

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

PRINTED: 08/17/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>151501</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/13/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CENTER FOR HOSPICE AND PALLIATIVE CARE INC, THE</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>501 COMFORT PLACE<br/>MISHAWAKA, IN 46545</b>                                |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                             |
| E 000  | Initial Comments<br><br>At this Emergency Preparedness survey, the Center for Hospice and Palliative Care Inc. was found to be in compliance with 42 CFR 418.113 Emergency Preparedness requirements for Medicare participating Providers and Suppliers for Hospice agencies.<br><br>Survey Dates: June 28, 29, 30 and July 1, 2, 5, 6, 7, 8, 12 and 13, 2021<br><br>Facility Number: 005934<br><br>Provider Number: 151501 | E 000  |  |  |  |
| L 000  | INITIAL COMMENTS<br><br>This visit was for a Federal hospice Recertification survey.<br><br>Survey Dates: June 28, 29, and 30, and July 1, 2, 5, 6, 7, 8, 12, and 13, 2021<br><br>Facility Number: 005934<br><br>Provider Number: 151501<br><br>Current Census: 321<br><br>Unduplicated Census last 12 months: 1826   | L 000  |  |  |  |
| L 522  | Quality Review Completed 08/17/2021<br>INITIAL ASSESSMENT<br>CFR(s): 418.54(a)  | L 522  |  |  |  |

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 522  | <p>Continued From page 1</p> <p>The hospice registered nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with §418.24 is complete (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours.)</p> <p>This STANDARD is not met as evidenced by:<br/>Based on record review and interview, the hospice agency failed to ensure the initial assessment was completed within 48 hours of the election of hospice care in 2 of 20 active clinical records reviewed (#2, 4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of an agency policy dated 5/2021, titled "Hospice Medicare Benefit &amp; Hospice Medicaid Benefit Election" stated "... information given will include ... effective date of the election ...."</li> <li>2. Review of an agency policy dated 5/2021, titled "Initial Assessment of Patient, Family, Primary Caregiver" stated "... an initial assessment is done to determine the critical information necessary to treat the patient/family's immediate needs and will be conducted by a hospice Registered Nurse within 48 hours of the patient election of the hospice care benefit ...."</li> <li>3. Clinical record review on 6/29/2021 for patient #2, start of care 6/28/2021, certification period 6/28/21 - 9/25/21, primary diagnosis of chronic kidney disease stage 4 (severe), evidenced an agency document titled "Notice of Election of Hospice Benefit" dated 6/25/202. This agency document stated " ... I ... choose to elect the</li> </ol> | L 522  |  |                            |  |

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| L 522  | <p>Continued From page 2</p> <p>Medicare ... hospice benefit ... date ...<br/>6/25/2021 ...."</p> <p>Clinical record review evidenced an agency document titled "Skilled Nursing Visit Note" dated 6/28/2021 and signed by RN [registered nurse] T. This agency document stated " ... assessment type ... Hospice Initial Assessment ... date of visit ... 6/28/2021 ...." This document failed to evidence the hospice agency completed the initial assessment within 48 hours of the patient's election of hospice.</p> <p>During an interview on 7/12/2021 at 11:39 AM, when queried why the election of benefit was signed and dated 6/25/2021 and start of care (initial assessment) was completed on 6/28/2021, vice president/chief operating officer A indicated the agency would have an admission representative or nurse meet with the patient/family and had election of benefit form signed. The start of care date will match with the initial assessment date in the electronic medical record.</p> <p>4. Clinical record review on 7/6/2021 for patient #4, start of care 6/8/2021, certification period 6/8/2021 - 9/5/2021, primary diagnosis of cerebral atherosclerosis, evidenced an agency document titled "Notice of Election of Hospice Benefit" dated 6/5/2021 and signed by admission representative U. This agency document stated ... I [patient #4] ... choose to elect the Medicare ... hospice benefit ... date ... 6/5/2021 ...."</p> <p>Clinical record review evidenced an agency document titled "Skilled Nursing Visit Note" dated 6/8/2021 and signed by RN V. This agency</p> | L 522  |  |                            |  |

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| L 522  | Continued From page 3<br>document stated "... assessment type ... Hospice<br>Initial Assessment ... date of visit ... 6/8/2021 ...."<br>This document failed to evidence the completion<br>of the initial assessment within 48 hours of<br>patient's election of hospice benefit.<br><br>During an interview on 7/6/2021 at 11:00 AM,<br>when queried why the election of benefit was<br>signed and dated 6/5/2021 and start of care<br>(initial assessment) was 6/8/2021, vice<br>president/chief operating officer A indicated this<br>was the agency's previous practice and changes<br>had been made on 7/2/2021 after record review<br>with the agency.  | L 522  |  |                            |  |
| L 533  | UPDATE OF COMPREHENSIVE ASSESSMENT<br>CFR(s): 418.54(d)<br><br>The update of the comprehensive assessment<br>must be accomplished by the hospice<br>interdisciplinary group (in collaboration with the<br>individual's attending physician, if any) and must<br>consider changes that have taken place since the<br>initial assessment. It must include information on<br>the patient's progress toward desired outcomes,<br>as well as a reassessment of the patient's<br>response to care. The assessment update must<br>be accomplished as frequently as the condition of<br>the patient requires, but no less frequently than<br>every 15 days.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the<br>hospice failed to ensure the IDT (interdisciplinary<br>team) updated the comprehensive assessment to<br>include the patient's progress and outcomes to<br>the response of care in 7 of 22 clinical records<br>reviewed (#1, 3, 5, 8, 9, 11, 17). | L 533  |  |                            |  |

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| L 533  | <p>Continued From page 4</p> <p>1. Review of an agency policy dated 5/2021, titled "Comprehensive Assessment of the Patient" stated " ... comprehensive assessment updates will be conducted by the IDT in collaboration/consultation with the patient's attending/primary physician/nurse practitioner (if any). Updates to the comprehensive assessment will consider all changes that have occurred since the initial assessment, progress toward desired outcomes, and response to care provided by the IDT...."</p> <p>2. Record review for patient #1 was completed on 6/28/21, start of care date 3/25/21, benefit period 6/23/2021 - 9/20/2021, primary diagnosis of Acute on chronic combined systolic and diastolic heart failure, evidenced a document titled "Hospice Current Plan of Care - 7/1/2021" benefit period 6/23/2021 - 9/20/2021. This plan of care stated " ... goals ... SN [skilled nurse]: patient will have information necessary for decision making ... target date: 4/12/2021 ...." The plan of care failed to evidence an update of progress toward the goal.</p> <p>3. Clinical Record review on 6/29/2021 for patient #3, start of care date 3/20/2021, benefit period 6/18/2021-9/15/2021, primary diagnosis cerebral atherosclerosis, evidenced an agency document titled "Hospice Plan of Care" dated 6/16/2021 and signed by RN (registered nurse) W and medical director E. This agency document stated " ... goals ... chaplain ... patient and family will have spiritual needs met ... target date: 6/17/2021 ... MSW [medical social worker] ... family/CG [caregiver] will have mechanisms to cope appropriately ... target date: 6/17/2021 ...." The plan of care failed to evidence an update of</p> | L 533  |  |                            |  |

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| L 533  | <p>Continued From page 5</p> <p>progress toward the chaplain and MSW goals.</p> <p>4. Clinical Record review on 6/30/2021 for patient #5, start of care date 8/19/2015, benefit period 5/19/2021-7/17/2021, primary diagnosis of Alzheimer's disease, unspecified, evidenced an agency document titled "Hospice Plan of Care" dated 5/18/2021 and signed by RN L and medical director E . This agency document stated " ... goals ... MSW: continuity of care will be maintained as appropriate to patient/primary caregiver needs ... target date: 1/18/2021 ...." The plan of care failed to evidence an update of progress toward the MSW goal.</p> <p>5. Clinical Record review on 7/7/2021 for patient #8, start of care date 10/23/2020, benefit period 6/20/21-8/18/2021, primary diagnosis of displaced cervical one (spine) fracture, evidenced an agency document titled "Hospice Plan of Care" dated 6/16/2021 and signed by RN W and medical director E. This agency document stated "goals ... aide: patient's personal care needs will be met ... target date: 6/19/2021 ... SN: patient/caregiver verbalized understanding/demonstrate proper skin care ... target date: 6/19/2021...." The plan of care failed to evidence an update of progress toward hospice aide and skilled nursing goals.</p> <p>6. Clinical Record review on 7/7/2021 for patient #9, start of care date 4/9/2021, benefit period 6/8/2021 - 8/6/2021, primary diagnosis of chronic obstructive pulmonary disease, evidenced an agency document titled "Interdisciplinary Group Meeting" dated 6/10/2021 and signed by RN X. This agency document, stated " ... changes in care plan ... no changes since last IDG [interdisciplinary group] meeting ... goals ... pt/cg</p> | L 533  |  |                            |  |

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| L 533  | <p>Continued From page 6</p> <p>[patient/caregiver] can describe/demonstrate measures to improve/maintain skin integrity ... target date: 6/7/2021 ... patient will remain comfortable ... target date: 6/7/2021 ...." The IDT failed to indicate the updated progress toward the care plan goals.</p> <p>7. Clinical Record review on 7/6/2021 for patient #11, start of care 2/15/2021, benefit period 5/16/2021 - 8/13/2021, primary diagnosis of acute on chronic diastolic (congestive) heart failure, evidenced an agency document titled "Interdisciplinary Group Meeting" dated 5/27/2021 and 6/24/2021, signed by RN Y. These documents, stated " ... changes in care plan ... no changes since last IDG meeting ... goals ... patient will be pain free or verbalize an acceptable pain level with current pain management regimen ... target date: 5/15/2021 ... patient's personal care needs will be met ... target date: 5/15/2021 ...." The IDT failed to indicate the updated progress toward care plan goals.</p> <p>Clinical record review evidenced an agency document titled "Interdisciplinary Group Meeting" dated 6/10/2021 and signed by RN Y. This agency document, stated " ... goals ... patient will be pain free or verbalize an acceptable pain level with current pain management regimen ... target date: 5/15/2021 ... patient's personal care needs will be met ... target date: 5/15/2021 ...." The IDT failed to indicate the updated progress toward the care plan goals.</p> <p>8. Clinical Record review on 7/8/2021 for patient #17, start of care 10/23/2020, benefit periods 4/21/2021 - 6/19/2021 and 6/20/2021- 8/18/2021, primary diagnosis of cerebral atherosclerosis,</p> | L 533  |  |                            |  |

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| L 533  | Continued From page 7<br>evidenced agency documents titled<br>"Interdisciplinary Group Meeting" dated<br>4/20/2021, 5/4/2021, 5/18/2021, and 6/15/2021<br>signed by RN M. These agency documents,<br>stated " ... changes in plan of care ... no changes<br>since last IDG meeting ... goals ... patient's skin<br>remains free of breakdown ... target date:<br>12/21/2020 ...." The IDT failed to indicate the<br>updated progress toward the care plan goals.<br><br>Clinical record review evidenced a document<br>titled "Interdisciplinary Group Meeting" dated<br>6/1/2021 and signed by RN M. This document<br>stated " ... goals ... patient's skin remains free of<br>breakdown ... target date: 12/21/2020 ...." The<br>IDT failed to indicate the updated progress<br>toward the care plan goal.<br><br>9. During an interview on 7/8/2021 at 2:25 PM,<br>the assistant director of nursing, RN H indicated<br>the goals should be updated at the end of the<br>certification period for the new certification period. | L 533  |  |                            |  |
| L 547  | CONTENT OF PLAN OF CARE<br>CFR(s): 418.56(c)(2)<br><br>[The plan of care must include all services<br>necessary for the palliation and management of<br>the terminal illness and related conditions,<br>including the following:]<br>(2) A detailed statement of the scope and<br>frequency of services necessary to meet the<br>specific patient and family needs.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review, and interview, the<br>hospice agency failed to ensure the plan of care   | L 547  |  |                            |  |



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| L 547  | <p>Continued From page 8</p> <p>was updated to include a detailed statement of frequency of visits to meet the patient and family needs for 20 of 22 clinical records reviewed (Pt #1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 21, 22).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of an agency policy dated 5/19/2021 titled "Plan of Care" stated " ... Hospice care and services provided to patients and their families are in accordance with an individualized, written plan of care established by the hospice interdisciplinary team (IDT) ... in collaboration with the patient or representative and the primary caregiver ... patient's plan of care specifies the care and services necessary to meet the needs of the patient/caregiver as identified in the initial, comprehensive and updated assessments of the patient..."</li> <li>2. Clinical Record review on 7/2/2021 for patient #1, start of care 3/25/2021, benefit period 3/25/2021 - 6/22/2021, evidenced a document titled "Hospice Plan of Care" dated 3/30/2021, and signed by RN Z and MD (medical doctor) AA. This plan of care indicated the patient received skilled nursing 1-2 times a week for 13 weeks, and 10 prn [as needed] visits for symptom management.</li> </ol> <p>Clinical record review evidenced a document titled "Hospice Current Plan of Care - 7/1/2021" for benefit period 6/23/2021 - 9/20/2021, dated 6/23/2021 and signed by RN W and MD O, which indicated the patient received skilled nursing once a week for 13 weeks, 5 prn visits for symptom management, and medical social worker 4 prn visits, to assess emotional and care needs as</p> | L 547  |  |                            |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CENTER FOR HOSPICE AND PALLIATIVE CARE INC, THE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>501 COMFORT PLACE<br/>MISHAWAKA, IN 46545</b>                                |                            |  |
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| L 547  | <p>Continued From page 9<br/>well as provide support and education.</p> <p>During an interview on 7/8/2021 at 2:30 PM, RN C indicated the expectation was 2 prn and if patient has used prn visits will change the frequency of visits, education will need to be provided to staff. The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>3. Clinical Record review on 7/6/2021 for patient #4, start of care 6/8/2021, benefit period 6/8/2021 - 9/5/2021, evidenced a document titled "Hospice Plan of Care" dated 6/11/2021 and signed by RN BB and MD AA, which indicated the patient received skilled nursing 1-2 times a week for 12 weeks, and 10 prn visits for symptom management.</p> <p>During an interview on 7/12/2021 at 11:59 AM, RN B indicated changes in use of prn visits have been implemented but not in this record.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>4. Clinical Record review on 6/30/2021 for patient #5, start of care 8/19/2015, benefit period 5/19/2021 - 7/17/2021, evidenced a document titled "Hospice Plan of Care" dated 5/18/2021 and signed by RN L and MD E. This plan of care indicated the patient received skilled nursing once a week for 1 week, twice a week for 8 weeks, 10 prn visits for symptom management, and chaplain 2 prn visits for spiritual support.</p> <p>During an interview on 7/8/2021 at 3:39 PM, RN</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 10</p> <p>B indicated prn visits had been previously discussed.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>5. Clinical Record review on 7/8/2021 for patient #6, start of care 6/3/2021, benefit period 6/3/2021 - 8/31/2021, evidenced a document titled "Hospice Plan of Care" dated 6/7/2021 and signed by RN W and MD E. This plan of care indicated the patient received skilled nursing once a week for 13 weeks, 10 prn visits for symptom management, chaplain once a month for 3 months, 3 prn visits for additional spiritual support, medical social worker once a month for 3 months, and 3 prn visits to address any additional needs that arise.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs</p> <p>6. Clinical Record review on 7/7/2021 for patient #7, start of care 5/12/2021, benefit period 5/12/2021-8/9/2021, evidenced a document titled "Hospice Plan of Care" dated 5/14/2021 and signed by RN W, dated 5/17/2021 and signed MD AA. This plan of care indicated the patient received skilled nursing 1-2 times a week for 12 weeks, 10 prn visits for symptom management, and chaplain 3 prn visits for spiritual support.</p> <p>This concern was reviewed on 7/12/2021 at 12:48 PM, with RN B and no response was received</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 11<br/>family's current needs.</p> <p>7. Clinical record review on 7/7/2021 for patient #8, start of care 10/23/2020, benefit period 6/20/21 - 8/18/2021 evidenced a document titled "Hospice Plan of Care" dated 6/16/2021, and signed by RN W and MD E. This plan of care indicated the patient received skilled nursing twice a week for 8 weeks, once a week for a week, 10 prn visits for symptom management, and chaplain 3 prn for spiritual support.</p> <p>This concern was reviewed on 7/12/2021 at 1:00 PM, with RN B and no response was received .</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>8. Clinical Record review on 7/7/21 for patient #9, start of care 4/9/2021, benefit period 6/8/2021 - 8/6/2021, evidenced a document titled "Hospice Plan of Care" dated 6/8/2021, and signed by RN W and MD AA. This plan of care indicated the patient received skilled nursing once a week for 9 weeks, 10 prn visits for symptom management, chaplain once a month for 2 months, 3 prn for additional spiritual support, medical social worker 1-2 times a month for 3 months, and 3 prn to address any additional needs that arise.</p> <p>This concern was reviewed on 7/12/2021 at 1:05 PM, with RN B and no response was received .</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>9. Clinical Record review on 6/30/2021 for patient</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 12</p> <p>#10, start of care 4/2/2021, benefit period 4/2/2021 - 6/30/2021, evidenced a document titled "Hospice Plan of Care" dated 4/14/2021, and signed by RN Z and MD AA. This document indicated the patient received skilled nursing twice a week for 13 weeks, 10 prn visits for symptom management, chaplain once a month for 2 months, 4 prn for additional spiritual support, medical social worker once a month for 3 months, and 3 prn to address any additional needs that arise.</p> <p>This concern was reviewed on 7/12/2021 at 1:07 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>10. Clinical record review on 7/6/2021 for patient #11, start of care 2/15/2021, benefit period 5/16/2021 - 8/13/2021, evidenced a document titled "Hospice Plan of Care" dated 5/18/2021, and signed by RN W and MD AA. This document indicated the patient received skilled nursing once a week for 13 weeks, and 10 prn visits for symptom management.</p> <p>This concern was reviewed on 7/12/2021 at 2:26 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>11. Clinical record review on 7/5/2021 for patient #12, start of care 5/12/2021, benefit period 5/12/2021 - 8/9/2021, evidenced a document titled "Hospice Plan of Care" dated 5/17/2021 and</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 13</p> <p>signed by RN W, dated 5/19/2021 and signed by MD E. This document indicated the patient received skilled nursing 1-2 times a week for 12 weeks, 5 prn visits for pain and symptom management.</p> <p>This concern was reviewed on 7/12/2021 at 2:53 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>12. Clinical record review on 7/6/2021 for patient #13, start of care 6/14/2021, benefit period 6/14/2021 - 9/11/2021, evidenced a document titled "Hospice Plan of Care" dated 6/18/2021, and signed by RN BB and MD AA. This document indicated the patient received skilled nursing 1-2 times a week for 13 weeks, 5 prn visits for symptom management, aide 1-2 times a week for 13 weeks, and 5 prn visits for assistance with personal grooming.</p> <p>This concern was reviewed on 7/12/2021 at 2:56 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>13. Clinical record review on 7/7/2021 for patient #14, start of care 6/6/2021, benefit period 6/6/2021 - 9/3/2021, evidenced a document titled "Hospice Plan of Care" dated 6/10/2021 and signed by RN W and MD AA. This document indicated the patient received skilled nursing once a week for 12 weeks, and 10 prn visits for symptom management.</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 14</p> <p>This concern was reviewed on 7/12/2021 at 3:25 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>14. Clinical record review on 7/1/2021 for patient #15, start of care 4/25/2021, benefit period 4/25/2021 - 7/23/2021, evidenced a document titled "Hospice Plan of Care" dated 4/29/2021, signed by RN W, dated 4/30/2021 and signed by MD F. This document indicated the patient received skilled nursing once a week for 13 weeks, 10 prn visits for symptom management, chaplain 4 prn visits for spiritual support, and medical social worker 4 prn visits to assess the needs of patient and family.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>15. Clinical record review on 7/6/2021 for patient #16, start of care 5/14/2021, benefit period 5/14/2021 - 8/11/2021, evidenced a document titled "Hospice Plan of Care" dated 5/18/2021 and signed by RN WW, dated 5/19/2021 and signed by MD AA. This document indicated the patient received skilled nursing 1-2 times a week for 13 weeks, and 10 prn visits for pain and symptom management.</p> <p>This concern was reviewed on 7/12/2021 at 3:45 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 15<br/>family's current needs.</p> <p>16. Clinical record review on 7/8/2021 for patient #17, start of care date 10/23/2020, benefit period 4/21/2021 - 6/19/2021, evidenced a document titled "Hospice Plan of Care" dated 4/15/2021, signed by RN W, dated 4/16/2021 and signed by MD E. This document indicated the patient received skilled nursing once a week for 9 weeks, and 10 prn visits for symptom management.</p> <p>Clinical record review of another document titled "Hospice Plan of Care" for benefit period 6/20/2021 - 8/18/2021, dated 6/21/2021 and signed by RN M and MD E, indicated the patient received skilled nursing once a week for 8 weeks, and 10 prn visits for symptom management.</p> <p>These concerns were reviewed on 7/12/2021 at 3:35 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>17. Clinical record review on 7/6/2021 for patient #18, start of care 4/5/2021, benefit period 4/5/2021 - 7/3/2021, evidenced a document titled "Hospice Plan of Care" dated 4/8/2021 and signed by RN Z and MD AA. This document indicated the patient received skilled nursing twice a week for 13 weeks, 10 prn visits for assessment and symptom management, medical social worker 1-2 times a month for 3 months, and 3 prn visits to provide support to patient and family and assess for needs or changes.</p> <p>This concern was reviewed on 7/12/2021 at 3:48</p> | L 547  |  |                            |  |



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| L 547  | <p>Continued From page 16</p> <p>PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>18. Clinical record review on 7/7/2021 for patient #19, start of care 5/14/2021, benefit period 5/14/2021 - 8/11/2021, evidenced a document titled "Hospice Plan of Care" dated 5/19/2021 and signed by RN V and MD E. This document indicated the patient received skilled nursing once a week for 1 week, 1-2 times a week for 11 weeks, once a week for 1 week, 10 prn visits for symptom management, chaplain 4 prn visits, and medical social worker 4 prn visits.</p> <p>This concern was reviewed on 7/12/2021 at 3:05 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>19. Clinical record review on 7/10/2021 for patient #20, start of care 6/2/2021, benefit period 6/2/2021 - 8/30/2021, evidenced a document titled "Hospice Plan of Care" dated 6/7/2021 and signed by RN W and MD AA. This document indicated the patient received skilled nursing 1-2 times a week for 12 weeks, and 10 prn visits for symptom management.</p> <p>This concern was reviewed on 7/12/2021 at 3:53 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> | L 547  |  |                            |  |

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| L 547  | <p>Continued From page 17</p> <p>20. Clinical record review on 7/12/2021 for patient #21, start of care 2/25/2021, benefit period 2/25/2021 - 5/25/2021, evidenced a document titled "Hospice Plan of Care" dated 3/1/2021 and signed by RN Z and MD AA. This document indicated the patient received skilled nursing once a week for 13 weeks, 10 prn visits for symptom management and assessment, chaplain 3 prn visits for additional spiritual support, medical social worker 1-2 times a month for 3 months, and 3 prn visits to address any additional needs that arise.</p> <p>This concern was reviewed on 7/12/2021 at 3:15 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>21. Clinical record review on 7/10/2021 for patient #22, start of care 4/10/2021, benefit period 4/10/2021 - 7/8/2021, evidenced a document titled "Hospice Plan of Care" dated 4/14/2021, signed by RN Z, dated 4/16/2021 and signed by MD AA. This document indicated the patient received skilled nursing 1-2 times a week for 13 weeks, and 10 prn visits for pain/symptom management.</p> <p>This concern was reviewed on 7/12/2021 at 3:53 PM, with RN B and no response was received.</p> <p>The frequency failed to be individualized based on the assessment findings of the patient and family's current needs.</p> <p>22. During an interview on 6/30/21 at 4:20 PM,</p> | L 547  |  |                            |  |

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| L 547  | Continued From page 18<br>when queried how the skilled nurse order should<br>be written, assistant director of nursing H<br>indicated the nurse writes a range and prn visits.<br>When queried why support services put in only<br>prn visits with no range, vice president/chief<br>operating officer A indicated social service want<br>orders available for bedside presence at time of<br>death. When queried if prn only visit orders<br>would be too vague, director of nursing B<br>indicated an order is needed in case that<br>discipline needs to make a visit.   | L 547  |  |                            |  |
| L 548  | CONTENT OF PLAN OF CARE<br>CFR(s): 418.56(c)(3)<br><br>[The plan of care must include all services<br>necessary for the palliation and management of<br>the terminal illness and related conditions,<br>including the following:]<br>(3) Measurable outcomes anticipated from<br>implementing and coordinating the plan of care.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the<br>hospice failed to ensure it developed<br>individualized plans of care which included<br>measurable outcomes for 22 of 22 clinical<br>records reviewed. (#1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,<br>12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22).<br><br>Findings include:<br><br>1. Review of an undated agency policy titled<br>"Plan of Care" stated " ... the plan of care<br>includes ... measurable outcomes anticipated<br>from implementing and coordinating the plan of<br>care...." | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 19</p> <p>2. Clinical record review on 7/2/2021 for patient #1, start of care 3/25/2021, benefit period 3/25/2021 - 6/22/2021, primary diagnosis acute on chronic combined systolic and diastolic heart failure, evidenced a document titled "Hospice Plan of Care" dated 3/30/2021, signed by RN [registered nurse] Z and MD [medical doctor] AA. This plan of care stated " ... Goals ... chaplain: patient and family will have spiritual needs met ... SN [skilled nurse]: patient symptoms will be managed ... SN: patient will remain comfortable ... SN: patient/caregiver will demonstrate measures to maintain skin integrity...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>Clinical record review evidenced a document titled "Hospice Plan of Care" for benefit period 6/23/2021 - 9/20/2021, which stated " ... Goals ... chaplain: patient and family will have spiritual needs met ... SN: patient will have information necessary for decision making ... SN: family/caregiver will demonstrate measures to maintain skin integrity...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/8/2021 at 2:20 PM, when queried if goals are measurable, assistant director of nursing (ADON) H shook head no and indicated the goals could be more patient specific, director of nursing (DON) B indicated the goals are not measurable.</p> <p>3. Clinical review record on 6/29/2021 of patient #2, start of care 6/28/2021, certification period 6/28/2021-9/25/2021, primary diagnosis chronic kidney disease Stage 4 (severe kidney damage), evidenced a document titled "Hospice Plan of</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 20</p> <p>Care" dated 7/1/2021, signed by RN BB and MD AA. This plan of care stated " ... Goals ... chaplain: patient achieves feelings of spiritual comfort ... MSW [medical social worker]: continuity of care will be maintained appropriate to patient/primary caregiver needs ...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 11:39 AM, RN C indicated the goals are not measurable.</p> <p>4. Clinical record review on 6/29/2021 for patient #3, start of care 3/20/2021, benefit period 6/18/2021-9/15/2021, primary diagnosis cerebral atherosclerosis (hardening and thickening of blood vessels to the brain), evidenced a document titled "Hospice Plan of Care" dated 6/16/2021, signed by RN W and MD E. This plan of care stated " ... Goals ... chaplain: patient and family will have spiritual needs met ... MSW: Family/CG [caregiver] will have mechanisms to cope appropriately...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 11:50 AM, RN B indicated the goals are not measurable</p> <p>5. Clinical record review on 7/6/2021 for patient #4, start of care 6/8/2021, benefit period 6/8/2021 - 9/5/2021, primary diagnosis cerebral atherosclerosis, evidenced a document titled "Hospice Plan of Care" dated 6/11/2021, signed by RN BB and MD AA. This plan of care stated "... Goals ... aide: promote safe personal care and hygiene ... aide: promote skin integrity ... SN: anxiety/agitation controlled through course of care...." This plan of care failed to evidence data elements were used to set measurable goals.</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 21</p> <p>During an interview on 7/12/2021 at 11:59 AM, RN B indicated the goals are not measurable.</p> <p>6. Clinical record review on 6/30/2021 for patient #5, start of care 8/19/2015, benefit period 5/19/2021 - 7/17/2021, primary diagnosis Alzheimer's disease evidenced a document titled "Hospice Plan of Care" dated 5/18/2021, signed by RN L and MD E. This plan of care stated "... Goals ... aide: promote safe personal care and hygiene ... aide: patient's personal care needs will be met ... chaplain: patient and family will have spiritual needs met ... SN: urinary output will be appropriate for stage of disease process...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/8/2021 at 3:39 PM, when queried if goals are measurable, vice president/chief operating officer A indicated the goals should be specific.</p> <p>7. Clinical record review on 7/8/2021 for patient #6, start of care 6/3/2021, benefit period 6/3/2021 - 8/31/2021, primary diagnosis alcoholic cirrhosis of liver without ascites (liver disease without fluid buildup in the abdomen), evidenced a document titled "Hospice Plan of Care" dated 6/7/2021, signed by MD W and MD E. This plan of care stated "... Goals ... chaplain: patient/caregiver will feel more connected to the religious or spiritual community ... MSW: assessment and education regarding social situation and patient's needs ... SN: management and control of anxiety level...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 12:10 PM,</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 22</p> <p>vice president/chief operating officer A indicated the goals are not measurable.</p> <p>8. Clinical record review on 7/7/2021 for patient #7, start of care date 5/12/2021, benefit period 5/12/2021-8/9/2021, primary diagnosis chronic diastolic (congestive) heart failure evidenced a document titled "Hospice Plan of Care" dated 5/14/2021, signed by RN W and MD AA. This plan of care stated "... Goals ... aide: patient's personal care needs will be met ... chaplain: patient achieves feelings of spiritual support ... SN: family/caregiver will demonstrate measures to maintain skin integrity ... SN: patient symptoms will be managed ... patient will remain comfortable...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 12:48 PM, RN H indicated the goals are not measurable.</p> <p>9. Clinical record review on 7/7/2021 for patient #8, start of care 10/23/2020, benefit period 6/20/21 - 8/18/2021, primary diagnosis displaced C1 (cervical spine) fracture, evidenced a document titled "Hospice Plan of Care" dated 6/16/2021, signed by RN W and MD E. This plan of care stated "... Goals ... aide: patient's personal care needs will be met ... chaplain: patient and family will have spiritual needs met ... MSW: pt. [patient] can verbalize realistic expectations in performance of role ... SN: patient/caregiver demonstrates knowledge of disease process and complications...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 12:55 PM,</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 23</p> <p>RN B indicated the goals are not measurable.</p> <p>10. Clinical record review on 7/7/2021 for patient #9, start of care 4/9/2021, benefit period 6/8/2021 - 8/6/2021, primary diagnosis chronic obstructive pulmonary disease (inflammatory lung disease that causes obstructed airflow from the lungs), evidenced a document titled "Hospice Plan of Care" dated 6/8/2021, signed by RN W and MD AA. This plan of care stated "... Goals ... MSW [medical social worker]: strengthening family/support system ... SN: patient/family will express satisfactory control of symptoms ... SN: patient will remain comfortable...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 1:05 PM, RN B indicated the goals are not measurable.</p> <p>11. Clinical record review on 6/30/2021 for patient #10, start of care 4/2/2021, benefit period 4/2/2021 - 6/30/2021, primary diagnosis multiple myeloma (cancer of plasma cells found in bone marrow), evidenced a document titled "Hospice Plan of Care" dated 4/14/2021, signed by RN Z and MD AA. This plan of care stated "... Goals ... aide: optimal independence ... SN: patient will maintain optimum level of functioning appropriate for stage of disease...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 1:07 PM, vice president/chief operating officer A indicated the goals are not measurable.</p> <p>12. Clinical record review on 7/6/2021 for patient #11, start of care 2/15/2021, benefit period</p> | L 548  |  |                            |  |



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| L 548  | <p>Continued From page 24</p> <p>5/16/2021 - 8/13/2021, primary diagnosis multiple injuries from a motor-vehicle accident, evidenced a document titled "Hospice Plan of Care" dated 5/18/2021, signed by RN W and MD AA. This plan of care stated "... Goals ... aide: patient's personal care needs will be met ... chaplain: patient and family will have spiritual needs met ... SN: family/caregiver will demonstrate measures to maintain skin integrity...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 2:26 PM, RN B indicated the goals are not measurable.</p> <p>13. Clinical record review on 7/5/2021 for patient #12, start of care 5/12/2021, benefit period 5/12/2021 - 8/9/2021, primary diagnosis acute on chronic diastolic (congestive) heart failure, evidenced a document titled "Hospice Plan of Care" dated 5/17/2021, signed by RN W and MD E. This plan of care stated "... Goals ... chaplain: patient and family will have spiritual needs met ... SN: patient/family will express satisfactory control of symptoms ... SN: patient symptoms will be managed ... SN: patient will remain comfortable...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 2:53 PM, RN B indicated the goals are not measurable.</p> <p>14. Clinical record review on 7/6/2021 for patient #13, start of care 6/14/2021, certification period 6/14/2021 - 9/11/2021, primary diagnosis bladder cancer, evidenced a document titled "Hospice Plan of Care" dated 6/18/2021, signed by RN BB and MD AA. This plan of care stated "... Goals ...</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 25</p> <p>aide: patient's personal care needs will be met ...<br/>chaplain: patient and family will have spiritual<br/>needs met ... SN: patient will remain comfortable<br/>... SN: patient symptoms will be managed...."</p> <p>This plan of care failed to evidence data elements<br/>were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 2:56 PM, RN<br/>H indicated the goals are not measurable.</p> <p>15. Clinical record review on 7/7/2021 for patient<br/>#14, start of care 6/6/2021, benefit period<br/>6/6/2021 - 9/3/2021, primary diagnosis malignant<br/>neoplasm of upper lobe right bronchus or lung<br/>(lung cancer), evidenced a document titled<br/>"Hospice Plan of Care" dated 6/10/2021, signed<br/>by RN W and MD AA. This plan of care stated "<br/>...Goals ... chaplain: patient and family will have<br/>spiritual needs met ... MSW: continuity of care will<br/>be maintained as appropriate to patient/primary<br/>caregiver needs ... SN: family/caregiver will<br/>demonstrate measures to maintain skin integrity<br/>... SN: patient will remain comfortable ... SN:<br/>patient symptoms will be managed...." This<br/>plan of care failed to evidence data elements<br/>were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 3:25 PM, RN<br/>B indicated the goals are not measurable.</p> <p>16. Clinical record review on 7/1/2021 for patient<br/>#15, start of care 4/25/2021, benefit period<br/>4/25/2021 - 7/23/2021, primary diagnosis chronic<br/>obstructive pulmonary disease, evidenced a<br/>document titled "Hospice Plan of Care" dated<br/>4/29/2021, signed by RN W and MD E. This plan<br/>of care stated "... Goals ... chaplain: patient and<br/>family will have spiritual needs met ... MSW:<br/>family/caregiver will demonstrate the ability to</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 26</p> <p>cope with limitations ... SN: patient will remain comfortable ... SN: patient symptoms will be managed...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>The concerns were reviewed with RN B on 07/12/2021 at 1:35 PM. RN B remained silent.</p> <p>17. Clinical record review on 7/6/2021 for patient #16, start of care 5/14/2021, benefit period 5/14/2021 - 8/11/2021, primary diagnosis malignant neoplasm of connective and soft tissue (cancer of tissues that connect, support, and surround other body structures), evidenced a document titled "Hospice Plan of Care" dated 5/18/2021, signed by RN W and MD AA. The plan of care stated "Goals ... SN: establish/maintain normal bowel habits ... SN: patient free of any signs/symptoms of infection ... SN: skin integrity will be maintained, and problems managed as disease process will allow...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>The concerns were reviewed with RN H on 07/12/2021 at 3:45 PM. RN H remained silent.</p> <p>18. Clinical record review on 7/8/2021 for patient #17, start of care 10/23/2020, benefit period 4/21/2021 - 6/19/2021, primary diagnosis cerebral atherosclerosis, evidenced a document titled "Hospice Plan of Care" dated 4/15/2021, signed by RN W and MD E. This plan of care stated "... Goals ... chaplain: patient achieves feelings of spiritual comfort ... MSW: patient will be oriented to: [sic]...." This plan of care failed to evidence data elements were used to set measurable</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 27<br/>goals.</p> <p>Clinical record review evidenced an agency document titled "Hospice Plan of Care" dated 6/21/2021, signed by RN M and MD AA. This plan of care stated "... Goals ... chaplain: patient achieves feelings of spiritual comfort ... MSW: patient will be oriented to: [sic] ... SN: optimal activity level achieved and maintained within baseline respiratory and energy parameters...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 3:30 PM, RN H indicated the goals are not measurable.</p> <p>19. Clinical record review on 7/6/2021 for patient #18, start of care 4/5/2021, benefit period 4/5/2021 - 7/3/2021, primary diagnosis alcoholic cirrhosis of liver with ascites (liver disease with fluid buildup in abdomen), evidenced a document titled "Hospice Plan of Care" dated 4/8/2021, signed by RN Z. This plan of care stated "... Goals ... SN: openly discuss abuse ... SN: mental status stable...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 3:48 PM, RN B indicated the goals are not measurable.</p> <p>20. Clinical record review on 7/7/2021 for patient #19, start of care 5/14/2021, benefit period 5/14/2021 - 8/11/2021, primary diagnosis Alzheimer's disease with late onset, evidenced a document titled "Hospice Plan of Care" dated 5/19/2021, signed by RN V and MD E. This plan of care stated " ...Goals ... aide: promote skin integrity ... chaplain: patient and family will have</p> | L 548  |  |                            |  |

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| L 548  | <p>Continued From page 28</p> <p>spiritual support needs met ... SN: patient will have information necessary for decision making...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>21. Clinical record review on 7/10/2021 for patient #20, start of care 6/2/2021, benefit period 6/2/2021 - 8/30/2021, primary diagnosis malignant neoplasm of lower lobe right bronchus or lung (lung cancer), evidenced a document titled "Hospice Plan of Care" dated 6/7/2021, signed by RN W and MD AA. This plan of care stated "... Goals ... aide: promote healthful environment ... aide: promote skin integrity ... SN: family/caregiver will demonstrate measures to maintain skin integrity...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>During an interview on 7/12/2021 at 3:53 PM, RN H indicated the goals are not measurable.</p> <p>22. Clinical record review on 7/12/2021 for patient #21, start of care 2/25/2021, certification period 2/25/2021 - 5/25/2021, primary diagnosis cerebral atherosclerosis, evidenced a document titled "Hospice Plan of Care" dated 3/1/2021, signed by RN Z and MD AA. This plan of care stated "... Goals ... chaplain: patient achieves feelings of spiritual support ... SN: patient/caregiver verbalize understanding of s/s [signs and symptoms] of wound infection...." This plan of care failed to evidence data elements were used to set measurable goals.</p> <p>The concerns were reviewed with RN B on 07/12/2021 at 3:15 PM. RN B remained silent.</p> | L 548  |  |                            |  |

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| L 548  | Continued From page 29<br><br>23. Clinical record review on 7/10/2021 for patient #22, start of care 4/10/2021, benefit period 4/10/2021 - 7/8/2021, primary diagnosis chronic diastolic (congestive) heart failure, evidenced a document titled "Hospice Plan of Care" dated 4/14/2021, signed by RN Z and MD AA. This plan of care stated "... Goals ... chaplain: patient and family will have spiritual needs met ... SN: patient symptoms will be managed ... SN: patient will remain comfortable...." This plan of care failed to evidence data elements were used to set measurable goals.<br><br>The concerns were reviewed with RN B and RN H on 07/12/2021 at 4:01 PM. RN B and RN H remained silent.<br><br>24. During an interview on 7/12/2021 at 11:38 AM, when queried if seeing a trend with goals not being measurable, RN C indicated yes and that it would be alright to move forward with review of other patients. | L 548  |  |                            |  |
| L 549  | CONTENT OF PLAN OF CARE<br>CFR(s): 418.56(c)(4)<br><br>[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:]<br>(4) Drugs and treatment necessary to meet the needs of the patient.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, record review, and interview, the hospice failed to ensure it developed individualized plans of care which  | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 30</p> <p>included drugs and treatment necessary to meet the needs of the patients for 6 of 22 clinical records reviewed (#7, 11, 17, 19, 20, 21).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of an agency policy dated 5/2019, titled "Skin and Wound Care" stated " ... the plan of care will be individualized ensuring consistency with the patient/family goals and wishes ... wound care interventions will be provided per physician's order ...."</li> <li>2. Review of an undated agency policy titled "Plan of Care" stated " ... the plan of care includes, but is not limited to ... drugs and treatment necessary to meet the needs of the patient ...."</li> <li>3. Clinical record review on 7/7/2021 for patient #7, start of care date 5/12/2021, certification period 5/12/21-8/9/2021, primary diagnosis of chronic diastolic (congestive) heart failure evidenced a document titled "Skilled Nursing Visit Note" dated 6/8/2021 and signed by RN [registered nurse] DD. This document, stated " ... clinical findings: integumentary ... knife cut ... left index finger ... narrative notes ... pt [patient] cut herself on left index finger while attempting to open ... pill packet with a knife ... pt applied bandage to site ... scant blood draining from cut after removal of bandage ... bandage reapplied ...."</li> </ol> <p>A document titled "Skilled Nursing Visit Note" dated 6/9/2021, stated " ... narrative notes ... emergency visit triage called ... patient's finger was still bleeding ... this RN applied triple antibiotic cream and placed a new band-aid ...."</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 31</p> <p>A document titled "Interdisciplinary Group Meeting" dated 6/10/2021, stated " ... prep notes ... emergency visit triage called patient's finger was still bleeding ... this RN applied triple antibiotic cream and placed a new band-aid ... changes in orders ...."</p> <p>A document titled "Hospice Plan of Care" for benefit period 5/12/2021 - 8/9/2021, dated 5/14/2021, signed by RN W, dated 5/17/2021 and signed by MD [medical doctor] AA. This document stated " ... interventions ... SN [skilled nurse] ... teach measures to prevent/minimize skin breakdown ..." The hospice plan of care failed to evidence a wound care order for antibiotic cream and band-aid to left index finger.</p> <p>Clinical record review evidenced an agency document titled "Hospice Plan of Care" for hospice benefit period 5/12/21-8/9/2021, signed by RN W and MD AA. This plan of care failed to evidence orders for wound care for left index finger. Clinical record review evidenced an agency document titled "Interdisciplinary Group Meeting" dated 06/10/2021 and signed by RN J. This document failed to evidence a wound care order or any wound interventions. Clinical record review failed to evidence any left index finger wound care orders.</p> <p>During an interview on 7/12/2021 at 12:48 PM, when queried if an order would be expected for this wound treatment, director of nursing B indicated yes.</p> <p>4. Clinical record review on 7/6/2021 for patient #11, start of care 2/15/2021, certification period 5/16/2021 - 8/13/2021, primary diagnosis of acute</p> | L 549  |  |                            |  |



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| L 549  | <p>Continued From page 32</p> <p>on chronic diastolic (congestive) heart failure, evidenced a document titled "Skilled Nursing Visit" dated 6/30/2021 and signed by RN EE. This visit note stated " ... infection assessment ... dressing change to left great toe ... cleansed with peroxide ... triple ABX [antibiotic] to edges of nail ... covered with telefax and coban [dressing supplies] ....".</p> <p>Clinical record review evidenced an agency document titled "Hospice Plan of Care" for benefit period 5/16/2021 - 8/13/2021, dated 5/18/2021 and signed by RN W and MD [medical doctor] AA. This document stated " ... interventions ... SN ... assess for signs/symptoms of skin infection ...." The hospice plan of care failed to evidence a wound care order for cleansing with peroxide, application of antibiotic cream, and dressing to left great toe.</p> <p>During an interview on 7/12/2021 at 2:26 PM, when queried if there was a wound care order, director of nursing B indicated when information is entered into the care plan, but staff do not select, to create a verbal order, no order is generated.</p> <p>5. Clinical record review on 7/8/2021, for patient #17, start of care date 10/23/2020, certification period 4/21/2021 - 6/19/2021, primary diagnosis of cerebral atherosclerosis, evidenced a document titled "Hospice Certification of Terminal Illness" dated 4/16/2021 and signed by MD E. This document, stated " ... patient with unstageable pressure ulcer to left heel requiring wound care by nursing ...."</p> <p>Clinical record review evidenced a document titled "Skilled Nursing Visit Note" dated 4/21/2021</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 33</p> <p>and signed by LPN FF. This document, stated " ... left foot heel ... pressure ulcer unstageable ... dressing ... wound cleansing/dressing change ... per care plan ...."</p> <p>An agency document titled "Hospice Plan of Care" for benefit period 4/21/2021 - 6/19/2021 and signed by RN W and MD E, failed to evidence orders for wound care.</p> <p>Clinical record review of an agency document titled "Hospice Plan of Care" dated 6/21/2021 and signed by RN M and MD E. This document stated " ... interventions ... SN: wound care ... cleanse wound with wound cleanser and pat dry ... apply santyl [ointment that removes dead tissue from wounds to help with healing] ... apply hydrofera blue [foam-based dressing] cut to fit wound ... cover with foam dressing ... change daily and prn [as needed] ...."</p> <p>Clinical record review evidenced an agency document titled "Verbal Order" dated 6/30/2021 and signed by MD R. This document, stated " ... wound care ... cleanse left heel with wound cleanser ... apply collagen [allows tissue growth during wound healing] cut to fit wound ...cover with island dressing [absorbent wound pad] ... facility [nursing home] staff to change mon/wed/fri and prn if soiled or dislodged ...."</p> <p>Clinical record review evidenced a document titled "Skilled Nursing Visit Note" dated 7/1/2021 and signed by RN M. This document, stated " ... narrative notes ... writer unable to visualize wound today as wound assessed by ... wound care specialist yesterday ... change of wound care orders ... decrease of frequency of dressing change to Mon, Wed, and Fri ... new orders ...</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 34</p> <p>application of collagen cut to fit wound bed covered with island dressing ...."</p> <p>During an interview on 7/12/2021 at 3:05 PM, when queried for the order for wound care which had been documented as being done since 4/21/2021, RN C indicated agency was pulling all records of patients with wounds to see if a wound care order was in the order section and in the care plan. No further wound care documentation received by exit of survey.</p> <p>6. Clinical record review on 7/7/2021 for patient #19, start of care 5/14/2021, certification period 5/14/2021 - 8/11/2021, primary diagnosis of alzheimer's disease with late onset, evidenced an agency document titled "Skilled Nursing Visit Note" dated 5/14/2021, signed by RN V and MD E, which stated " ... unstageable wound noted to left heel ... blistered, boggy [spongy], and purple skin noted to entire heel ... sacral [tailbone] wounds noted ... wounds washed with soap and water ... preventative sacral mepilex [dressing] applied ...."</p> <p>Clinical record review evidenced an agency document titled "Interdisciplinary Group Meeting" dated 5/21/2021 and signed by RN R. This document, stated " ... changes in orders ... no changes since last IDG [interdisciplinary group] meeting ...."</p> <p>Clinical record review evidenced an agency document titled "Interdisciplinary Group Meeting" dated 6/4/2021 and signed by RN R. This document, stated " ... prep notes ... has wounds on both feet as well as breakdown to sacral area ...."</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 35</p> <p>Clinical record review evidenced an agency document titled "Interdisciplinary Group Meeting" dated 6/18/2021 and signed by RN R. This document stated " ... changes in orders ... no changes since last IDG meeting ... prep notes ... decubitus [pressure sores] wounds healing well ...."</p> <p>Clinical record review evidenced an agency document titled "Hospice Plan of Care" for certification period 5/14/2021 - 8/11/2021. This plan of care failed to evidence orders for wound care.</p> <p>Clinical record review of an agency document titled "Hospice Certification of Terminal Illness" dated and signed by MD AA on 5/18/2021, stated " ... has sores of both feet and a rash at her bottom [sic] ...."</p> <p>Clinical record review evidenced an agency document titled "Verbal Order" dated 7/7/2021, with start date 5/19/2021, signed by NP (nurse practitioner) GG. This order stated " ... wound care orders ... wash sacral wounds with soap and water, apply silicone foam dressing prn for prevention of further breakdown ... may also apply calazime skin protectant prn ... left heel wound ... leave open to air ... once wound blister/wound opens, may apply petroleum gauze with kerlix roll ... change prn ... start date: 5/19/2021 ...."</p> <p>During a home visit on 7/8/2021 at 10:00 AM, RN R was observed providing care to patient #19. The patient was observed positioned on his/her right side while in a hospital bed. The patient was observed to have redness and excoriation to their tailbone, inner and outer gluteal cleft (buttocks</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 36</p> <p>crack), an open skin area the size of a quarter was observed to left inner gluteal cleft. Both sides of left heel were healing and not boggy per RN R assessment. A measurement of 2 x 1.5 inch redness was observed to outer left heel. Slight redness with scab the size of a pencil tip was observed to inner left heel.</p> <p>Clinical record review evidenced an agency document titled "Skilled Nursing Visit Note" dated 7/8/2021 and signed by RN R. This visit note, stated " ... inner buttocks gluteal fold [deep groove between the buttocks] ... wound bed epithelializing [skin healing process] ... wound edges macerated [skin that looks soggy, feels soft, or appears whiter than usual] ... peri wound skin [tissue surrounding a wound] ... excoriated [erosion of top layer of skin] ... dressing ... cleansed with soap and water ... application ... silicone foam sacral dressing [dressing to tailbone area] ... left inner foot heel ... status healed ... left outer foot heel ... status healed ...."</p> <p>Observations during the home visit on 7/8/2021 and review of the skilled nursing visit note documentation dated 7/8/2021, failed to evidence the observed concerns of the patient's wounds.</p> <p>During an interview on 7/8/2021 at 2:39 PM, RN C indicated he/she had queried RN R whether patient #19 had a wound. RN R indicated the patient did have a wound and had received wound care orders from NP GG (nurse practitioner).</p> <p>7. Clinical record review on 7/10/2021 for patient #20, start of care date 6/2/2021, benefit period 6/2/2021-8/30/2021, primary diagnosis of malignant neoplasm lower lobe right bronchus or</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 37</p> <p>lung (cancer of right lung), evidenced an agency document titled "Skilled Nursing Visit Note" dated 6/2/2021 and signed by RN V. This visit note, stated " ... narrative notes ... now takes senna [laxative] daily ...."</p> <p>Clinical record review evidenced a document titled "Hospice Plan of Care" for certification period 6/2/2021 - 8/30/2021. This plan of care stated " ... interventions ... aide: elimination: document bowel movements ... give SSE [soap suds enema] as directed by RN ... medication: ... acetaminophen [for pain] ... bisacodyl [for constipation] ... haloperidol [for agitation] ... hyoscyamine [for secretions] ... lasix [for swelling in feet] ... lisinopril [for high blood pressure] ... lorazepam [for anxiety] ... melatonin [for sleep] ... morphine [for pain] ... potassium chloride [for potassium replacement] ... prochlorperazine [for nausea/vomiting] ... seroquel [for sleep] ...." This plan of care failed to evidence soap suds enema and senna listed in the drugs and treatments.</p> <p>Clinical record review evidenced a document titled "Interdisciplinary Group Meeting" dated 6/25/2021 and signed by RN HH. This document, stated " ... changes in care plan ... no changes since last IDG meeting ... interventions ...elimination ... give SSE as directed by RN ...."</p> <p>During an interview on 7/12/2021 at 3:53 PM, the assistant director of nursing H indicated that an order was needed for the medication, senna. When queried where the order for senna was located, no response received.</p> <p>8. Clinical record review on 7/12/2021 for patient #21, start of care date 2/25/2021, certification period 2/25/2021 - 5/25/2021, primary diagnosis</p> | L 549  |  |                            |  |

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| L 549  | <p>Continued From page 38</p> <p>of cerebral atherosclerosis, evidenced an agency document titled "Hospice Plan of Care" for certification period 2/25/2021 - 5/25/2021. This plan of care failed to evidence orders for wound care.</p> <p>Clinical record review evidenced A document titled "Skilled Nursing Visit Note" dated 2/25/2021 and signed by RN II. This document, stated " ... medial buttocks gluteal fold [middle of buttock crack] /decubitus/pressure ulcer stage III [skin breakdown that extends to the tissue below the skin] ... dressing change ... no dressing change performed ... not due til tomorrow ...."</p> <p>Clinical record review evidenced a document titled "Skilled Nursing Visit Note" dated 2/26/2021 and signed by RN JJ. This document, stated " ... wound measurements ... length 1.8 cm x width 0.5 cm x depth 1.4 cm ... cleansed with: wound cleanser ... application ... calcium alginate [dressing used for draining wounds] ... covered with ... mepilex [dressing] ...."</p> <p>Clinical record review evidenced a document titled "Skilled Nursing Visit Note" dated 3/13/2021 and signed by RN KK. This document, stated " ... narrative notes ... called to facility [nursing facility S] for pain management ... spoke with facility nurse ... patient is taking acetaminophen/oxycodone [for pain] ... six doses in the last 24 hours ... becoming increasingly difficult for patient to take tablet form of medication ... received orders ... discontinue acetaminophen/oxycodone ... change to hydromorphone [for pain] ... per ml [liquid measurement] ... reports patient has a new kennedy ulcer [dark sore that develops rapidly during the final stages of life] to her coccyx</p> | L 549  |  |                            |  |

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| L 549  | Continued From page 39<br>[tailbone] area 3.2 x 3.4 cm dark purple area ....<br><br>Clinical record review evidenced a document<br>titled "Skilled Nursing Visit Note" dated 3/22/2021<br>and signed by RN JJ. This document stated " ...<br>wound care ... cleanse with wound cleaner, pat<br>dry, pack with small amount of calcium alginate<br>rope and cover with 4 x 4 mepilex. Facility<br>nursing staff to do daily dressing changes ...."   | L 549  |  |                            |  |
| L 555  | COORDINATION OF SERVICES<br>CFR(s): 418.56(e)(2)<br><br>[The hospice must develop and maintain a<br>system of communication and integration, in<br>accordance with the hospice's own policies and<br>procedures, to-]<br>(2) Ensure that the care and services are<br>provided in accordance with the plan of care.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the<br>agency failed to ensure physician orders were<br>followed according to the plan of care in 5 of 20<br>active clinical records reviewed. (#7, 10, 11, 16,<br>18).<br><br>Findings include:<br><br>1. Review of an agency policy dated 5/2021 titled<br>"Plan of Care" stated, "... the patient's plan of<br>care specifies the care and services necessary to<br>meet the needs of the patient/caregiver as<br>identified in the initial, comprehensive and | L 555  |  |                            |  |



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| L 555  | <p>Continued From page 40<br/>updated assessments of the patient ...."</p> <p>2. Record review for patient #7 was completed on 7/7/2021, election date 5/12/2021, benefit period 5/12/21-8/9/2021, and a primary diagnosis of chronic diastolic (congestive) heart failure. The record failed to evidence frequency, intervention, and goal orders for volunteer services prior to providing the services.</p> <p>A document titled "Skilled Nursing Visit Note" dated 6/2/2021, stated "... narrative notes ... at this time we are setting up a volunteer service ...."</p> <p>A document titled "Skilled Nursing Visit Note" dated 6/4/2021, stated "... narrative notes ... spoke with ... volunteer coordinator on updates on a hospice volunteer for patient ... working on it and will give patient a call when she has somebody ...."</p> <p>A document titled "Interdisciplinary Group Meeting" dated 6/10/2021, stated "... prep notes ... pt [patient] educated on volunteer coming to the house to help pt grocery shop or whatever household help she may request, educated that the volunteer will be here Thursday at 1pm to 3:30pm ...."</p> <p>Documents reviewed titled "Patient Care Volunteer Report and Time Sheet" indicated volunteers were in the home of patient #7 on 6/22/201, 6/24/2021, 6/29/2021, and 7/1/2021.</p> <p>3. Record review for patient #10 was completed on 6/30/2021, election date 4/2/2021, benefit period 4/2/2021 - 6/30/2021, and a primary diagnosis of multiple myeloma. The record failed to evidence frequency, intervention, and goal</p> | L 555  |  |                            |  |

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| L 555  | <p>Continued From page 41</p> <p>orders for volunteer services prior to providing the services.</p> <p>A document titled "Interdisciplinary Group Meeting" dated 4/29/2021, stated "... prep notes ...pt [patient] was open to sw [social worker] starting the process of setting her up with a volunteer to help her go through her clothes and other items ... sw put in a volunteer request ...."</p> <p>A document titled "Medical Social Worker Visit Note" dated 4/21/2021, stated "... visit with pt in the home to complete visit with pt to follow up on need for volunteer services ... sw put in a volunteer request ...."</p> <p>A document titled "Skilled Nursing Visit Note" dated 5/5/2021, stated "... narrative note ... nurse arrived to find patient ... trying to get organized and anticipating volunteer to arrive someday soon to help with organizing her things ...."</p> <p>A document titled "Skilled Nursing Visit Note" dated 5/27/2021, stated "... narrative note ... this nurse will contact ... volunteer coordinator to see if something can be done ... to get patient to the dentist ...."</p> <p>4. Review record for patient #11 was completed on 7/6/2021, election date 2/15/2021, benefit period 5/16/2021 - 8/13/2021, and a primary diagnosis of acute on chronic diastolic (congestive) heart failure. The record failed to evidence a physician order, interventions, and goals for chaplain and social work services.</p> <p>A document titled "Hospice Plan of Care" dated 5/16/2021 - 8/13/2021, included interventions and goals for chaplain. The plan of care failed to</p> | L 555  |  |                            |  |

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| L 555  | <p>Continued From page 42</p> <p>evidence a physician order for chaplain services.</p> <p>A document titled "Interdisciplinary Group Meeting" dated 5/27/2021, included interventions and goals for chaplain. The plan of care failed to evidence a physician order for chaplain service.</p> <p>Documents titled "Interdisciplinary Group Meeting" dated 6/10/2021 and 6/24/2021, included interventions and goals for chaplain and medical social worker. The plan of care failed to evidence a physician order for chaplain and medical social worker service.</p> <p>Documents titled "Medical Social Worker Visit Notes" dated 6/2/2021 and 6/9/2021, indicated Medical Social Worker made patient visits with no physician order.</p> <p>Documents titled "Chaplain Visit Notes" dated 5/21/2021, 6/3/2021, and 6/23/2021, indicated Chaplain made patient visits with no physician order.</p> <p>5. Record review for patient #16 was completed on 7/6/2021, election date 5/14/2021, benefit period 5/14/2021 - 8/11/2021, and a primary diagnosis of malignant neoplasm of connective tissue and soft tissue unspecified. The record failed to evidence a physician order, interventions, and goals for social work services.</p> <p>A document titled "Hospice Plan of Care" dated 5/14/2021 - 8/11/2021, stated "... Medical Social Worker to assess and evaluate 5/17/2021 through 5/18/2021 ...."</p> <p>Documents titled "Medical Social Worker Visit Notes" dated 5/26/2021, 5/27/2021, 6/1/2021,</p> | L 555  |  |                            |  |

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| L 555  | Continued From page 43<br>6/3/2021, 6/14/2021, 6/15/2021, 6/22/2021, and<br>6/27/2021, indicated medical social worker made<br>patient visits with no physician order.<br><br>6. Record review for patient #18 was completed<br>on 7/6/2021, election date 4/5/2021, benefit<br>period 4/5/2021 - 7/3/2021, and a primary<br>diagnosis of alcoholic cirrhosis of liver with<br>ascites. The record failed to evidence a physician<br>order, interventions, and goals for chaplain<br>services.<br><br>Documents titled "Chaplain Visit Notes" dated<br>5/25/2021, 6/9/2021, and 6/23/2021, indicated<br>Chaplain made patient visits with no physician<br>order.<br><br>Documents titled "Interdisciplinary Group<br>Meeting" dated 5/7/2021, 5/20/2021, 6/3/2021,<br>6/17/2021, and 7/1/2021, included interventions<br>and goals for chaplain. The plan of care failed to<br>evidence a physician order for chaplain | L 555  |  |                            |  |
| L 586  | LICENSED PROFESSIONAL SERVICES<br>CFR(s): 418.62(c)<br><br>Licensed professionals must participate in the<br>hospice's quality assessment and performance<br>improvement program and hospice sponsored<br>in-service training.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the<br>hospice agency failed to ensure hospice<br>orientation was provided to therapy licensed<br>professionals who provided services to hospice<br>patients to ensure participation in the quality   | L 586  |  |                            |  |

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| L 586  | <p>Continued From page 44</p> <p>assessment and performance improvement program (QAPI).</p> <p>Findings include:</p> <p>Review of an agency policy dated 11/2018, titled "Quality Assessment Performance Improvement Plan (QAPI) stated " ... The hospice governing body will ensure that the program ... involves all hospice services in improvement projects ... interdisciplinary team (IDT) members ...."</p> <p>Review of a document submitted on 6/28/2021, as part of the agency's QAPI program dated 4/2021, titled "Quality Assessment Performance Improvement Guidelines" stated " ... In our organization, QAPI includes all employees, all departments, and all services provided...."</p> <p>Review of a document submitted on 6/28/2021, as part of the agency's QAPI program dated 5/25/2021, titled "QI (quality improvement) Meeting" stated " ... QAPI Team ... Clinicians ... 1 MD [medical doctor] or 1 NP [nurse practitioner] ... Nursing Management ...1 PCC [patient care coordinator] ... 7 Nurses ... 2 CM [case managers] ... 2 Triage ... 2 IPU [inpatient unit] ... 1 admission ... 2 CNAs [certified nursing assistants] ... 1 home care ...1 IPU ... Support Services ... 1 social worker ... 1 bereavement ...1 chaplain ... 1 volunteer coordinator ... 1 Marketer...." This document failed to evidence any skilled therapy professionals as part of the QAPI team.</p> <p>Review of a document submitted on 6/28/2021, as part of the agency's contracted therapy agreement with Home Care Agency A dated 7/28/2009,, titled "Temporary Personnel</p> | L 586  |  |                            |  |

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| L 586  | Continued From page 45<br>Agreement" stated " ... Hospice is also responsible for adequate orientation of Agency [Home Care A] personnel regarding the specific requirements of the position and Hospice's policies, standards and procedures .... "<br><br>Review of agency documents dated 3/2006, titled "Physical Therapist", "Occupational Therapist", and "Speech Language Pathologist" all failed to evidence the job description included participation in QAPI and hospice in-service training.<br><br>Review of documents submitted on 7/7/2021, as agency human resource files for 5 contracted therapists dated 7/2/2021, titled "Contract Staff Information" failed to evidence hospice orientation/training and participation in QAPI.<br><br>During an interview on 7/2/2021 at 1:30 PM, when queried what disciplines participate in QAPI, quality assurance and medical records coordinator C indicated all disciplines are included, but contracted individuals are not. When queried if therapy contracts include hospice responsibilities and hospice orientation, received no comment from agency.<br><br>During an interview on 7/7/2021 at 3:05 PM, when queried if contracted individuals receive hospice training in orientation and ongoing basis, vice president/chief operating officer A indicated contracted individuals are required to complete the same training as agency staff, but hospice training is not happening at this time. | L 586  |  |                            |  |
| L 604  | PHYS, OCCUPNL THERAPY & SPEECH-LANG<br>PATHOLOGY<br>CFR(s): 418.72   | L 604  |  |                            |  |

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| L 604  | <p>Continued From page 46</p> <p>Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, offered in a manner consistent with accepted standards of practice.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on record review and interview, the hospice failed to ensure patients were offered and received the services necessary to provide transfer techniques and fall safety guidance in 2 of 20 active clinical records reviewed (#6, 19).</p> <p>1. Review of an agency policy dated 11/2019, titled "Fall Prevention" stated " ... care plan can include safety and fall prevention interventions ... when falls are anticipated or repeated ... a safety evaluation or safety teaching by an occupational therapist or physical therapist can be obtained by referral upon agreement of the Interdisciplinary Team (IDT)...."</p> <p>2. Review of an agency policy dated 5/2021, titled "Plan of Care" stated " ... patient's plan of care specifies the care and services necessary to meet the needs of the patient/caregiver as identified in the initial, comprehensive and updated assessments of the patient...."</p> <p>3. Clinical Record review on 7/8/2021 for patient #6, start of care 6/3/2021, certification period 6/3/2021 - 8/31/2021, primary diagnosis of alcoholic cirrhosis of liver without ascites, evidenced a document titled "Skilled Nursing Visit Note" dated 6/3/2021 and signed by RN CC. This visit note, stated " ... fall risk ... a score of 4 or more is considered at risk for falling ... total: 6 ... safety issues identified ... unsafe ambulation</p> | L 604  |  |                            |  |

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| L 604  | <p>Continued From page 47</p> <p>[walking] ... ambulation devices ... standard walker ... standard cane...."</p> <p>Clinical record review evidenced A document titled "Hospice Plan of Care" for benefit period 6/3/2021 - 8/31/2021. This document stated " ... intervention ... SN: assess for history of falls and/or injury ... SN: assess need and proper use of DME/assistive [durable medical equipment] devices ... SN: assess patient's risk for falls...."</p> <p>Clinical record review evidenced a document titled "Skilled Nursing Visit Note" dated 6/8/2021 and signed by RN X. This document, stated " ... narrative notes ... pt [patient] states she fell last night ... daughter was sleeping on the floor ... fell on top of her ... did not sustain any injuries ... pt does not want to use a walker or cane ...."</p> <p>Clinical record review evidenced a document titled "Interdisciplinary Group Meeting" dated 6/10/2021, which stated " ... changes in care plan ... no changes since last IDG [interdisciplinary group] meeting ... changes in orders ... no changes since last IDG meeting ... per patient's daughter, patient has fallen 5 or 6 times in the last 30 days...." The clinical record failed to evidence a referral for therapy services to promote patient safety.</p> <p>4. Clinical record review on 7/7/2019 for patient #19, start of care date 5/14/2021, 5/14/2021 - 8/11/2021, primary diagnosis of alzheimer's disease with late onset, evidenced an agency document titled "Skilled Nursing Visit Note" dated 5/14/2021 and signed by RN V. This visit note stated " ... non-ambulatory [not able to walk] ... is</p> | L 604  |  |                            |  |



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| L 604  | <p>Continued From page 48</p> <p>chairfast or bedfast ... non-weight bearing ... right ... left ...."</p> <p>Clinical record review evidenced a document titled "Interdisciplinary Group Meeting" dated 5/21/2021, which stated " ... changes in careplan ... no changes since last IDG meeting ... pts [patient's] husband is primary caregiver ... has a bad back ... patient needs are overwhelming to him both physically and emotionally ...." The clinical record failed to evidence a referral for therapy services to instruct caregiver in transfer techniques.</p> <p>Clinical record review evidenced A document titled "Verbal Order" dated 6/2/2021 and signed by RN R and MD E. This document stated " ... hoyer lift [mobility device to lift patient] ... start date: 6/2/2021...."</p> <p>Clinical record review evidenced A document titled "Hospice Current Plan of Care - 7/8/2021" for benefit period 5/14/2021 - 8/11/2021, which stated " ... goals ... SN: family/caregiver will demonstrate safe and effective transfer techniques...."</p> <p>During an interview on 7/8/2021 at 2:39 PM, when queried if this patient would be a suitable therapy candidate, assistant director of nurse indicated patient was. When queried if a therapist would be beneficial in teaching about the use of the hoyer lift, vice president/chief operating officer A indicated this would not be a reason to order physical therapy and director of nursing B indicated would not have ordered a therapy evaluation.</p> <p>Observation of a home visit for patient #19 was</p> | L 604  |  |                            |  |

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| L 604  | Continued From page 49<br>conducted with RN [registered nurse] R on<br>7/8/2021 at 10:00 AM. RN R indicated he/she<br>used the hooyer lift when he/she got the patient in<br>and out of bed. Patient #19's caregiver then<br>indicated he/she lifted the patient out of bed with<br>the help of another person, because he/she does<br>not know how to properly use the hooyer lift and<br>the medical equipment provider Q had<br>demonstrated the use of the hooyer lift.<br><br>5. During an interview on 7/2/2021 at 1:30 PM,<br>when queried how the agency ensures physical,<br>occupational and speech therapy are available for<br>patients when needed, vice president/chief<br>operating officer A indicated the agency has<br>multiple contracts for therapy providers and are<br>looking for other providers to cover the service<br>area. | L 604  |  |                            |  |
| L 625  | HOSPICE AIDE ASSIGNMENTS AND DUTIES<br>CFR(s): 418.76(g)(1)<br><br>(1) Hospice aides are assigned to a specific<br>patient by a registered nurse that is a member of<br>the interdisciplinary group. Written patient care<br>instructions for a hospice aide must be prepared<br>by a registered nurse who is responsible for the<br>supervision of a hospice aide as specified under<br>paragraph (h) of this section.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the<br>agency failed to ensure the hospice aide<br>completed tasks only as assigned on the aide<br>care plan for 2 of 12 active clinical records<br>reviewed with hospice aide orders, out of a total<br>of 22 clinical records reviewed (Pt #3, 8).<br><br>Findings include:  | L 625  |  |                            |  |

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| L 625  | <p>Continued From page 50</p> <p>1. Review of the agency job description dated 5/2021, titled "Hospice/Home Health Aide" stated " ... provides care and services to patients according to the care plan or as approved by an [sic] RN [registered nurse] ...."</p> <p>2. Clinical Record review on 6/29/2021, for patient #3, start of care date 3/20/2021, 6/18/2021-9/15/2021, primary diagnosis of cerebral atherosclerosis evidenced a document titled "Hospice Plan of Care" for benefit period 6/18/2021 - 9/15/2021, which stated " ... interventions ... aide ... feed patient ... bath: complete ... bath: partial ... bath: shower ....". The plan of care failed to evidence specific instructions to the hospice aide for visits twice a week for 12 weeks, then once a week for 1 week.</p> <p>Documents titled "Aide Visit Note" dated 6/21/2021, 6/24/2021, and 6/28/2021 stated " ... interventions ... feed patient ... not applicable this visit ... bath: partial ... not applicable this visit ... bath: complete ... not applicable this visit ...." The hospice aide instructions were not patient specific based on the hospice aide plan of care.</p> <p>During an interview on 7/12/2021 at 11:50 AM, when queried why the home health aide interventions were not detailed in providing a specific task is to be completed, the director of nursing B indicated the agency is working on this and the home health aides had been educated to contact the RN when unable to perform a task.</p> <p>3. Clinical record review on 7/7/2021 for patient #8, start of care date 10/23/2020, 6/20/21-8/18/2021, primary diagnosis of displaced cervical one (spine) fracture, evidenced</p> | L 625  |  |                            |  |

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| L 625  | <p>Continued From page 51</p> <p>a document titled "Hospice Plan of Care" for benefit period 6/20/2021 - 8/18/2021, which stated "... interventions ... bath: complete ... bath: partial ... bath: shower ...." The record failed to evidence instructions to the home health aide for visits twice a week for 8 weeks, then once a week for 1 week.</p> <p>A document titled "Aide Visit Note" dated 6/21/2021 stated "... interventions ... bath: partial ... not applicable this visit ... bath: complete ... not applicable this visit ...."</p> <p>Documents titled "Aide Visit Note" dated 6/28/2021 and 7/1/2021 stated "... interventions ... bath: partial ... not applicable this visit ... bath: shower ... not applicable this visit ...."</p> <p>The hospice aide instructions were not patient specific based on the hospice aide plan of care.</p> <p>During an interview on 7/1/2021 at 4:05 PM when queried if the expectation would be for the home health aide to make the decision of what care to provide when the care plan includes shower, partial bath and complete bath, director of nursing indicated the RN makes the plan of care. Assistant director of nursing H indicated the home health aide in the field [seeing patient in home or nursing facility] would contact the RN and document the care that wouldn't be given, and that documentation would be visible in the medical record.</p> | L 625  |  |                            |  |
| L 782  | <p>ORIENTATION AND TRAINING OF STAFF<br/>CFR(s): 418.112(f)</p> <p>Hospice staff, in coordination with SNF/NF or ICF/IID facility staff, must assure orientation of such staff furnishing care to hospice patients in</p>  | L 782  |  |                            |  |

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| L 782  | <p>Continued From page 52</p> <p>the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the hospice agency failed to ensure hospice orientation had been provided to skilled nursing facility (SNF) with Nursing Facility Service Agreements who serviced their hospice patients, in 5 of 5 SNF's reviewed (Entities D, E, F, G, H).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of agency document for SNF D dated 7/20/2016, titled "Nursing Facility Services Agreement" stated " ... Hospice shall provide orientation and ongoing hospice care training to Facility's personnel as necessary to facilitate the provision of safe and effective care to Hospice Patients...."</li> <li>2. Review of agency document for SNF E dated 6/9/2010, titled "Nursing Facility Services Agreement" stated " ... Hospice shall provide orientation and ongoing hospice care training to Facility's personnel as necessary to facilitate the provision of safe and effective care to Hospice Patients...."</li> <li>3. Review of agency document for SNF F dated 11/25/2008, titled "Nursing Facility Services Agreement" stated " ... Hospice shall provide orientation and ongoing hospice care training to Facility's personnel as necessary to facilitate the provision of safe and effective care to Hospice Patients...."</li> </ol> | L 782  |  |                            |  |

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| L 782  | Continued From page 53<br><br>4. Review of agency document for SNF G dated 3/1/2015, titled "General Inpatient Hospice Services Agreement" stated " ... Hospice shall provide orientation and ongoing hospice care training to Facility's personnel as necessary to facilitate the provision of safe and effective care to Hospice Patients...."<br><br>5. Review of agency document for SNF H dated 11/8/2012, titled "Nursing Facility Services Agreement" stated " ... Hospice shall provide orientation and ongoing hospice care training to Facility's personnel as necessary to facilitate the provision of safe and effective care to Hospice Patients...."<br><br>6. During an interview on 7/2/2021 at 11:20 AM, when queried if hospice orientation and training is provided by agency to SNF's with agreement, director of nursing B indicated the marketing department provides this training, but with the pandemic some SNF's may have declined training. When queried for the documentation for training declined, director of nursing B indicated this was not tracked.<br><br>7. During an interview on 7/2/2021 at 1:30 PM, when queried how the nursing facility staff providing care to hospice patient's receive hospice orientation and training, director of nursing B and vice president/chief operating officer A indicated the agency was working on this.<br><br>8. During an interview on 7/7/2021 at 9:35 AM, vice president/chief operating officer A provided a copy of email with subject line titled "Hospice Education 101" dated 7/6/2021 at 9:49 AM, sent | L 782  |  |                            |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CENTER FOR HOSPICE AND PALLIATIVE CARE INC, THE</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>501 COMFORT PLACE<br/>MISHAWAKA, IN 46545</b>                            |                            |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| L 782  | Continued From page 54<br>to Employee Q which stated " ... could you have<br>your team contact our facilities where we have<br>contracts ... provide Hospice 101 to their staff...."<br>Vice president/chief operating officer A provided a<br>copy of documentation of education completed by<br>professional relations liaisons O and P, which<br>failed to evidence hospice orientation was<br>provided to Entities D, E, F, G, H. | L 782  |  |                            |  |