STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151602	A. BUILDING 00 B. WING	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOSPICE CARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S000000	This visit was a hospice state relicensure survey. Survey dates: 8/27/13 to 8/29/13 Facility #: 006658 Medicaid #: 200911100 Surveyor: Tonya Tucker, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN September 6, 2013	S000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151602	A. BUILDING 00 B. WING	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOSPICE CARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S000543	418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire. Based on clinical record review, policy review, and interview, the agency failed to ensure hospice care and services were furnished to patients and followed an individualized written plan of care established by the hospice interdisciplinary group in 2 of 5 records reviewed creating the potential to affect all the agency's patients. (#3 and #4) Findings include: 1. Clinical record #3, with an election date of 2/29/13, contained a plan of care established by the interdisciplinary group for certification period 6/23/13 to 8/21/13 that states, "SN [skilled nursing]: 3x [times]/wk [week] x 9 wks ... ." The record failed to evidence skilled nursing visits were conducted for week 6. On 8/29/13 at 10:29 AM, employee C indicated there were no skilled nursing visits made for that week.	S000543	S543 The Clinical Director shall in-service all clinical staff regarding nightingale policy on missed visits. In-service shall occur on 9/18/2013 with all hospice staff. Content shall include proper documentation in a call log or cancelled visit note. Missed visit form to be completed and sent to MD by patient care coordinator or business manager Missed visit report (available in healthwyse) to be monitored by patient care coordinator and reported to clinical director weekly (thurs) of any potential discrepancies noted. A tracking tool has been created to assist with compliance to ensure visits are not missed and are documented appropriately. This tool is to be utilized by the patient care coordinators. Patient care coordinators to contact staff weekly if visits are not compliant with orders any discrepancies to be reported to the Clinical Director. Case manager on recertification to be sure all orders are written individually and not forwarded to ensure accuracy	09/18/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151602	A. BUILDING 00 B. WING	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOSPICE CARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	2. Clinical record #4, with an election date of 6/7/13, contained a plan of care established by the interdisciplinary group for certification period 6/7/13 to 9/4/13 that states, "SN: 1x/da [day] (6/7/2013 to 6/7/2013), 3x/wk x 14 wks ... ." A. The record contained a physicians ordered dated 7/03/13 that states, "SN: 2-3 x/wk x 14 wks (6/8/2013 to 9/4/3013)." The record evidenced one skilled nursing visit for week 6 dated 8/5/13. B. On 8/29/13 at 11:06 AM, employee C indicated there was only documentation of one skilled nursing visit for week 6 and she could not locate documentation to support the missed visit. 3. The agency policy dated 11/28/2008 titled "Missed Visit" states, "Definition Missed Visit: any visit that is a part of the Plan of Care that is missed, and constitutes a change in the Plan of Care ... 2. Documentation of the missed visit will be entered into the medical record ... ."		and that orders meet patient's current needs. Clinical director responsible for identifying any patterns and perform corrective actions to ensure this deficiency does not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151602	A. BUILDING 00 B. WING	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOSPICE CARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S000629	418.76(h)(1)(i) SUPERVISION OF HOSPICE AIDES (I) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit. Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse made an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide in 3 of 5 clinical records reviewed of patients receiving hospice aide services with the potential to affect all patients receiving hospice aide services. (#3, 4, and 5) Findings include: 1. Clinical record #3 with an election date of 2/29/13 contained a plan of care for certification period 6/23 to 8/21/13 that states, "HCA [hospice certified aide]: 3x [times]/wk [week] ... 2x/wk x 1 wk." The record evidenced the registered nurse conducted a supervisory visit on 7/9/13 and then 21 days later on 7/30/13. On 8/29/13 at 10:29 AM, employee C was unable to locate documentation to	S000629	S629 A Tracking tool was devised to identify supervisory visits needed for HHA and to be monitored by business manager weekly. The clinical director shall in service all Nursing staff on hospice health aide supervision policy on 9/18/2013. Clinical staff encouraged to chart weekly on supervisory needs. As per Nightingale policy a HHA present supervisory visit shall be made monthly. Clinicians are instructed to contact supervisor if scheduling issues arise so clinical director can make present supervisory visits to accommodate patient schedules. Clinical Director to monitor supervisory reports in healthwyse weekly to monitor for compliance to ensure this deficiency will not recur.	09/18/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151602	A. BUILDING 00 B. WING	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOSPICE CARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	support a supervisory visit was conducted during this time by the registered nurse. 2. Clinical record #4 with an election date of 6/7/13 contained a plan of care for certification period 6/07 to 9/04/13 which states, "HCA: 3x/wk x 14 wks." The record evidenced the registered nurse conducted a supervisory visit on 7/8/13 and then 42 days later on 8/19/13. On 8/29/13 at 11:06 AM, employee C indicated there were no supervisory visits made by the registered nurse during this time. 3. Clinical record #5 with an election date of 8/8/13 contained a plan of care for certification period 8/8 to 11/5/13 which states, "HCA: 3x/wk x 14 wks." The record failed to evidence any supervisory visits had been conducted. On 8/29/13 at 10:53 AM, employee C indicated no supervisory visits had been conducted but should have been done around 8/24/13. 4. Agency undated policy titled "Subject: Hospice Aide Requirements" states, "Purpose: to ensure that hospice aide services are provided by qualified hospice aides in a safe and effective manner under the supervision of a Registered Nurse.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151602	A. BUILDING 00 B. WING	08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOSPICE CARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Policy: ... 13. Hospice aide services will be provided under the supervision of a registered nurse. the registered nurse will make a visit to the home site of the patients receiving hospice aide services at least every two weeks to assess relationships and determine whether goals are being met, either when the aide is present or absent. Supervisory visits will be documented in the patient's clinical record."			