to focus. The patient had expiratory wheezes and required Roxanol for high blood pressure this morning. The patient had edema and a blood pressure reading of 152/78 which was stable for the patient. The patient's oxygen</p>	L 556			

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L 556	<p>Continued From page 4</p> <p>saturation was in the 90's, has bradycardia, and eating bites at meals. The agency failed to evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a Skilled Nurse Visit note dated 1/7/19 indicated the patient did not eat breakfast or lunch and was pocketing food over the weekend. The patient's diet was downgraded to a pureed diet. The patient does not look at RN when speaking to her and the patient's edema continues to bilateral upper extremities. The patient's blood pressure was significantly lower and continues to use Roxanol at times for increase in blood pressure.</p> <p>The agency failed to evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a MSW Visit note dated 1/10/19 failed to evidence any specific communication with the patient's family.</p> <p>Review of a Skilled Nurse Visit note dated 1/11/19 indicated the patient had no meal consumption. The agency failed to evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a Skilled Nurse Visit note dated 1/15/19 indicated the patient was minimally responsive and would sleep through most of meals. The patient had increased tremors to bilateral upper extremities with periods of high blood pressure and "shaking red flushed face." The patient was given Roxanol as needed at those times. The patient no longer receives house shakes and the patient was "unable to focus gaze which is new." The agency failed to</p>	L 556			

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L 556	<p>Continued From page 5</p> <p>evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>Review of a Skilled Nurse Visit note dated 1/16/19 indicated the patient had two episodes of becoming red/purple in the face and shaking. The nursing note indicated, "Roxanol used which was effective BP found to be critically high at those times." The nursing note indicated the patient's blood pressure was within normal limits and had some shaking. The patient indicated he/she was in pain, but fell asleep during the assessment. The agency failed to evidence family notification and failed to evidence if the long term care facility notified the family.</p> <p>During an interview with the Administrator on 6/28/19 at 3:24 p.m. inquired as to whose responsibility it was for notifying the family if a patient was in a long term care facility, the Administrator stated hospice should notify the family with condition changes. When inquired as to what would prompt the nurse to update the family, the Administrator stated "it would depend." The Administrator acknowledged that the nurse should call the family on a change in the patient's condition such as fever, not swallowing or eating food, and changes with medication.</p> <p>5. Patient 2's Clinical Record was reviewed on 6/28/19 at 11:45 a.m. and indicated a hospice diagnosis of Alzheimer's Disease.</p> <p>Patient 2's Hospice Certification period of 4/15/19 through 6/13/19 was reviewed and included the following:</p> <p>A SN Visit Note Report, dated 4/16/19, which indicated Patient 2 was only able to stay awake for 2-3 minutes at a time and was unable to</p>	L 556			

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L 556	<p>Continued From page 6</p> <p>support trunk when the broda chair was sat up and fell forward. The Visit Note failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition.</p> <p>A SN Visit Note Report, dated 4/23/19, which indicated Patient 2 had a poor appetite, was total care for all activities, and used a hoyer lift for all transfers. The Visit Note failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition.</p> <p>A SN Visit Note Report, dated 5/1/19, which indicated Patient 2's respirations were shallow at rest, oxygen saturation was at 93%, and patient fell asleep frequently throughout nurse visit. The Visit Note failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition.</p> <p>A SW Visit Note Report, dated 5/3/19, failed to evidence the family was contacted by hospice regarding an update on Patient 2.</p> <p>A SN Visit Note Report, dated 5/8/19, failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition.</p> <p>A SN Visit Note Report, dated 5/17/19, which indicated Patient 2 was less able to feed self, no longer attempted to pick up silverware, coughed frequently with intake and turned red in the face, and required a new low air loss mattress due to it had deflated. The Visit Note failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient</p>	L 556			

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L 556	<p>Continued From page 7</p> <p>2's condition.</p> <p>A SN Visit Note Report, dated 5/22/19, which indicated Patient 2 was less responsive, unable to focus gaze, had periods of apnea when asleep, unable to feed self, eating less, had pitting edema to left lower extremity, had increased cough with intake, more frequently pocketed food in cheek, and had increased constipation. The Visit Note failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition.</p> <p>A SN Visit Note Report, dated 5/31/19, which indicated Patient 2 was less alert, lethargic, unable to make needs known, only ate 25% of meals on average, slept through meals, had increased agitation, and had required Roxanol. The Visit Note failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition.</p> <p>An RN Recertification Assessment, dated 6/7/19, which indicated Patient 2 had frequently required Roxanol doses for increased behaviors, was less alert and responsive, had signs/ symptoms of a respiratory infection, the physician was contacted due to the respiratory infection, and Doxycycline (an antibiotic) was ordered. The Recert Assessment failed to evidence the family was contacted by hospice or the long term care facility to provide an update on Patient 2's condition or the new medication ordered.</p> <p>A SN Visit Note Report, dated 6/12/19, which indicated Patient 2 was lethargic, had diminished breath sounds, and continued antibiotic for respiratory infection. The Visit Note failed to evidence the family was contacted by hospice or</p>	L 556			

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L 556	<p>Continued From page 8</p> <p>the long term care facility to provide an update on Patient 2's condition.</p> <p>A SW Visit Note Report, dated 5/3/19, failed to evidence the family was contacted by hospice regarding an update on Patient 2.</p> <p>During a phone interview on 6/28/19 at 3:32 p.m., Patient 2's family member indicated the SNF notifies him/her of changes, but the hospice does not. Patient 2's family member indicated he/she does not know Patient 2's hospice nurse's name.</p> <p>During a phone interview on 6/28/19 at 3:39 p.m., Employee B indicated she/he has never spoken to Patient 2's family member. Employee B indicated the nurse should call the family if there was something abnormal, with medication changes, and/or changes in condition. If the patient was in a SNF (skilled nursing facility), they would discuss with the facility on who would call or if they had already been contacted. Employee B indicated she/he did not usually contact the family at recertification because she/he had been talking to the family throughout the certification period. Employee B indicated she/he would usually put it in the nursing visit narrative if the SNF had already contacted the family regarding changes.</p> <p>During an interview on 6/28/19 at 3:24 p.m., the Administrator indicated the hospice policy was to have the hospice staff try to reach family for updates at every visit and it should be charted in the visit note. The staff should notify the family with patient changes, how the patient is doing, if blood pressure is increased, if pocketing foods, and anything else hospice related. The SNF (skilled nursing facility) should also be notifying</p>	L 556			

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L 556	Continued From page 9	L 556			
L 774	<p>HOSPICE PLAN OF CARE CFR(s): 418.112(d)(1)</p> <p>The hospice plan of care must identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the plan of care failed to specifically identify which provider was responsible for performing the respective functions that have been agreed upon regarding family notifications for 2 of 3 records reviewed. (Patient 1,2)</p> <p>Findings include:</p> <p>1. An undated policy titled Hospice Care in a Nursing Facility was provided by Employee D on 6/28/19 at 4:15 p.m. The policy indicated, but was not limited to, "Policy: ... Agency will assume responsibility for professional management of the patient's hospice services provided, in accordance with the hospice POC and the hospice conditions of participation ... 3. The hospice is responsible for providing services at the same level and to the same extent as those services would be provided if the Facility resident were in his or her own home ... 5. Coordination/Continuity of Care ... Maintain communication with facility staff, patient/family and physician with appropriate documentation ..."</p>	L 774			

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L 774	<p>Continued From page 10</p> <p>2. An undated policy titled Contractual Agreements was provided by Employee D on 6/28/19 at 4:15 p.m. The policy indicated, but was not limited to, "Policy: Agency may provide care/services through another individual or entity and will have a contractual arrangement/legally binding, written agreement ... 2. Agency contracts and/or written agreements will include the following: ... The organization or individual who is responsible for: ... The delineation of the role of the hospice and the contractor in the admission process, client family assessment ... Requirements for documentation that services are furnished in accordance with the agreement ..."</p> <p>3. An undated policy titled Patient Rights and Responsibilities was provided by Employee D on 6/28/19 at 4:15 p.m. The policy indicated, but was not limited to, "...3. To provide complete information regarding the patient's condition and plan of care and any changes in the condition which affect the plan of care ..."</p> <p>4. Review of the Hospice Service Agreement for The Villages at Oak Ridge dated April 30, 2015 states,"... Any change in the POC will be discussed with the Hospice Patient or the Hospice Patient's representative and the Facility representatives, and must be approved by Hospice before implementation ... (2) Communicating with Facility representatives and other providers to ensure quality of care of the Hospice Patient or the Hospice Patient's Representative ... (i) Maintain communication with Facility staff, Hospice Patient or the Hospice Patient's Representative and physician with appropriate documentation ..."</p>	L 774			

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L 774	<p>Continued From page 11</p> <p>5. Review of patient #1's Plan of Care Update Report dated 12/24/18 states, "Current Problem List ... Need for facility staff care coordination - Hospice ..." The Plan of Care failed to address which provider was to take responsibility for family notifications regarding patient condition changes.</p> <p>During an interview with the Administrator on 6/28/19 at 3:24 p.m. inquired as to whose responsibility it was for notifying the family of changes in condition if a patient was in a long term care facility. The Administrator stated that hospice should notify the family with condition changes. Inquired as to what would prompt the nurse to update the family. The Administrator stated it would depend. The Administrator acknowledged that the hospice nurse should call the family regarding a change in the patient's condition such as fever, not swallowing or eating food, and changes with medication.</p> <p>6. Patient 2's Plan of Care Update Report, dated 4/15/19 to 6/13/19, was reviewed on 6/28/19 at 11:45 a.m., and indicated, "Current Problem List...Need for facility staff care coordination - Hospice..." The Plan of Care failed to evidence which provider was to take responsibility for family notifications regarding patient condition changes.</p> <p>During a phone interview on 6/28/19 at 3:32 p.m., Patient 2's family member indicated the SNF (skilled nursing facility) would notify him/her of changes, but the hospice did not. Patient 2's family member indicated he/she did not know Patient 2's hospice nurse's name.</p> <p>During a phone interview on 6/28/19 at 3:39 p.m., Employee B indicated she/he had never spoken</p>	L 774			

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NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF SOUTHWEST INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 415 E 6TH STREET JASPER, IN 47546		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 774	<p>Continued From page 12</p> <p>to Patient 2's family member. Employee B indicated the nurse should call the family if there was something abnormal, with medication changes, and/or changes in condition. If the patient was in a SNF, they would discuss with the facility on who would call or if they had already been contacted. Employee B indicated she/he did not usually contact the family at recertification because she/he had been talking to the family throughout the certification period. Employee B indicated she/he would usually put it in the nursing visit narrative if the SNF had already contacted the family regarding changes.</p> <p>During an interview on 6/28/19 at 3:24 p.m., the Administrator indicated the hospice policy was to have the hospice staff try to reach family for updates at every visit and it should be charted in the visit note. The administrator indicated the staff should notify the family with patient changes, how the patient was doing, if blood pressure was increased, if pocketing foods, and anything else hospice related. The SNF should also be notifying the family.</p>	L 774			