

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151544	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2020
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NAME OF PROVIDER OR SUPPLIER HARBOR LIGHT HOSPICE	STREET ADDRESS, CITY, STATE, ZIP COD 1229 ARROWHEAD COURT CROWN POINT, IN 46307
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E 0000 Bldg. 00	<p>This visit was for a Federal Recertification, Relicensure survey of a hospice facility.</p> <p>Survey Dates: 12/2/2020 - 12/9/2020.</p> <p>Facility ID: 009088</p> <p>Unduplicated Census: 763</p> <p>Current Census: 147</p> <p>Sample Selection: Home Visits: 4 Total clinical records reviewed: 16</p> <p>At this Federal Recertification survey, Harbor Light Hospice was found to be in noncompliance with 42 CFR 418.113 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Hospice Agencies.</p>	E 0000		
E 0030 Bldg. 00	<p>403.748(c)(1), 416.54(c)(1), 418.113(c)(1), 441.184(c)(1), 482.15(c)(1), 483.475(c)(1), 483.73(c)(1), 484.102(c)(1), 485.625(c)(1), 485.68(c)(1), 485.727(c)(1), 485.920(c)(1), 486.360(c)(1), 491.12(c)(1), 494.62(c)(1)</p> <p>Names and Contact Information</p> <p>[(c) The [facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC).] The communication plan must include all of the following:]</p> <p>(1) Names and contact information for the following:</p>			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>(i) Staff.</p> <p>(ii) Entities providing services under arrangement.</p> <p>(iii) Patients' physicians</p> <p>(iv) Other [facilities].</p> <p>(v) Volunteers.</p> <p>*[For Hospitals at §482.15(c) and CAHs at §485.625(c)] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians (iv) Other [hospitals and CAHs]. (v) Volunteers.</p> <p>*[For RNHCIs at §403.748(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Next of kin, guardian, or custodian. (iv) Other RNHCIs. (v) Volunteers.</p> <p>*[For ASCs at §416.45(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians.</p>			

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	<p>(iv) Volunteers.</p> <p>*[For Hospices at §418.113(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices.</p> <p>*[For HHAs at §484.102(c):] The communication plan must include all of the following: (1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers.</p> <p>*[For OPOs at §486.360(c):] The communication plan must include all of the following: (2) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Volunteers. (iv) Other OPOs. (v) Transplant and donor hospitals in the OPO's Donation Service Area (DSA). Based on record review and interview, the hospice emergency preparedness communication plan failed to include the names and contact information for physicians.</p>	E 0030	E030 – The Emergency Preparedness Communication Plan was updated to include the name and contact information for	01/15/2021
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L 0000 Bldg. 00	<p>The findings include:</p> <p>Review of the agency's emergency preparedness plan on 12/8/2020 failed to evidence the name and contact information for employee B.</p> <p>During an interview on 12/8/2020 at 10:20 a.m., employee A indicated employee B's name and contact information was not included in the emergency preparedness communication plan and the plan needed to be updated to include employee B.</p> <p>This visit was for a federal recertification, relicensure survey in conjunction with complaints of a hospice agency.</p> <p>Complaints:</p> <p>IN00339213 - substantiated without findings IN00342149 - substantiated with findings</p> <p>Survey Dates: 12/2/2020 - 12/9/2020.</p>	L 0000	<p>employee B.</p> <p>The Emergency Preparedness Communication Plan was reviewed to ensure all patients' physicians names and contact information is included.</p> <p>The emergency preparedness communication plan will be added to the Quality Assurance Performance Improvement Agenda and will be reviewed and updated annually but not to exceed at least every 2 years by the hospice Administrator of record.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	

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L 0531 Bldg. 00	<p>Facility ID: 009088</p> <p>Unduplicated Census: 763</p> <p>Current Census: 147</p> <p>Sample Selection: Home Visits: 4 Total clinical records reviewed: 16</p> <p>Quality Review completed 12/22/2020, Area 1</p> <p>418.54(c)(7) CONTENT OF COMPREHENSIVE ASSESSMENT [The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.</p> <p>Based on record review and interview, the hospice failed to ensure all patients recieved an initial bereavement for 1 of 2 patients who recieved PACE (Program of All-Inclusive Care to the Elderly - community-based care for Indiana Health Coverage Programs members who are 55 years or older and are qualified for nursing home level care) services. (#3)</p> <p>The findings include:</p>	L 0531	<p>L531 – The bereavement assessment was performed and documented for patient #3.</p> <p>An audit was completed of all current patients' medical records that are on PACE to ensure a bereavement assessment was performed and documented.</p> <p>Social Service staff and</p>	01/15/2021

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	<p>1. Policy number 09.06.01, effective 4/1/2014, titled "Initial Assessment/Comprehensive Assessment" stated "Each patient admitted by Hospice will have an appropriate initial assessment and comprehensive assessment performed and documented ... Purpose ... To define the scope and intensity of the initial assessment and comprehensive assessment ... Procedure ... 2. Each patient admitted will receive a comprehensive assessment. The comprehensive assessment will identify the patient's need for Hospice care and identify the patient's need for: ... Psychosocial and emotional care ... Spiritual care ... All areas of Hospice care related to the palliation and management of the terminal illness and related conditions ... 3. The comprehensive assessment will take into consideration the following factors: ... An initial bereavement risk assessment of the needs of the patient's family and other individuals focusing on the social, spiritual and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement plan of care. The assessment must be incorporated into the plan of care. The assessment should include, but is not limited to: - History of previous losses. - Family problems. - Financial concerns. - Communication issues. - Drug and alcohol abuse. - Health concerns. - Legal and financial concerns. - Mental health issues. - Presence or absence of support system. - Feelings of despair, anger, guilt or abandonment ... "</p> <p>2. Clinical record review on 12/8/2020, for patient #3, admitted on 10/9/2020, evidenced an agency document titled "Bereavement v18.3 (3-31-17) Initial Visit - on 10-12-2020 " which had an area subtitled "Bereavement Services" that stated "Services Provided This Visit ... Patient Status:</p>		<p>Bereavement staff were in-serviced on the completion and recording of the bereavement assessment for all patients on PACE.</p> <p>A medical record audit will be completed on new patients that are also covered under PACE to ensure a bereavement assessment has been performed and documented.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	

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L 0545 Bldg. 00	<p>Alive ... Services Provided To: Not applicable.... " Record review failed to evidence an initial bereavement assessment was performed.</p> <p>During an interview on 12/8/2020, at 4:10 PM, employee G, medical social worker (MSW), was asked to retrieve the initial bereavement assessment for patient #3. Employee G stated "This is a PACE patient. They don't get MSW services."</p> <p>418.56(c) CONTENT OF PLAN OF CARE The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Based on record review and interview, the hospice agency failed to include all disciplines, medical equipment and supplies necessary for the management of the terminal illness and related conditions on the plan of care in 3 of 16 clinical records reviewed. (#8, #13, #16)</p> <p>The findings include:</p> <p>1. Review of an agency policy titled "IDG [Interdisciplinary Group] Care Plan Process" dated 4/1/14 stated, "... An individualized written plan of care is developed for each patient. The plan of care reflects patient and family goals and interventions based on the problems identified in the initial, comprehensive and updated comprehensive assessments. The plan of care</p>	L 0545	L545 – Patient #13's care plan was reviewed and revised to include supplies required to check to the patient's blood sugar. Patient #16's care plan was reviewed and revised to include all necessary equipment and supplies were included even though items are sourced for a different entity (PACE). Patient #8's care plan was reviewed and revised to include evidence of visit frequencies for the hospice aide and evidence a broad chair is listed under the DME/Supplies section.	01/15/2021

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	<p>includes all services necessary for the palliation and management of the terminal illness and related conditions, including: ... Medical supplies and appliances necessary to meet the needs of the patient...."</p> <p>2. Clinical record review on 12/7/2020, for patient #13, evidenced an agency document titled "Physician's Orders/Plan of Care from 11-24-20 to 02-21-21" which stated, "... Admission Note: ... Patient is diabetic [a disease that causes abnormally high blood sugar levels] and checks his blood sugar twice a day"</p> <p>Review of an agency document titled "Team Care Plan" effective 12/7/2020 stated, "... Assess/instruct patient/caregiver on diabetic disease management at end of life" The document failed to include the supplies required to check the patient's blood sugar.</p> <p>3. Clinical record review on 12/3/2020, for patient #16, evidenced an agency document titled "Physician's Orders/Plan of Care from 10-06-20 to 01-03-21" which stated, "... Admission Note: ... Now patient is mostly in wheelchair ... wears XL [extra large] briefs"</p> <p>Review of an agency document titled "Team Care Plan" stated, "DME [durable medical equipment]/Supplies: None needed at this time. All DME to be supplied by PACE (a program which provides community-based care for Indiana residents who are 55 years or older and qualify for nursing home level of care)" The document failed to include all necessary medical equipment and supplies.</p> <p>4. During an interview on 12/8/2020 at 12:03 p.m., employee A, executive director, indicated all</p>		<p>An audit was completed of all patient care plans to ensure all necessary equipment and supplies are documented appropriately.</p> <p>The Interdisciplinary Group (IDG) was in-serviced on inclusion of supplies and equipment on the individualized care plan, regardless of whether or not the supplies or equipment are provided by the hospice.</p> <p>10% of all clinical records will be audited quarterly for evidence that all necessary equipment and supplies are documented appropriately.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	

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L 0548 Bldg. 00	<p>patient supplies should be included in the plan of care.</p> <p>5. Clinical record review on 12/8/2020, for patient #8, evidenced an agency document titled "Team Care Plan" which had an area subtitled "DME [durable medical equipment]/Supplies" that stated "5ltr [liter] concentrator [oxygen] Low Air Loss Matt. [mattress] ... " Another area was subtitled "Care Plan H550: **Hospice Aide" which listed tasks to be completed by the hospice aide. An area subtitled "Visit Frequency" listed the frequencies in which the skilled nurse, medical social worker, and spiritual care member were to visit the patient for care. The plan of care failed to evidence visit frequencies for the hospice aide.</p> <p>Record review evidenced an agency document titled "Charts/Clinical Notes" which was electronically signed by employee N, effective 9/9/2020. This document stated "Note: Pt [patient] in broda chair [wheelchair that features a tilt-in-space system, which prevents skin breakdown] in dining room upon arrival ... " The plan of care failed to evidence a broda chair listed under the DME/Supplies section.</p> <p>During an interview on 12/9/20 at 12:29 PM, employee A indicated the hospice aide frequency is not listed on the plan of care.</p> <p>418.56(c)(3) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (3) Measurable outcomes anticipated from implementing and coordinating the plan of</p>			

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	<p>care.</p> <p>Based on record review and interview, the hospice agency failed to include measurable outcomes anticipated in the plan of care to ensure the goals were being met in 12 of 12 active clinical records in a total sample of 16 clinical records reviewed. (#1, #2, #3, #4, #5, #6, #9, #10, #11, #12, #13, #14)</p> <p>The findings include:</p> <p>1. Review of an agency policy titled "IDG [Interdisciplinary Group] Care Plan Process" dated 4/1/14 stated, "... An individualized written plan of care is developed for each patient. The plan of care reflects patient and family goals and interventions based on the problems identified in the initial, comprehensive and updated comprehensive assessments. The plan of care includes all services necessary for the palliation and management of the terminal illness and related conditions, including: ... Measurable outcomes anticipated from implementing and coordinating the plan of care. ..."</p> <p>2. Clinical record review on 12/3/2020 for patient #9, evidenced an agency document titled "Team Care Plan" effective 12/3/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Minimize symptoms/infection of - Wound infection to Spine/back wounds [and] UTI [urinary tract infection] ... Patient/caregiver demonstrates understanding/management of heart disease ... Patient's wound improves within limits of disease process ... Caregiver utilizes appropriate interventions for patient with dementia/cognitive issues ... Patient's personal hygiene is maintained" The document failed to evidence objective measurements as a part of the plan of care.</p>	L 0548	<p>L548 – Patients 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, and 14 have had their care plans reviewed and revised to include evidence of objective measurements as part of the care plan.</p> <p>All patients have had their care plans reviewed to ensure evidence of objective measurements as part of the care plan.</p> <p>All Interdisciplinary Group (IDG) members have been in-serviced on the objective measurements as part of the individualized patients' care plans.</p> <p>10% of all clinical records will be audited quarterly for evidence of objective measurement as part of the care plan.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	01/15/2021	

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	<p>3. Clinical record review on 12/7/2020 for patient #10, evidenced an agency document titled "Team Care Plan" effective 12/3/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... patient/caregiver demonstrates successful adaptation to disease process limitations ... patient/caregiver demonstrates understanding of CHF [congestive heart failure] management ... Patient's wound improves within limits of disease process ... Patient maintains adequate airway and respiratory function within limits of disease process ... Patient maintains urinary function without complications within limits of disease process/progression ... Patient's personal hygiene is maintained" The document failed to evidence objective measurements as a part of the plan of care.</p> <p>4. Clinical record review on 12/7/2020 for patient #11, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Patient/Caregiver demonstrates successful adaptation to disease process limitations ... Minimize symptoms/infection of - COVID-19 ... Patient maintains adequate airway and respiratory function within limits of disease process ... Patient/caregiver communicates effectively ... Patient maintains level of mobility and participation in ADLs [activities of daily living] within disease limitations ... Patient's care and service needs are met ... Patient maintains current level of spirituality ... Patient's personal hygiene is maintained" The document failed to evidence objective measurements as a part of the plan of care.</p> <p>5. Clinical record review on 12/7/2020 for patient #13, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "...</p>			

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	<p>Goals/Expected Health Status Evaluations [and] Potential ... Patient/caregiver verbalizes understanding/knowledge of medication regimen ... Patient/caregiver verbalizes pain is controlled within their desired comfort level ... Patient/caregiver verbalizes understanding of infection control measures ... Patient/caregiver demonstrates effective coping with grief ... Patient's care and service needs are met ... Patient's personal hygiene is maintained" The document failed to evidence objective measurements as a part of the plan of care.</p> <p>6. Clinical record review on 12/7/2020 for patient #13, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Caregiver expresses feelings/fears and receives emotional support/reassurance ... Patient participates in plan of care and verbalizes wishes ... Patient/caregiver verbalizes pain is controlled within their desired comfort level ... Patient verbalizes ways to manage edema ... Patient/caregiver demonstrates understanding of CHF management ... Patient's wound improves within limits of disease process ... Patient maintains adequate airway and respiratory function within limits of disease process ... Patient maintains urinary function without complications within limits of disease process/progression" The document failed to evidence objective measurements as a part of the plan of care.</p> <p>7. Clinical record review on 12/7/2020 for patient #14, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Patient/caregiver demonstrates successful adaptation to disease process limitations ... Patient's skin remains intact within</p>			

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	<p>limits of disease process ... Caregiver utilizes appropriate interventions for patient with dementia/cognitive issues ... Patient/caregiver communicates effectively ... Patient's care and service needs are met ... Patient's personal hygiene is maintained" The document failed to evidence objective measurements as a part of the plan of care.</p> <p>During an interview on 12/8/2020 at 2:20 p.m., employee A indicated the software used by the agency for the electronic medical record was not very good at including the measurements for the goals but indicated the agency is switching software for the electronic medical record soon which hopefully will allow the agency to include measurable goals.</p> <p>8. Clinical record review on 12/8/2020 for patient #1, evidenced an agency document titled "Team Care Plan" effective 12/3/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Patient's wound improves within limits of disease process ... Patient/caregiver demonstrates understanding/management of heart disease ... Patient's wound improves within limits of disease process ... Patient has a reduction in terminal agitation" The document failed to evidence objective measurements as a part of the plan of care.</p> <p>9. Clinical record review on 12/8/2020 for patient</p>			

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	<p>#2, evidenced an agency document titled "Team Care Plan" effective 12/3/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... patient/caregiver demonstrates successful adaptation to disease process limitations ... Patient maintains level of mobility and participation in ADLs [activities of daily living] within disease limitations ... Patient maintains current level of spirituality ... Patient's care and service needs are met ..." The document failed to evidence objective measurements as a part of the plan of care.</p> <p>10. Clinical record review on 12/8/2020 for patient #3, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Patient's skin remains intact within limits of disease process ... Patient's wound improves within limits of disease process ... Patient maintains level of mobility and participation in ADLs within disease limitations ... Patient demonstrates coping with greif ..." The document failed to evidence objective measurements as a part of the plan of care.</p> <p>11. Clinical record review on 12/8/2020 for patient #4, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Minimize symptoms/infection of - Covid- 19 ... Patient's wound improves within limits of disease process ... Patient maintains level of mobility and participation in ADLs within disease limitations ... " The document failed to evidence objective measurements as a part of the plan of care.</p> <p>12. Clinical record review on 12/8/2020 for patient #5, evidenced an agency document titled "Team</p>			

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L 0579 Bldg. 00	<p>Care Plan" effective 12/8/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Minimize symptoms/infection of - Covid- 19 ... Patient's seizure activity is controlled within limits of disease process ... Patient maintains level of mobility and participation in ADLs within disease limitations ... Patient remains in safe environment ... Patients personal hygiene is maintained ... " The document failed to evidence objective measurements as a part of the plan of care.</p> <p>13. Clinical record review on 12/8/2020 for patient #6, evidenced an agency document titled "Team Care Plan" effective 12/7/2020 which stated, "... Goals/Expected Health Status Evaluations [and] Potential ... Patient/caregiver demonstrates successful adaption to disease process limitations ... Patient/caregiver demonstrates understanding/management of heart disease ... Patient maintains level of mobility and participation in ADLs within disease limitations ... " The document failed to evidence objective measurements as a part of the plan of care.</p> <p>418.60(a) PREVENTION The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>Based on observation and interview, the hospice failed to ensure all employees practiced infection prevention and control for 2 of 4 patients with a home visit. (employees E, F)</p> <p>The findings include:</p> <p>1. Policy number 05.07.01, effective 4/1/2014, titled</p>	L 0579	L579 – Employee E and Employee F were reeducated on the infection control hand hygiene. Both Employee E and F were able to verbalize the appropriate hand hygiene process to be utilized when performing patient care.	01/15/2021

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	<p>"Hand Hygiene Policy and Compliance Program" stated "Hand hygiene will be done by all employees, volunteers, and contract staff to reduce the transfer of microbes to patients and to prevent the growth of microorganisms on the nails, hands, and forearms ... Purpose ... To prevent transfer of germs and transmission of infections to patients and caregivers and to implement a hand hygiene compliance program ... Procedure ... 1. Indications for hand hygiene are: Before and after direct patient care. Before and after each procedure ... After any contact with contaminated materials. Before re-entering nursing bag or patient's clean supplies ... 2. All employees, volunteers and contract staff are responsible for implementing hand hygiene procedures in an ongoing attempt to prevent and/or contain infectious processes and communicable diseases ... "</p> <p>Policy number 05.02.01, effective 4/1/2014, titled "Infection Control Plan" stated "Hospice has developed, and implemented infection control practices that conform to OSHA [Occupational Safety and Health Administration] regulations, CDC [Centers for Disease and Control and Prevention] guidelines, accreditation requirements, state and local regulations and currently accepted standards of practice ... Purpose ... To prevent or decrease the exposure of patients and employees to diseases and infections and to establish and maintain a surveillance program of identifying, reporting and analyzing infections ... Procedure ... The Hospice Infection Control Plan conforms to OSHA regulations, CDC guidelines, accreditation requirements, state and local regulations and currently accepted standards of practice ... "</p> <p>2. On 12/4/2020, at 10:09 AM, employee E, hospice</p>		<p>All staff have been reeducated on Infection Control policies 05.07.01 "Hand Hygiene Policy and Compliance Program and 05.02.01 Infection Control Plan.</p> <p>Clinical Directors or designees will observe 3 patients visits quarterly to ensure hand hygiene is performed correctly. Results of the audits will be reported to the QAPI Committee.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	

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	<p>aide, was observed providing a shower to patient #2. Employee E helped the patient undress and assisted the patient to the shower chair. The hospice aide handed the patient a washcloth to wash their own face. The aide picked up the dirty brief from the floor and placed it in the garbage, removed dirty gloves, and donned new gloves. The aide assisted patient in washing their face, rubbed shampoo in patients hair, then began to lather patient with soap from top of shoulders to waistline, washing the patients shoulders, arms, chest, and underarms. Employee E assisted the patient to a standing position to lather and rinse back, legs, and buttocks. The aide rinsed the shampoo from patients hair, then wrapped head in a dry towel to dry, and a bath blanket around the patient to keep warm. At 10:22 AM, employee E removed their gloves and donned a new pair. They continued to dry the patient off with a clean towel for legs and feet. Another clean towel was used to dry arms, back, and chest. The hospice aide placed an opened clean brief in the patients wheelchair, then assisted the patient from the shower chair. While patient was standing, perineal area was dried with a clean towel, working front to back, then placed barrier cream on patients buttocks. At 10:28 AM, employee E removed gloves and donned a new pair. The aide continued to place the clean brief on the patient, then pulled pants up, and put on socks. The hospice aide finished drying patients hair, removed the bath blanket, and assisted patient putting on a shirt and sweatshirt. Employee E combed the patient's hair and styled it into a braid. At 10:38 AM, employee E cleaned up surroundings in shower room, then washed hands with soap and water in a sink, then dried with paper towels.</p> <p>Employee E failed to sanitize hands after removing</p>			

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	<p>dirty gloves and prior to donning new gloves to prevent the spread of possible infectious microbes.</p> <p>3. On 12/4/2020, at 12:33 PM, employee F, licensed practical nurse (LPN), was observed performing a dressing change on patient #2. Employee F washed hands with soap and water, dried hands with a towel and donned new gloves. The LPN assessed the patients skin and discovered new and worsening areas the patient's wrist and heels. Employee F placed a barrier on the bedside table and removed gloves. At 12:42 PM, the LPN applied alcohol based hand rub (ABHR) and donned new gloves. Employee F prepared supplies on top of a clean barrier, needed for a dressing change to the patient's coccyx. At 12:51 PM, employee F removed the patients diaper, turned patient to their side, which revealed the wound to the coccyx had worsened and a new wound appeared in the crease between the patient's buttocks and thigh. The LPN went into a bag with clean supplies, with gloves still on, to grab an incontinent pad to tuck under the patient. The patient was then rolled towards employee F, and clean pad was pulled smooth underneath. At 12:54 PM, the LPN removed gloves, washed their hands with soap and water, and dried with a towel. Employee F retrieved and donned new gloves from bag with clean supplies and continued with the dressing change.</p> <p>Employee F went into a bag with clean supplies while wearing dirty or contaminated gloves from the patient's diaper and skin, then went back into the bag later for clean gloves. The LPN failed to remove dirty gloves and sanitize hands prior to retrieving clean supplies from the bag.</p> <p>During an interview on 12/9/2020, at 12:30 PM,</p>			

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L 0643 Bldg. 00	<p>employee A, patient care manager (PCM), indicated hospice aides and skilled nurses (registered nurse or licensed practical nurse) were instructed on the infection protocol, handwashing with soap and water and/or ABHR, and when to perform hand hygiene which included before and after patient care, after removing gloves, when visibly soiled, and more frequently, depending on the visit.</p> <p>418.78(a) TRAINING</p> <p>The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.</p> <p>Based on record review and interview, the hospice failed to ensure all volunteers received the appropriate training prior to providing services in 1 of 1 volunteer record reviewed. (employee D)</p> <p>The findings include:</p> <p>1. Policy number 04.24.01, effective 4/1/2014, titled "Volunteer Services" stated "Hospice uses volunteers in administrative or direct patient care roles under the supervision of Volunteer Coordinator. Volunteers are considered Hospice employees to facilitate compliance with core services ... Purpose ... To provide appropriate orientation and training that is consistent with acceptable Hospice practice ... Procedure ... 3. Volunteers will be assigned only those duties for which they are trained and competent to perform ... 7. The volunteer training program will be documented and include, but not be limited to: Duties and responsibilities ... Hospice goals, services and philosophy. Guidance related to individual responsibilities. Communication skills.</p>	L 0643	<p>L643 – Employee D is no longer with the organization.</p> <p>All volunteer personnel files were audited to ensure appropriate completion of orientation and training. Any areas identified as incomplete were reviewed and completed prior to the next patient visit.</p> <p>Employee C, volunteer coordinator was in-serviced on Policy 04.24.01 "Volunteer Services".</p> <p>All new volunteers' personnel files will be complete prior to patient contact as directed by the Volunteer Coordinator.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected</p>	01/15/2021

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	<p>Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement. Infection control procedures. Safety policies and procedures. Confidentiality, HIPAA [Health Insurance Portability and Accountability Act] and the protection of the patient/family rights. Procedures to be followed in an emergency, or following the death of a patient. Cultural diversity and sensitivity... 8. The personnel file for each volunteer will include, but is not limited to: ... Documentation of orientation and initial volunteer training ... Performance appraisal/evaluation ... Initial and ongoing competencies for patient care volunteers ... "</p> <p>2. Personnel Record Review on 12/9/2020, for employee D, volunteer, evidenced an agency document titled "Harbor Light Hospice Volunteer Training Checklist" which had an area subtitled "Volunteer: ... " that was blank. This document indicated topics the volunteer should be trained on, and was incomplete. The document failed to evidence the training of elder abuse, fire safety, blood-borne pathogens, HIPAA, and safety orientation.</p> <p>Record review evidenced a document titled "Harbor Light Hospice Pre-Test" for employee D, dated 1/9/2020. This document failed to evidence it was graded and the volunteer had a passing score.</p> <p>Record Review evidenced a document titled "Hospice Conditions of Participation Test" for employee D, dated 1/9/2020. This document failed to evidence it was graded and the volunteer had a passing score.</p> <p>The personnel record failed to evidence</p>		<p>and will not recur.</p> <p>Correction Date: January 15, 2021</p>		

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L 0662 Bldg. 00	<p>successful completion of training and competencies prior to first patient service date.</p> <p>During an interview on 12/9/20, at 11:20 AM, employee C, volunteer coordinator, reported the first patient visit was on 1/21/20. They acknowledged the incomplete training checklist and ungraded examinations. The volunteer coordinator indicated employee D must not have gotten the orientation paperwork back; it was an oversight.</p> <p>418.100(g)(2) TRAINING (2) A hospice must provide an initial orientation for each employee that addresses the employee's specific job duties. Based on record review and interview, the hospice failed to ensure that each employee was oriented to their specific job duties. (employee H, I, J, K, person C)</p> <p>The findings include:</p> <p>1. Policy number 04.27.01, effective 4/1/2014, titled "Employee Orientation" stated "Purpose ... To provide a mechanism whereby all employees are oriented to and become acquainted with hospice policies and procedures ... Procedure ... 1. Orientation for all employees will be performed and documented by supervisory staff and preceptors. 2. An orientation checklist will be used to document orientation for all staff, including contract staff.... "</p> <p>An agency document reviewed on 4/2/2019, titled "Harbor Light Hospice Job Description" stated "Registered nurse ... General Summary: The Registered Nurse is responsible for the coordination and delivery of nursing care to</p>	L 0662	<p>L662 – Job specific orientation was completed for employee H, I, J and K. Person C is no longer with the organization.</p> <p>All employee files have been reviewed to ensure job specific orientation has been completed.</p> <p>10% of all employee files will be audited quarterly for evidence that job specific orientation was completed appropriately.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	01/15/2021

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	<p>patients and families. Responsibilities include physical assessments and clinical interventions within the R.N. [registered nurse] scope of practice, and coordination of care with the interdisciplinary team ... Principle Duties and Responsibilities: 1. Patient Care: Perform comprehensive physical assessments on assigned patients ... Provide direct care and nursing intervention as directed by physician order, patient need, and the Plan of Care ... 2. Administrative: Record clinical findings and services in the medical record ... Initiate and complete all paperwork required for patient admission certification and re-certification ... "</p> <p>An agency document reviewed on 10/1/2019, titled "Harbor Light Hospice Job Description" stated "Administrator (Executive Director) ... General Summary: The Administrator (Executive Director) participates in the planning implementation and expansion of the company in accordance with the stated hospice purpose of quality hospice care ... Principle Duties and Responsibilities: 1. Continually evaluate the programs, services and methods of operation to assure that policies are being followed ... 4. Measure and evaluate performance of staff directly supervised and assure his/her managers do the same. 5. Develop, implement and maintain an on-going, effective, hospice-wide, data driven Quality Assessment/Performance Improvement [QAPI] program to assure compliance with hospice policies, federal and state regulations and fiscal intermediary directives ... 7. Develop, implement, maintain and document an effective infection control program ... "</p> <p>2. Personnel record review on 12/7/2020, for employee H, registered nurse (RN), failed to evidence an employee orientation, specific to their</p>			

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	<p>job such as performing physical assessments, providing nursing interventions, and documentation in the clinical record.</p> <p>3. Personnel record review on 12/7/2020, for employee I, RN, failed to evidence an employee orientation, specific to their job such as performing physical assessments, nursing interventions provided, and documentation in the clinical record.</p> <p>4. Personnel record review on 12/7/2020, for employee J, RN, failed to evidence an employee orientation, specific to their job such as performing physical assessments, nursing interventions provided, and documentation in the clinical record.</p> <p>5. Personnel record review on 12/7/2020, for employee K, RN, failed to evidence an employee orientation, specific to their job such as performing physical assessments, nursing interventions provided, and documentation in the clinical record.</p> <p>During an interview on 12/9/2020, at 11:45 AM, employee A, executive director [ED], indicated training specific for an RN would consist of a review of the competency checklist, watching videos and review what can and can not be done in hospice. They also expressed the amount of training would depend on the employee's previous job history and experience.</p> <p>6. Personnel record review on 12/7/2020, for person C, former ED, failed to evidence an employee orientation, specific to their job such as development, implementation, maintenance, and documentation of QAPI and infection control programs. The employee record also failed to</p>			

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L 0663 Bldg. 00	<p>evidence orientation to the evaluation of services, policies, and staff.</p> <p>418.100(g)(3) TRAINING</p> <p>(3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.</p> <p>Based on record review and interview, the hospice failed to ensure that all employees were competent and skills were assessed. (employees H, I, J, K)</p> <p>The findings include:</p> <p>1. Policy number 04.28.01, effective 4/1/2014, titled "Staff Competency Program" stated "Hospice will provide for initial and ongoing competency assessments for all patient care staff by qualified individuals ... Procedure ... 1. Patient care staff will be competency assessed at defined intervals: For each new employee (including contract employees) during orientation ... 3. Hospice has established competency criteria for each job category. Qualified individuals will observe the employee during competency evaluation. The competency evaluation checklist will be completed and retained in the employee's record ..."</p> <p>An agency document reviewed on 4/2/2019, titled "Harbor Light Hospice Job Description" stated "Registered nurse ... General Summary: The</p>	L 0663	<p>L663 – Employee H, I, J, and K had their skills assessed to ensure competency.</p> <p>All employee files have been reviewed to ensure skills have been assessed to ensure competency.</p> <p>10% of all employee files will be audited quarterly for evidence of skills assessment to ensure competency.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that that this deficiency is corrected and will not recur.</p> <p>Correction Date: January 15, 2021</p>	01/15/2021

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	<p>Registered Nurse is responsible for the coordination and delivery of nursing care to patients and families. Responsibilities include physical assessments and clinical interventions within the R.N. [registered nurse] scope of practice, and coordination of care with the interdisciplinary team ... Principle Duties and Responsibilities: 1. Patient Care: Perform comprehensive physical assessments on assigned patients ... Provide direct care and nursing intervention as directed by physician order, patient need, and the Plan of Care ... 2. Administrative: Record clinical findings and services in the medical record ... Initiate and complete all paperwork required for patient admission certification and recertification ... "</p> <p>2. Personnel record review on 12/7/2020, for employee H, registered nurse (RN), failed to evidence training and competency to the specific RN duties.</p> <p>3. Personnel record review on 12/7/2020, for employee I, RN, failed to evidence training and competency to the specific RN duties.</p> <p>4. Personnel record review on 12/7/2020, for employee J, RN, failed to evidence training and competency to the specific RN duties.</p> <p>5. Personnel record review on 12/7/2020, for employee K, RN, failed to evidence training and competency to the specific RN duties.</p> <p>During an interview on 12/9/2020, at 11:45 AM, employee A, executive director [ED], indicated specific training for an RN would consist of a review of the competency checklist, but the amount of training would depend on the employee's previous job history and experience.</p>			

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

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FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151544	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2020
NAME OF PROVIDER OR SUPPLIER HARBOR LIGHT HOSPICE			STREET ADDRESS, CITY, STATE, ZIP COD 1229 ARROWHEAD COURT CROWN POINT, IN 46307		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	