STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	151557	A. BUILDING 00 B. WING	05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KINDRED HOSPICE	391 QUARTERMASTER CT JEFFERSONVILLE, IN 47130

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S 0000 Bldg. 00	This visit was for a state re-licensure survey in conjunction with a complaint investigation of a deemed hospice agency. Complaint IN00275473: Substantiated, no deficiencies cited related to the allegation. Survey Dates: April 28, 29, 30, and May 1, of 2021 Facility ID: 009766 Census: 340 unduplicated last 12 months 28 current home patients 10 patients in assisted living 61 patients in skilled nursing facility Quality Review completed on 5/11/2021 A4	S 0000		
S 0549 Bldg. 00	418.56(c)(4) 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:] (4) Drugs and treatment necessary to meet the needs of the patient. Based on record review and interview, the agency failed to obtain physician orders for a CPAP (continuous positive airway pressure) machine for 1 of 11 active patient records reviewed. (Patient 6) Findings include: An 11/2020 policy titled "The Plan of Care" was provided by the Administrator on 4/28/2021 at 4:00 p.m. The policy indicated, but was not limited	S 0549	**S549** The Administrator verified that physician orders were obtained for the CPAP machine and that the CPAP is reflected on the plan of care and medication profile for patient 6. The Administrator/Designee will provide education to nursing staff to ensure that all medications and	05/31/2021

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

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	to, "4. The plan of care will identify the patient's needs and services to meet those needs ... 11. ... will receive instructions regarding treatments ... 12. The written plan of care will contain, but will not be limited to ... T. Medications and treatments ... V. Physician orders." Review of Skilled Visit Note Reports dated 4/22/2021, 4/26/2021, and 4/29/2021 indicated patient 6 wore a CPAP (device used to treat sleep apnea). Review of a Hospice Certification and Plan of Care signed and dated by the physician on 4/19/2021 failed to evidence a CPAP order. During an interview on 5/4/2021 at 11:30 a.m. the Administrator agreed the CPAP was not included on the plan of care.		treatments have a corresponding physician order reflected in the Plan of Care and the medication profile. The following policies will be utilized for education: ·4-027 Plan of Care ·4-050 Medication Profile ·4-028 Verification of Physician Orders 10 records or 10% of daily census (whichever is greater) will be audited monthly until a threshold of 100% is maintained for 2 consecutive months. When threshold has been met consistently for 2 months, then may reduce audits to 10 records or 10% of daily census (whichever is greater) reviewed quarterly. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not occur.	
S 0556 Bldg. 00	418.56(e)(3) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (3) Ensure that the care and services provided are based on all assessments of the patient and family needs. Based on record review and interview, the agency failed to maintain a system according to their policy and procedures to ensure care and services	S 0556	**S556** The Administrator verified that Patient 12 had a weekly wound assessment, measurement	05/31/2021

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	were provided based on all assessments of the patients' needs for 1 of 1 record review of a patient with a Stage IV wound. (Patient 12) Findings include: A 05/2020 policy titled Wound Care and Documentation Process was provided by the Administrator on 5/3/2021 at 11:30 a.m. The policy indicated, but was not limited to, "Orders must be specific to include how care is to be performed, any treatments, medications, solutions, and supplies to be used ... Wound care to _____ (location & type of wound) ... Assessment of wound should be completed every visit and include items 1-6 below. Items 7-8 should be completed every week (at a minimum). 1. Location 2. Exudate (drainage) ... 3. Odor ... 4. Wound bed characteristics ... 5. Condition of surrounding skin. 6. Pain. 7. Stage (1-4) for pressure injuries only ... 8. Size (measure length from patient head to tow, width from patient's right to left hand, and depth by gently inserting sterile applicator into deepest portion of wound ... Patients Who Reside in Facilities ... If facility staff are performing wound care, the hospice nurse must assess the wound at least once per week, documenting a full assessment. This is not optional ..." The clinical record for patient 12, start of care date 1/13/2021, election benefit date 1/13/2021 to 4/12/2021 was reviewed on 5/3/2021. The record evidenced orders for the skilled nurse to "clean the stage 4 pressure sore to the left buttock with wound cleanser, pat dry with dry gauze, wet a gauze with saline and pack wound and apply dry ABD pad over wound 2 times daily. Hospice nurse to do wound care twice weekly on visit days and facility to do other days and prn with soilage or dislodgement."		and documentation. The Administrator/Designee will educate nursing staff on the agency requirement that wounds must be assessed and measured at least once per week. The following process will be utilized for education: ·Kindred at Home Wound Care and Documentation Process 10 records or 10% of daily census (whichever is greater) will be audited monthly until a threshold of 100% is maintained for 2 consecutive months. When threshold has been met consistently for 2 months, then may reduce audits to 10 records or 10% of daily census (whichever is greater) reviewed quarterly. The Administrator will be responsible for monitoring these corrective actions so ensure that this deficiency is corrected and will not occur.	

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	The record evidenced the following: Review of a Wound Record Report failed to evidence patient 12's Stage IV (exposed muscle or bone) pressure ulcer to left lower buttock was measured for the week of 2/7/2021 to 2/13/2021 (wound went 12 days without measurement). During an interview on 5/4/2021 at 11:30 a.m. the Administrator agreed that wounds were to be measured weekly.			
S 0678 Bldg. 00	418.104(a)(7) CONTENT [Each patient's record must include the following:] (7) Physician orders. Based on record review and interview, the agency failed to obtain physician orders for a CPAP (continuous positive airway pressure) for 1 of 11 active patient record reviews (Patient 6); and failed to ensure instructions for medications were specific regarding the anatomical location for antifungal medication for 2 of 3 records reviewed with integumentary (skin) treatments. (Patient 6 & 12) Findings include: 1. A 05/2020 policy titled Wound Care and Documentation Process was provided by the Administrator on 5/3/2021 at 11:30 a.m. The policy indicated, but was not limited to, "Orders must be specific to include how care is to be performed, any treatments, medications, solutions, and supplies to be used ... This is not optional ..." 2. An 11/2020 policy titled "The Plan of Care" was provided by the Administrator on 4/28/2021 at	S 0678	**S678** The Administrator verified that physician orders were obtained for the CPAP machine and that the CPAP is reflected on the plan of care for patient 6. The Administrator verified the Nystatin orders for patient 6 & patient 12 were corrected to include the anatomical location of application The Administrator/Designee will educate nursing staff on the requirement that complete orders must be obtained for all medications and treatments and be incorporated into the plan of care and medication profile. The following policies will be utilized for education: ·4-027 Plan of Care ·4-050 Medication Profile	05/31/2021

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	4:00 p.m. The policy indicated, but was not limited to, "4. The plan of care will identify the patient's needs and services to meet those needs ... 11. ... will receive instructions regarding treatments ... 12. The written plan of care will contain, but will not be limited to ... T. Medications and treatments ... V. Physician orders" 3. The clinical record for patient 6, start of care date 4/14/2021, election benefit date 4/14/2021 to 6/12/2021 was reviewed on 4/28/2021. The record evidenced the following: Review of a physician order dated 4/15/2021 for patient 6 indicated use of antifungal powder topically to affected area BID [twice per day] until healed. The agency failed to indicate an anatomical location for the antifungal powder. Review of Skilled Visit Note Reports dated 4/22/2021, 4/26/2021, and 4/29/2021 indicated patient 6 wore a CPAP (device used to treat sleep apnea). Review of a Hospice Certification and Plan of Care signed and dated by the physician on 4/19/2021 failed to evidence a CPAP order. 4. The clinical record for patient 12, start of care date 1/13/2021, election benefit date 1/13/2021 to 4/12/2021 was reviewed on 5/3/2021. The record evidenced the following: Review of a Hospice Certification and Plan of Care for patient 12 indicated use of Nystatin 100,000 unit/gram Topical Cream daily for yeast. The agency failed to indicate an anatomical location for the Nystatin. 5. During an interview on 5/4/2021 at 11:30 a.m. the Administrator agreed the anatomical location should be included on the order.		Nursing staff will be provided a printed copy of the medication profile for all active patients. The medication profile will be reviewed on the next scheduled home visit to verify the accuracy of reflected medications/treatments and to verify all medications/treatments contain complete orders. Nursing staff will document completion of medication/treatment reconciliation in the medical record. 10 records or 10% of daily census (whichever is greater) will be audited monthly until a threshold of 100% is maintained for 2 consecutive months. When threshold has been met consistently for 2 months, then may reduce audits to 10 records or 10% of daily census (whichever is greater) reviewed quarterly. The Administrator will be responsible for monitoring these corrective actions so ensure that this deficiency is corrected and will not occur.	

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S 0782 Bldg. 00	418.112(f) ORIENTATION AND TRAINING OF STAFF Hospice staff must assure orientation of SNF/NF or ICF/MR staff furnishing care to hospice patients in 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. Based on record review and interview, the agency failed to ensure orientation of skilled nursing facilities / retirement community staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, and symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements in 2 of 5 facility files reviewed. (Entity J, Entity K) Finding include: 1. An 11/2020 policy titled Hospice Contracted Services was provided by the Administrator on 5/3/2021 at 2:30 p.m. The policy indicated, but was not limited to, "K. Documentation of training and professional qualifications may be maintained by the hospice or by the contracted organizations. If maintained by the contracted organization, upon the request of the hospice contracted personnel file will be made available ... M. Contracts will be reviewed annually utilizing the 'Annual Contract Review' form. ..." 2. Record review for Entity J, a LTC (long term care facility), failed to evidence long-term care staff training was offered or occurred to ensure	S 0782	**S782** The Administrator/Designee to educate the Business Development staff on the facility education process and expectations to include use of the education material, sign in sheet, Facility Education Documentation Form and the Facility Education Declination Form. The Administrator/Designee will complete an annual contract review utilizing the Kindred at Home Annual Contract Audit tool on 100% facility contracts to identify the facilities initial or annual educational needs. The Administrator/Designee to offer initial or annual orientation and training to all active contracted facilities utilizing the Kindred at Home Education Spotlight for Contracted Facility education material. Facility communication or attempted communication is to be documented on the Facility Education Documentation Form.	05/31/2021

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	the hospice philosophy of care, policies and procedures regarding methods of comfort, pain control, and symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements were provided to long term care staff for 2019 and 2020. The record failed to evidence an Annual Contract Review form. 3. Record review for Entity K, a LTC, failed to evidence long-term care staff training was offered or occurred to ensure the hospice philosophy of care, policies and procedures regarding methods of comfort, pain control, and symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements were provided to long term care staff for 2020. The record evidenced a meet and greet attendance sheet dated 2/21/20, but did not include the above information. 4. During an interview on 5/3/2021 at 1:50 p.m. the patient care coordinator U stated the yearly education information was sent out on January 20, 2021 but have not received anything back. At 3:15 p.m. the Administrator provided educational material titled Education Spot Light that the agency provides to all LTC facilities. At 3:50 p.m. hospice specialist DD provided an email and brochure on the Avoidance Program that was provided to LTC facilities. Hospice specialist DD stated the employee who provided the long term education for the two facilities had left and was not able to produce any additional information.		The Facility Education Declination Form is to be utilized to document the facility education refusal. The Business Development Team is to take the lead on this task. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not occur.	