

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

PRINTED: 02/12/2021  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151605		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/29/2021	
NAME OF PROVIDER OR SUPPLIER  AMEDISYS HOSPICE				STREET ADDRESS, CITY, STATE, ZIP COD 305 QUARTERMASTER CT JEFFERSONVILLE, IN 47130			
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L 0000  Bldg. 00	<p>At the direction of CMS, a federal complaint investigation of a deemed hospice agency was conducted by the Indiana Department of Health.</p> <p>Survey Dates: January 26th, 27th, 28th, and 29th of 2021</p> <p>Complaint IN00345548 Unsubstantiated: Lack of sufficient evidence.</p> <p>Complaint IN00340977 Substantiated: No federal findings cited.</p>			L 0000			
S 0000  Bldg. 00	<p>This survey was for a state relicensure survey and state license complaint investigation of a hospice agency.</p> <p>Survey Dates: January 26th, 27th, 28th, and 29th of 2021.</p> <p>Complaint IN00345548 Unsubstantiated: Lack of sufficient evidence.</p> <p>Complaint IN00340977 Substantiated: State deficiencies related to the allegation were cited.</p> <p>Complaint IN00259635 Substantiated: State deficiencies related to the allegation were cited.</p> <p>Complaint IN00269051 Unsubstantiated: Lack of sufficient evidence.</p> <p>Quality Review completed on 2/8/2021 A4</p>			S 0000			

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 disclosable 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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S 0512  Bldg. 00	<p>418.52(c)(1) RIGHTS OF THE PATIENT</p> <p>The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;</p> <p>Based on record review and interview the agency failed to respond promptly symptom management for 1 of 8 records reviewed. (Patient 3)</p> <p>Findings include:</p> <p>A 10/20/2020 revised policy titled "Patient and Family Rights and Responsibilities" indicated, but was not limited to, "The patient and the family have the right to ... Receive effective pain and symptom management from the hospice for conditions relation to the terminal illness."</p> <p>The complete record for patient 3, with a terminal diagnosis of COPD (chronic obstructive pulmonary disease), was reviewed on 1/26/21. The record evidenced the following:</p> <p>A document titled Visit Note Report dated 3/30/18 entered by Employee L indicated, but was not limited to: "Patient reports decreased bowel movements and some nausea today ...Indicate date of last BM: 3/30/18 ...Does nausea significantly affect the patient? Yes ...Was nausea treatment initiated? No".</p> <p>A document titled Visit Note Report dated 4/9/18 entered by Employee L indicated, but was not limited to, "Reports lots of nausea this week ....No supplies or medications needed at this time ...Does the nausea significantly affect the patient? Yes ...Was nausea treatment initiated? No".</p>			S 0512	<p><b>S512 418.52 (c)(1) Rights of the Patient</b>-The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.</p> <p>Compliance of this standard will be met:</p> <p>1.Effective 2/9/2021 based on survey findings, The Administrator/ Director of Operations (DOO) to implement interventions to ensure the patient has a right to receive effective symptom control from the hospice for conditions related to the terminal illness.</p> <p>2.Effective 2/9/2021 the Administrator, Director of Operations (DOO) with the assistance of the Clinical Manager initiated comprehensive and systematic changes for the care center to ensure changes in the patient's condition will be reflected in the patients ongoing plan of care by the Clinical Manager or RN overseeing the patient's care.</p> <p>3.Education/Training - Initiated 2/9/2021, Comprehensive re-education and remediation for all nurses by the Administrator/Director of Operations on appropriate agency</p>		03/05/2021

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	<p>A document titled Client Coordination Note Report dated 4/9/18 entered by Employee L indicated, but was not limited to, "Been having extreme nausea for the past week. Will contact ...Hospital 1 to get an order for an anti-nausea medication".</p> <p>A document titled Hospice Physician Order dated 4/10/18 entered by Employee L indicated, but was not limited to, an order for Zofran 8 MG every 8 hours as needed for nausea.</p> <p>On 1/29/21 at 1:00 p.m. Employee B was interviewed. When asked about the entries on 3/3/0/18 and 4/9/18 and nausea treatment not being initiated even though the nausea was significantly affecting the patient, Employee B stated they would have to look into it. When Employee B returned, they stated that they could not answer for Employee L, but Employee B thought Employee L should have addressed it.</p>				<p>policies related to deficient areas:</p> <ul style="list-style-type: none"> <li>·Review of Agency Policies and Procedures: to be completed by administrative staff on 2/10/21 and 2/11/21</li> <li>o AA-005 Hospice Plan of Care</li> <li>o AA-006 Interdisciplinary Team</li> <li>o RI-001 Patient Right and Responsibility</li> <li>o MM-004 Comfort Medication</li> <li>o MM-003 Pain and symptom management</li> <li>o MM-001A Medication Management</li> <li>o AA-003 Assessment</li> </ul> <p>4. 4. To ensure the completion of: development, adherence, and ongoing evaluation with appropriate revision to the patient-specific plan of care in accordance with the patient's current condition/needs and agency's policies and procedures, a comprehensive auditing process will be started beginning 2/15/2021. The audit will consist of weekly review of clinical documentation (nursing coordination notes) of 100% patient census to ensure proper follow up was completed timely for pain and symptom management. This will be reviewed until 100% compliance is achieved, and then 10% or 10 charts, whichever is larger, will be reviewed quarterly until 100% compliance has been sustained for 3 quarters.</p> <p>5. 5. All findings will</p>		

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S 0650  Bldg. 00	<p>418.100(a) SERVING THE HOSPICE PATIENT AND FAMILY</p> <p>The hospice must provide hospice care that- (1) Optimizes comfort and dignity; and (2) Is consistent with patient and family needs and goals, with patient needs and goals as priority.</p> <p>Based on record review and interview, the agency failed to provide care that optimized end of life comfort in 1 of 8 records reviewed. (Patient 3).</p> <p>Findings include:</p> <p>A 10/20/2020 revised policy titled "Patient and Family Rights and Responsibilities" indicated, but was not limited to, "The patient and the family have the right to ... Receive effective pain and symptom management from the hospice for conditions relation to the terminal illness."</p> <p>The complete record for patient 3, with a terminal diagnosis of COPD (chronic obstructive pulmonary disease), was reviewed on 1/26/21. The record evidenced the following:</p> <p>A document titled Visit Note Report dated 3/30/18 entered by Employee L indicated, but was not limited to: "Patient reports decreased bowel movements and some nausea today ...Indicate date of last BM: 3/30/18 ...Does nausea significantly affect the patient? Yes ...Was nausea</p>			S 0650	<p>be reported at the quarterly QAPI committee meeting and Governing Body as appropriate, but at least annually.</p> <p>6. 6 . Completion date of 3/5/2021</p> <p>S650 418.100(a) Serving the Hospice patient and Family: The hospice must provide hospice care that-(1) Optimizes comfort and dignity and 2. Is consistent with patient and family needs and goals, with patient needs and goals as priority.</p> <p>Compliance of this standard will be met:</p> <p>1. Effective 2/9/2021 based on survey findings, The Administrator/Director of Operation(DOO) to implement interventions to ensure the patient has a right to receive effective symptom control from the hospice for conditions related to the terminal illness.</p> <p>2. Effective 2/9/2021 the Administrator, Director of Operations(DOO) with the assistance of the Clinical Manager</p>		03/05/2021

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	<p>treatment initiated? No".</p> <p>A document titled Visit Note Report dated 4/9/18 entered by Employee L indicated, but was not limited to, "Reports lots of nausea this week ....No supplies or medications needed at this time ...Does the nausea significantly affect the patient? Yes ...Was nausea treatment initiated? No".</p> <p>A document titled Client Coordination Note Report dated 4/9/18 entered by Employee L indicated, but was not limited to, "Been having extreme nausea for the past week. Will contact ...Hospital 1 to get an order for an anti-nausea mediation".</p> <p>A document titled Hospice Physician Order dated 4/10/18 entered by Employee L indicated, but was not limited to, an order for Zofran 8 MG every 8 hours as needed for nausea.</p> <p>On 1/29/21 at 1:00 p.m. Employee B was interviewed. When asked about the entries on 3/3/0/18 and 4/9/18 and nausea treatment not being initiated even though the nausea was significantly affecting the patient, Employee B stated they would have to look into it. When Employee B returned, they stated that they could not answer for Employee L, but Employee B thought Employee L should have addressed it.</p>				<p>initiated comprehensive and systematic changes for the care center to ensure changes in the patient's condition will be reflected in the patient's ongoing plan of care by the Clinical Manager or RN overseeing the patient's care.</p> <p>3. Education/Training- Initiated 2/9/2021, Comprehensive re-education and remediation for all nurses by the Administrator/Director of Operations on appropriate agency policies related to deficient areas:</p> <p>. Review of Agency Policies and Procedures: to be completed by administrative staff on 2/10/21 and 2/11/21</p> <p>O AA-005 Hospice Plan of Care</p> <p>O-AA-006 Interdisciplinary Team</p> <p>O-RI-001 Patient Right and Responsibility</p> <p>O-MM-004 Comfort Medication</p> <p>O-MM-003 Pain and Symptom management</p> <p>O-MM-001A Medication Management</p> <p>O-AA-003 Assessment</p> <p>4. To ensure the completion of: development, adherence, and ongoing evaluation with appropriate revision to the patient specific plan of care in accordance with the patient's current condition/needs and agency's policies and procedures, a</p>		

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