

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

PRINTED: 03/30/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151511		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2022	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH HOSPICE				STREET ADDRESS, CITY, STATE, ZIP COD 950 N MERIDIAN ST, SUITE 700 INDIANAPOLIS, IN 46204			
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L 0000  Bldg. 00	<p>This visit was to determine the removal/abatement of the Immediacy component of an Immediate Jeopardy identified on 2/15/2022 at 9:47 AM, which remained unremoved upon survey exit on 2/15/2022, in relation to failure to implement agency policy to investigate Patient #13's allegation of sexual abuse (42 CFR 418.52.)</p> <p>Survey Dates 3-7-22 and 3-8-22.</p> <p>On 2/28/2022, the agency's 3rd Removal Plan was accepted with a completion date of 3/4/2022. The components of the Immediacy Removal plan were evaluated and verified on-site to include: identification of vulnerable patients and confirmation the agency determined there were no unreported allegations of sexual abuse, 8 patient records were reviewed for clinical notes reflecting neglect and abuse screening, interviews with patient's family/caretaker were conducted in relation to knowledge of Indiana University Health Hospice Policies and Procedures for identifying and reporting suspected abuse or neglect, interviews with contracted entities to include the parent and all branches, and interviews with Indiana University Health Hospice staff from the parent and all branches. The review also included a review of weekly huddle notes (abuse and neglect policy, procedure, and awareness,) review of the quality managers' auditing process, review of new employee orientation material, complaint log, adverse event log, and reports filed to the appropriate protective authorities for patient #13. The risk of harm to agency patients was determined to be removed.</p>			L 0000	<p>POC accepted on 3/30/2022</p> <p><i>Deborah Franco</i></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 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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L 0502  Bldg. 00	<p>Indiana University Health Hospice was observed to have implemented an effective removal plan. The Immediacy component of the Immediate Jeopardy was abated/removed effective 3-4-22.</p> <p>The agency removed the Conditions of Participation which had been cited at 42 CFR 418.52; Patient Rights. Standard level deficiencies at 42 CFR 418.52 (b)(4) (i) and 42 CFR 418.52 (ii) were determined to have been corrected and in compliance.</p> <p>QR by Area 3 on 3-10-2022</p> <p>418.52(a)(1) NOTICE OF RIGHTS AND RESPONSIBILITIES (1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands.</p>			L 0502	<p><b>L502 NOTICE OF RIGHTS AND RESPONSIBILITIES CFR(s):</b> <b>418.52(a)(1)</b> (1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands. This STANDARD is not met as evidenced by: Based on record review and interview, the agency</p>		04/08/2022

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			<p>failed to ensure all patients and/or patient representatives were provided with written notice of the patient's rights and responsibilities in a language they understood during the initial assessment, and in advance of providing care, for 1 (Patient #8) of 1 record reviewed for clients and/or patient representatives with limited English proficiency, out of a sample of 16 patients.</p> <p>Plan of Correction:</p> <p>(1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members: an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the deficiency identified on survey that a patient or representative did not receive written notice of patient's rights and responsibilities in a language they understood during the initial assessment and in advance of providing care. Making team members aware of this</p>		

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			<p>finding is essential to prevent recurrence and will ensure that all hospice patients and/or representatives are provided with written notice of the patient's rights and responsibilities in a language they understand during the initial assessment and in advance of providing care. Completion date: March 18, 2022 Responsible party: The Hospice Administrator</p> <p>b. The hospice policy "Sensory Impaired/Limited English Proficient Clients" is being updated to include the requirement that patients and/or patient representative will be provided with verbal (meaning spoken) and written notice of patient's rights and responsibilities in a language and manner that they understand. Updating this policy is required to ensure that during the initial assessment visit in advance of furnishing care patients or representatives will be provided with verbal and written notice of patient rights and responsibilities in a language and manner that they understand. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>c. The hospice census was reviewed for all non-English speaking patients and found to have three Spanish speaking</p>		

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			<p>patients receiving services, no other non-English speaking patients were identified. A copy of the Spanish version of the Hospice Admission Packet which includes all consents as well as a copy of the Spanish version of the Hospice Caregiver Guide including Notice of Patient Rights and Responsibilities will be delivered to each of the three identified Spanish speaking patients and/or representatives. This will ensure that all non-English speaking patients currently on census have been provided verbal and written information concerning patient's rights and responsibilities in a language they understand. Delivering the</p> <p>Spanish Hospice Admission Packet and Spanish Caregiver Guide for any Spanish speaking patients currently on census is essential to ensure that current patients and/or representatives have been provided with the required written material. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>d. The notification process for admission alert has been adjusted to include alerts related to non-English speaking patients or representatives. The Hospice Intake team will schedule an</p>		

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			<p>interpreter and confirm availability of written material to include notification of patient rights and responsibilities in a language the patient or representative understands. The Hospice Intake team will include in their email notification of admission to the admitting clinician that the patient is non-English speaking and will provide contact information for the interpreter. The Hospice Intake team will also include where to access written admission material including notice of patient's rights and responsibilities in the patient and/or representatives' appropriate language as part of the notification. Adjusting the admission notification process to include confirmation of appropriate interpreter and availability of required written material will prevent the possibility of recurrence of non-English speaking patient and/or family members not receiving verbal and written notice of patient's rights and responsibilities in a language they understand.</p> <p>Completion date: April 8, 2022 Responsible party: The Central Region Business Operations Manager</p> <p>e. A four-hour hospice education summit is scheduled to occur in each region. All team members are required to attend. During the education summit, a</p>		

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					<p>review of the requirement that all patients and/or representatives must be provided verbal (meaning spoken) and written notice of patient's rights and responsibilities in a language they understand during the initial assessment and in advance of providing care, will occur. In-person education concerning this requirement will prevent recurrence of failure to provide to the patient and or representative, verbal, and written notice of the patient's rights and responsibilities in a language they understand during the initial assessment and in advance of providing care.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. The IU Health Hospice warehouse will deliver five copies of the Spanish version of the Hospice Admission Packet to each regional office including the IU Health Hospice House. The Spanish Hospice Admission Packet is added to the hospice supply order document and additional copies are available for re-order. On-site access to the Spanish admission folder will improve access to these documents for the most frequently occurring non-English speaking</p>		

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			<p>language being served by the hospice agency. Access to these printed documents is an essential step in preventing failure to provide to the patient or representative written and verbal notice of the patient's rights and responsibilities in a language they understand and in advance of the initial assessment and delivery of care. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p><b>b.</b> The Hospice Quality Manager or designee will pull a query report on the first business day of each week that will identify all non-English speaking patients on census. The Hospice Quality Manager or designee along with the appropriate telephone translation service will contact each patient and/or representative who has not been contacted in a prior week to confirm that the patient and/or representative received verbal and written notice of patient's rights and responsibilities in a language they understand. The quality manager will ensure that any patients identified as not having received the materials in their preferred language will have those materials delivered to them on or before their next scheduled visit. Follow up contact with non-English speaking patients and or representatives will confirm each patient was provided</p>		



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L 0520  Bldg. 00				L 0520	<p>with required information and is an essential step to prevent recurrence of failure to provide to any hospice patient or representative verbal and written notification of the patient's rights in a language they understand. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L520 INITIAL &amp; COMPREHENSIVE ASSESSMENT OF PATIENT CFR(s): 418.54</b> This CONDITION is not met as</p>		04/08/2022

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			<p>evidenced by: Based on record review and interview, the agency failed to ensure all patients received a patient-specific comprehensive assessment that included the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately included all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions. The cumulative effect of these systemic problems resulted in the agency's inability to ensure patients received appropriate services which could result in the agency not providing quality health care, thus resulting in non-compliance with 42 CFR 418.54 Condition of Participation: Initial and Comprehensive Assessment of the Patient.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>- a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice</p>		

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			<p>team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the cumulative impact of the agency's inability to ensure a patient-specific comprehensive assessment which could result in the agency not providing quality health care, thus resulting in non-compliance with the Condition of Participation: Initial and Comprehensive Assessment of the Patient.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. To ensure all hospice patients receive a patient-specific comprehensive assessment that includes the patient's need for physical, psychosocial, and spiritual care that accurately includes all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions, the Hospice Administrator, and the Hospice Infection Preventionist completed a Comprehensive Assessment and Care Planning Risk Assessment. The primary objective of the risk assessment was to identify the areas of greatest risk for deficiency in the agency's ability to recognize and deliver care and services to ensure</p>		

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			<p>patients receive appropriate services. Components of the risk assessment were ranked in probability, risk, and preparedness categories with combined scores of 9 and higher determined to be deficient. Identifying the areas of greatest risk for deficiency in the agency's ability to recognize and deliver needed care and services to every patient is required to prioritize mitigation efforts and meet each hospice patient's identified needs through comprehensive assessment and care planning in order to prevent recurrence of the agency's failure to meet this condition of participation.</p> <p>Completion date: March 18, 2022 Responsible party: The Hospice Administrator and the Hospice Infection Preventionist</p> <p>c. Education was developed for the following areas identified in the Comprehensive Assessment and Care Planning Risk Assessment tool: Pediatric Assessment and Care Planning, Bereavement Risk, Language Barrier, General Safety, Home Fire Safety, Abuse/Neglect/Exploitation, Falls, Oxygen Safety, and Medication Management. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive</p>		

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			<p>review of available literature was undertaken by the Hospice Administrator. Education material was selected based on relevancy and timeliness. Selected education material will be delivered at four-hour Hospice Education Summits for clinical employees of the hospice including Clinical Managers, Supervisors, RNs, LPNs, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. Team members will be given a written exam covering each topic presented to confirm understanding of the material. Developing and delivering interactive, in-person education based on the agency's identified high-risk areas for failure to ensure thorough effective comprehensive assessment and care planning is a necessary step to ensure that all patients' physical, psychosocial, and spiritual care needs are met and will prevent recurrence of the agency's failure to meet this condition for all hospice patients.</p> <p>Completion date: April 8, 2022. Responsible party: The Hospice Administrator.</p>		

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			<p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p><b>a.</b> All education content that was delivered at the Hospice Education Summit has been added to new team member onboarding requirements for all clinical roles including Clinical Manager, Supervisor, RN, LPN, Social Worker, Chaplain, Bereavement Coordinator, Volunteer Coordinator, Therapist, and Aide. Requiring all newly hired clinical team members to complete this education and to complete the written exam covering content is an essential step to ensure understanding of the requirement that all patients receive a patient-specific comprehensive assessment that includes the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately includes all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions and in the prevention of non-compliance with this condition of participation. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p><b>b.</b> Team members on leave of absence during the four-hour</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 950 N MERIDIAN ST, SUITE 700 INDIANAPOLIS, IN 46204		
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			<p>Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session which will occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring all clinical team members have completed these requirements is an essential step to increase education and understanding of the requirement that all patients receive a patient-specific comprehensive assessment that includes the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately includes all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions and in the prevention of non-compliance with this condition of participation.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice active census will undergo detailed record review by hospice</p>		

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			<p>quality audit RNs to confirm that each patient received a patient-specific comprehensive assessment that included the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately included all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet these requirements is an essential step to prevent recurrence of non-compliance with the condition. Audits will continue until 100% compliance is achieved for 3 consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this condition of participation.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice supervisors or</p>		



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			designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation. The supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's network. The supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring that all patients receive appropriate services which could result in the agency not providing quality health care. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiencies be observed. The supervisor or designee completing shared visits and documentation review is an essential step to prevent non-compliance with the condition. Shared visits and document review will continue until 100% compliance is achieved for 3 consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this condition of participation.		

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L 0521  Bldg. 00	418.54 INITIAL & COMPREHENSIVE ASSESSMENT OF PATIENT The hospice must conduct and document in writing a patient-specific comprehensive assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.	L 0521	Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager  <b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.	04/08/2022	

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			<p><b>COMPREHENSIVE ASSESSMENT OF PATIENT CFR(s): 418.54</b></p> <p>The hospice must conduct and document in writing a patient-specific comprehensive assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure all patients received a patient specific comprehensive assessment which accurately reflected the patient's current health status and accurately included the patient's need for physical, psychosocial, emotional, and spiritual care; and included all areas of hospice care related to the palliation and management of the terminal illness and related conditions for 2 (Patients #8, 12) of 16 active records reviewed.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent</u></p>		

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			<p><u><b>recurrence, and responsible party</b></u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members and an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure all patients received a patient specific comprehensive assessment which accurately reflected the patient's health status and accurately included the patient's need for physical, psychosocial, emotional, and spiritual care; and included all areas of hospice care related to palliation and management of the terminal illness and related conditions for two patients. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey. Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. To ensure all hospice patients receive a patient-specific comprehensive assessment that includes the patient's need for</p>		

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			<p>physical, psychosocial, and spiritual care that accurately includes all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions, the hospice administrator and the hospice infection preventionist completed a Comprehensive Assessment and Care Planning Risk Assessment. The primary objective of the risk assessment was to identify the areas of greatest risk for deficiency in the agencies ability to recognize and deliver care and services to ensure patients receive appropriate services. Components of the risk assessment were ranked in probability, risk, and preparedness categories with combined scores of 9 and higher determined to be deficient. Identifying the areas of greatest risk for deficiency in the agency's ability to recognize and deliver needed care and services to every patient is required to prioritize mitigation efforts and meet each hospice patients identified needs through comprehensive assessment and care planning and to prevent recurrence of the agency's failure to meet this condition.</p> <p>Completion date: March 18, 2022 Responsible party: The Hospice Administrator and The Hospice Infection Preventionist</p>		

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			c. Education was developed for the following areas identified in the comprehensive assessment and care planning risk assessment tool: Pediatric Assessment and Care Planning, Bereavement Risk, Language Barrier, General Safety, Home Fire Safety, Abuse/Neglect/Exploitation, Falls, Oxygen Safety, and Medication Management. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive review of available literature was undertaken by the hospice administrator. Education material was selected based on relevancy and timeliness. Selected education material will be delivered at four-hour hospice education summits for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask question throughout the education presentation. Team members will be given a written exam covering each topic presented to confirm		

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			<p>understanding of the material. Developing and delivering interactive, in-person education based on the agency's identified high-risk areas is required to prevent recurrent failure of the agency to ensure all patients received a patient specific comprehensive assessment which accurately reflected the patient's current health status and accurately included the patient's need for physical, psychosocial, emotional, and spiritual care; and included all areas of hospice care related to the palliation and management of the terminal illness and related conditions. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. All education content developed for the Hospice Education Summit and based on areas of risk identified in the Comprehensive Assessment and Care Plan Risk Assessment is added to new team member onboarding requirements for all clinical roles including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and</p>		

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			<p>Aides. Requiring all newly hired clinical team members to complete this education and to complete the written exam covering content is an essential step to ensure understanding of the requirement that all patients receive a patient-specific comprehensive assessment that includes the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately includes all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions and in the prevention of non-compliance with this condition.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p>b. Team members on leave of absence during the Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return to work. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of</p>		



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			<p>the content. Ensuring all clinical team members have completed these steps is an essential step to increase education and understanding of the requirement that all patients receive a patient-specific comprehensive assessment that includes the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately includes all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions and in the prevention of non-compliance with this condition.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RN's to confirm that each patient received a patient-specific comprehensive assessment that included the patient's need for physical, psychosocial, emotional, and spiritual care, and accurately included all areas of hospice care related to the palliation and management of the patient's terminal illness and related conditions. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be</p>		

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					<p>deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation and accountability is an essential step to prevent recurrence of noncompliance with the standard. Audits will continue until 100% compliance is achieved for 3 consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of audit process: April 8, 2022 Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete 1 shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation. The supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's network. The supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action</p>		

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			<p>if a team member is determined to be deficient in ensuring that all patients received a patient specific comprehensive assessment which accurately reflected the patient's current health status and accurately included the patient's need for physical, psychosocial, emotional, and spiritual care; and included all areas of hospice care related to the palliation and management of the terminal illness and related conditions. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visits and documentation review is a required step to prevent noncompliance with this standard. Shared visits and document review will continue until 100% compliance is achieved for 3 consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each</p>		

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L 0524  Bldg. 00	<p>418.54(c) CONTENT OF COMPREHENSIVE ASSESSMENT The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.</p>			L 0524	<p>deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L524 CONTENT OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(c)</b> The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.</p> <p>This STANDARD is not met as evidenced by: Based on record</p>		04/08/2022

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				<p>review and interview, the agency failed to ensure all patients received an accurate and age-appropriate comprehensive assessment that identified the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness, comfort, and dignity throughout the dying process for 2 (Patients 8 and 12) of 2 active pediatric records reviewed in a total sample of 16 active records</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure all patients received an accurate and age-appropriate comprehensive assessment that identified the physical, emotional, and spiritual needs related to the patient's terminal illness, comfort, and</p>			

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PRINTED: 03/30/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151511		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2022	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH HOSPICE				STREET ADDRESS, CITY, STATE, ZIP COD 950 N MERIDIAN ST, SUITE 700 INDIANAPOLIS, IN 46204			
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					<p>dignity throughout the dying process for two pediatric patients. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. To ensure all hospice patients receive an accurate age-appropriate comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness the Hospice Administrator and the Hospice Infection Preventionist completed a Comprehensive Assessment and Care Planning Risk Assessment to identify areas of risk for failure to provide patients with needed care and services. Components of assessment and care planning were ranked in probability, risk, and preparedness categories with combined scores of 9 and higher determined to be deficient. Pediatric care was identified as a high-risk area based on the risk assessment and aligns with survey findings.</p> <p>Identifying the areas of greatest risk for deficiency in the agency's ability to identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness of all patients of all</p>		

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			<p>ages is required in order to prevent recurrence of the agency's failure to meet this condition of participation and ensure all patients receive an accurate and age-appropriate comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness, comfort, and dignity throughout the dying process.</p> <p>Completion date: March 18, 2022 Responsible party: The Hospice Administrator and the Hospice Infection Preventionist</p> <p>c. Education was developed for the following areas identified in the Comprehensive Assessment and Care Planning Risk Assessment tool: Pediatric Assessment and Care Planning, Bereavement Risk, Language Barrier, General Safety, Home Fire Safety, Abuse/Neglect/Exploitation, Falls, Oxygen Safety, and Medication Management. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive review of available literature was undertaken by the Hospice Administrator. Education material was selected based on relevancy and timeliness. Education material will be delivered at the four-hour Hospice Education</p>		

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			<p>Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RNs, LPNs, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. Team members will be given a written exam covering each topic presented to confirm understanding of the material. Developing and delivering interactive, in-person education based on the agency's identified risk areas is required to prevent recurrent failure to ensure all patients receive an accurate and age-appropriate comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness, comfort, and dignity throughout the dying process.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>(2) <u>Monitoring and Sustainability</u></p> <p>-</p> <p>a. All education content developed for the Hospice</p>		



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					<p>Education Summit and based on areas of risk identified in the Comprehensive Assessment and Care Plan Risk Assessment is added to new team member onboarding required training for all clinical roles including Clinical Manager, Supervisor, RN, LPN, Social Worker, Chaplain, Bereavement Coordinator, Volunteer Coordinator, Therapist, and Aide. Requiring all newly hired clinical team members to complete this education and to complete the written exam covering content is an essential step to ensure understanding of the requirement that all patients receive an accurate, age-appropriate, comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness and to prevent recurrence of non-compliance with this condition of participation.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p><b>b.</b> Team members on leave of absence during the Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return to work. Requiring all active team members who missed the initial sessions to</p>		

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			<p>complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring all clinical team members have completed these steps is an essential step to increase education and understanding of the requirement that all patients receive an accurate age-appropriate comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness and to prevent recurrence of non-compliance with this requirement.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. All pediatric records will undergo detailed record review by hospice quality audit RNs to confirm that each patient received an accurate age-appropriate comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness. Reviewing these records will allow for immediate coaching and remediation with any team</p>		

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			<p>member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing of records with subsequent coaching, remediation, and accountability measures for team members who fail to meet these requirements is an essential step to prevent recurrence of non-compliance with the standard. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete a shared visit within the first week of newly admitted pediatric hospice patients coming on service. The Supervisors or designees will complete the "Hospice Pediatric Shared Visit and Document Review" tracer available electronically in the agency's network. The Supervisor or designee observing care in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to</p>		

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			<p>be deficient in ensuring that the patient received an age-appropriate comprehensive assessment that identifies all required components and needs. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiencies be observed. The supervisor or designee completing shared visits and documentation review is an essential step to prevent non-compliance with the standard. Shared visits and document review will continue until 100% compliance is achieved for 3 consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes</p>		

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L 0543  Bldg. 00	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.	L 0543	<p>who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L543 Plan OF CARE CFR(s):</b> <b>418.56 (b)</b> 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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure all hospice care and services furnished to patients and their families followed an</p>	04/08/2022	

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			<p>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 as they desire, for 1 (Patient 8) of 2 pediatric patients</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>- a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure all hospice care and services furnished to patients and their families followed 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</p>		

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			<p>patient's needs as they desire for one patient reviewed during survey. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. Education was developed for Pediatric Assessment and Care Planning. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive review of available literature was undertaken by the Hospice Administrator. Education material was selected based on relevancy and timeliness. Education material will be delivered at four-hour Hospice Education Summits for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person and interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. Team members will be given a written exam covering</p>		

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			<p>each topic presented to confirm their understanding of the material. Developing and delivering interactive, in-person education based on the agency's failure to ensure all hospice care and services furnished to patients and their families follows an individualized written plan of care is a required step to prevent recurrence of the agency's failure to meet the requirement. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>(2) <u>Monitoring and Sustainability</u></p> <p>-</p> <p>a. All education content developed for the Hospice Education Summit is added to new team member onboarding training requirements for all clinical roles including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Requiring all newly hired clinical team members to complete this education and to complete the written exam covering content is an essential step to ensure understanding of the requirement that all hospice</p>		



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			<p>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 and will prevent failure to meet this requirement.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p>b. Team members on leave of absence during the four-hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring all clinical team members have completed these steps is essential to increasing education and understanding of the requirement that all hospice care and services furnished to patients and their</p>		

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			<p>families must follow an individualized written plan of care. This plan of care must be 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 and will prevent recurrence of failure to meet this requirement for all patients. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RNs to confirm that 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. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records</p>		

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					<p>with subsequent coaching, remediation, and accountability measures for team members who fail to meet these requirements is an essential step to prevent recurrence of noncompliance. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of audit process: April 8, 2022 Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation. The supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's network. The supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring that all hospice care and services</p>		

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			<p>furnished to patients and their families follows 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. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visits and documentation review is a required step to prevent non-compliance with this requirement. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this condition of participation.</p> <p>Completion date for implementation of the audit process: April 8, 2022 Responsible party: Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an</p>		

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L 0544  Bldg. 00	418.56(b) PLAN OF CARE The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.	L 0544	extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.  <b>L544 PLAN OF CARE CFR(s):</b> <b>418.56(b)</b> The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.  This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure that all patients, their families, and/or representatives received education and training related the specific and age-appropriate needs for 1 (Patient #8) of 2	04/08/2022	

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			<p>active pediatric patients.</p> <p>Plan of Correction</p> <p>(1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure that all patients, their families, and/or representatives received education and training related to their specific age-appropriate needs for one patient reviewed. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. Team member education was developed concerning pediatric comprehensive</p>		

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			assessment, care planning and caregiver education needs. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive review of available literature was undertaken by the hospice administrator. Team member education material was selected based on relevancy and timeliness. Team member education will be delivered at four-hour Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person and interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. Team members will be given a written exam covering each topic presented to confirm understanding of the material. Developing and delivering interactive, in-person education based on the agency's failure to meet patient and caregiver education needs is essential to prevent recurrence of non-compliance with this requirement. Completion date: April 8, 2022.		

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			<p>Responsible party: The Hospice Administrator.</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>a. Indiana University Health Riley Hospital for Children provided the agency with patient and family education materials which will be used by hospice team members to educate patients and families concerning identified needs of pediatric hospice patients. This material is age appropriate and developed by Indiana University Health Riley Hospital for Children and is essential to prevent recurrence of failure to ensure that all patients, their families, and/or representative's receive education and training related to the specific and age-appropriate needs for pediatric patients. Completion date: March 23, 2022 Responsible party: The Hospice Quality Manager</p> <p>b. All education content developed for the Hospice Education Summit and based on areas of-risk identified in the Comprehensive Assessment and Care Plan Risk Assessment is added to new team member onboarding requirements for all clinical roles including, Clinical Managers, Supervisors, RN, LPN, Social Worker, Chaplain, Therapists, Bereavement Coordinator, Volunteer</p>		



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			<p>Coordinators, and Aides. Requiring all newly hired clinical team members to complete this education and to complete the written exam covering content is an essential step to ensure understanding of the requirement that all patients receive an accurate, age-appropriate, comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness and to prevent recurrence of non-compliance with this requirement. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p>c. Team members on leave of absence during the four-hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring all clinical team members have completed</p>		

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			<p>these steps is essential to increase education and understanding of the requirement that all patients receive an accurate, age-appropriate, comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness and to prevent recurrence of non-compliance with this requirement.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>d. All pediatric records will undergo detailed record review by hospice quality audit RNs to confirm that each patient received an accurate, age-appropriate, comprehensive assessment that identifies the physical, psychosocial, emotional, and spiritual needs related to the patient's terminal illness and education was provided. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation and accountability measures for team members who fail to meet these requirements is</p>		

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			<p>an essential step to prevent recurrence of noncompliance. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of audit process: April 8, 2022 Responsible Party: The Hospice Quality Manager</p> <p>e. Hospice supervisor or designee will complete a shared visit within the first week of newly admitted pediatric hospice patient coming on service. The supervisor or designee will complete the "Hospice Pediatric Shared Visit and Document Review" tracer available electronically in the agency's network. The Supervisor or designee observing care in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring that the patient received an age-appropriate comprehensive assessment that identifies all required components and needs including education and training. Actions taken will include immediate coaching, remediation, and accountability measures should deficiencies be observed. The supervisor or designee</p>		

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L 0545  Bldg. 00	418.56(c) CONTENT OF PLAN OF CARE The hospice must develop an individualized		<p>completing shared visits and document review is an essential step to prevent noncompliance with this standard. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p>		

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	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:			L 0545	<b>L545 Plan OF CARE CFR(s): 418.56 (c)</b> 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:  This STANDARD is not met as evidenced by: Based on record review and interview, the Interdisciplinary Team failed to ensure a plan of care included services being provided by an outside home health provider and the delineation of duties between the hospice and home health agency in 2 (Patients 1 and 10) of 2 record reviewed patients receiving services from home health or attendant care		04/08/2022

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			<p>Plan of Correction</p> <p>(1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the Interdisciplinary Group's failure to ensure a plan of care included services being provided by an outside home health provider and delineation of duties between the hospice and home health for two patient records reviewed. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. A care plan was added to the hospice electronic health record that allows for</p>		

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			<p>documentation of outside provider contact information and for delineation of care and services that will be provided by the outside provider. Education on access and use of the care coordination care plan will be delivered at the four-hour Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person, interactive, and team members will be given the opportunity to ask questions. Creating this care plan is an essential step to prevent non-compliance with the requirement that the hospice plan of care must include all services, including those provided by outside agencies, that are necessary for the palliation and management of the terminal illness and related conditions. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>c. The Hospice Interdisciplinary Note template was updated to include aligned information from the shared services section of the hospice electronic health record. Team members reporting out at IDG and documenting IDG notes in the</p>		

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			<p>record will use the updated note template to ensure delineation of services between an outside provider and hospice are documented in the patient's record and monitored by the IDG. Education material will be delivered at four-hour Hospice Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person, interactive, and team members will be given the opportunity to ask questions. Updating the IDG note template is an essential step to prevent non-compliance with the requirement that the hospice plan of care must include all services, including those provided by outside agencies, that are necessary for the palliation and management of the terminal illness and related conditions. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>- (2) <u>Monitoring and Sustainability</u></p> <p>- a. All education content developed for the Hospice Education Summit is added to new team member onboarding</p>		



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			<p>requirements for all clinical roles including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Ensuring new clinical team members are aware of the requirement that when a hospice patient is receiving care by an outside home health provider, the delineation of duties between hospice and the outside provider must be documented in the care coordination care plan in the patient's health record. This documentation must be included in the patient's IDG discussions and IDG note documentation will prevent failure to meet this requirement through early awareness and understanding of expectations.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>b.</b> Team members on leave of absence during the four-hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this</p>		

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			<p>material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring all clinical team members have completed these steps is essential to increase education and understanding of the requirement that when a hospice patient is receiving care by an outside home health provider the delineation of duties between hospice and the outside provider must be documented in the electronic checklist in the patient's health record. This documentation must be included in the patient's IDG discussions and IDG note documentation will prevent failure to meet this requirement through early awareness and understanding of expectations. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RNs to confirm that all hospice patients who have care and services furnished to patients and their families by an outside agency have an updated and accurate care plan, and updated IDG notes which each clearly identify the delineation of services between hospice and the outside home health agency. Reviewing</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  151511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH HOSPICE			STREET ADDRESS, CITY, STATE, ZIP COD 950 N MERIDIAN ST, SUITE 700 INDIANAPOLIS, IN 46204		
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			<p>these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet the requirements is an essential step to prevent recurrence of noncompliance with the standard. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation. Supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available</p>		

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			<p>electronically in the agency's network. The Supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring the plan of care includes all services necessary for the patient's needs including the delineation of services provided by an outside home health provider. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visit and document review is a required step to prevent noncompliance with this standard. Shared visits and document will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with the standard.</p> <p>Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable</p>		

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L 0548  Bldg. 00	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 care.	L 0548	completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.  <b>L548 CONTENT OF THE PLAN OF CARE CFR(s): 418.56 (c)(3)</b> 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 care.  This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure all plans of care included measurable outcomes	04/08/2022	

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			<p>anticipated from implementing and coordinating the plan of care for 1 (Patient #8) of 2 pediatric patients in a sample of 16 active clinical records.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>- a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure all plans of care included measurable outcomes anticipated from implementing and coordinating the plan of care for one (Patient 8) of two pediatric patients in a sample of 16 active clinical records. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey. Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p>		

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			<p>b. Education was developed for Pediatric Assessment and Care Planning. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive review of available literature was undertaken by the Hospice Administrator. Education material was selected based on relevancy and timeliness. Education material will be delivered at the four-hour Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person and interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. Team members will be given a written exam covering each topic presented to confirm their understanding of the material. Developing and delivering interactive, in-person education based on the agency's failure to ensure all plans of care included measurable outcomes anticipated from implementing and coordinating the plan of care is a required step to prevent recurrence</p>		

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			<p>of the agency's failure to meet the requirement. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p><b>a.</b> All education content developed for the Hospice Education Summit is added to new team member onboarding requirements for all clinical roles including Clinical Managers, Supervisors, RNs, LPNs, Social Worker, Chaplain, Bereavement Coordinator, Therapists, Volunteer Coordinators, and Aides. Requiring all newly hired clinical team members to complete this education and to complete the written exam covering content is an essential step to ensure understanding of the requirement that all plans of care must include measurable outcomes anticipated from implementing and coordinating each patient's plan of care and will prevent failure to meet this requirement. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>b.</b> Team members on leave of absence during the four-hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly</p>		



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			<p>Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring all clinical team members have completed these steps is an essential step to increase education and understanding of the requirement that plans of care must include measurable outcomes anticipated from implementing and coordinating each patient's plan of care and will prevent recurring failure to meet this requirement. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of the monthly hospice active census will undergo detailed record review by hospice quality audit RN's to confirm that all plans of care include measurable outcomes anticipated from implementing and coordinating each patient's plan of care. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and</p>		

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			<p>will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation and accountability measures for team members who fail to meet these requirements is an essential step to prevent recurrence of noncompliance. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of audit process: April 8, 2022 Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation. The supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's network. The Supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action</p>		

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			<p>if a team member is determined to be deficient in ensuring that all plans of care include measurable outcomes anticipated from implementing and coordinating each patient's plan of care. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visits and documentation review is a required step to prevent noncompliance with this requirement. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how</p>		

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L 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.	L 0549	<p>your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L549 CONTENT OF THE PLAN OF CARE CFR(s): 418.56 (c)(4)</b> 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.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency failed to implement drugs and treatment necessary to meet the needs of the patient for 1 (Patient #2) of 20 clinical records reviewed.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including</u></p>	04/08/2022	

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			<p><u><b>completion dates, description of how each action will prevent recurrence, and responsible party</b></u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency implement drugs and treatment necessary to meet the needs of the patient for one record reviewed. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey. Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. Education was developed for Medication Reconciliation and Medication Management. While developing education on these topics the agency's state and national hospice organizations were consulted and a comprehensive review of available literature was undertaken by the hospice administrator. Education material was selected based on relevancy and timeliness.</p>		

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			<p>Education material will be delivered at a four-hour Hospice Education Summit for clinical employees of the hospice that are responsible for medication management. Education will be in-person and interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. RN's and LPN's will be given a written exam covering medication reconciliation and medication management to confirm their understanding of the material. Developing and delivering interactive, in-person education based on the agency's failure to implement the drugs and treatment necessary to meet a patient's needs is a required step to prevent recurrence of the agency's failure to meet the requirement.</p> <p>Completion date: April 8, 2022. Responsible party: The Hospice Administrator.</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. All education content developed for the Hospice Education Summit is added to new team member onboarding requirements for all clinical roles responsible for medication management. Requiring all newly hired clinical team members to</p>		

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					<p>complete this education and complete the written exam covering medication reconciliation and medication management is an essential step to confirm understanding of the requirement that team members must ensure patient needs related to drugs and treatments are met and will prevent recurring failure to meet this requirement. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p>b. Team members with clinical roles responsible for medication management who were on a leave of absence during the four- hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, have been given the opportunity to ask questions, and have completed written evaluation to confirm their understanding of the content. Ensuring that team members with clinical roles responsible for medication management have completed this education is an essential step to increase understanding that</p>		

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			<p>patient's needs must be met related to drugs and treatments and will prevent recurrence of failure to meet this requirement.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RNs to confirm that no indication of failure to ensure patient needs related to drugs and treatments are identified. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet these requirements is an essential step to prevent recurrence of noncompliance. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of audit process: April 8, 2022 Responsible Party: The Hospice</p>		



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			<p>Quality Manager</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit including medication reconciliation, and will observe visit documentation. Supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's network. The Supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring that patient needs related to drugs and treatments are implemented. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visits and documentation review is an essential step to prevent noncompliance with this requirement. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained</p>		

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L 0550  Bldg. 00	418.56(c)(5) 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:] (5) Medical supplies and appliances necessary to meet the needs of the patient.	L 0550	<p>compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L550 CONTENT OF THE PLAN OF CARE CFR(s): 418.56 (c)(5)</b></p> <p>[The plan of care must include all services necessary for the palliation and management of the</p>	04/08/2022	

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			<p>terminal illness and related conditions, including the following:] (5) Medical supplies and appliances necessary to meet the needs of the patient.</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the agency failed to include all durable medical equipment (DME) and medical supplies necessary to meet the patient's needs in the plan of care (POC) in 7 (Patients # 2, 5, 6, 7, 10, 14, and 16) of 20 clinical records reviewed.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>- a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to include all durable medical equipment (DME) and</p>		

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			<p>medical supplies necessary to meet the patient's need in the Plan of Care (POC) for seven patients reviewed. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. Education concerning the requirement that all durable medical equipment (DME) and medical supplies necessary to meet the patient's needs must be documented in the general clinical portion of the electronic health record in order for this information to populate to the plan of care will be provided at a four-hour Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, and LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Team members will be given the opportunity to ask questions throughout the education presentation. Delivering interactive, in-person education based on the agency's failure to document durable medical equipment and supplies on the plan of care is required to prevent recurrence of this deficiency.</p>		

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			<p>Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. All education content developed for the Hospice Education Summit is added to new team member onboarding requirements for all clinical roles including Clinical Managers, Supervisors, RNs, LPNs, Social Workers, Chaplains, Bereavement Coordinators, Therapists, Volunteer Coordinators, and Aides. Requiring all newly hired team members to complete this education is an essential step to confirm awareness of the requirement that all durable medical equipment and supplies must be documented in general clinical in order to populate to the plan of care. This will ensure team member awareness of the location for this</p> <p>documentation and will prevent recurring failure to meet this standard. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>b. Team members on a leave of absence during the four- hour</p>		

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			<p>Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material and have been given the opportunity to ask questions. Ensuring that all clinical team members are aware that documentation of durable medical equipment and supplies is required and are made aware of the appropriate location within the hospice electronic health record to document will prevent recurring failure to meet this standard. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RN's to confirm that all durable medical equipment and supplies mentioned in the patient record is documented in the general clinical section of the electronic health record. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and</p>		

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			<p>will allow for accountability measures should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet the requirement is an essential step to prevent recurrence of noncompliance with this standard. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. Supervisor or designee will review the patient record in advance of visit, will observe the visit including any durable medical equipment and supplies provided to the patient, and will observe visit documentation after the visit to ensure equipment and supplies are correctly documented on the plan of care. Supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available</p>		

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			<p>electronically in the agency's network. The Supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring that durable medical equipment and supplies are documented on the plan of care. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visits and document review is a required step to prevent noncompliance with this standard. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how</p>		



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L 0553  Bldg. 00	418.56(d) REVIEW OF THE PLAN OF CARE A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.	L 0553	<p>your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L553 REVIEW OF THE PLAN OF CARE CFR(s): 418.56 (c)(5)</b></p> <p>A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure the Interdisciplinary Team updated the plan of care when there were changes in a patient's diet, medications, and failed to ensure goals were updated, measurable, and pertinent/specific to the patient's ongoing care needs in 2 (Patients #5 and 7) of 14 active records reviewed in a sample of</p>	04/08/2022	

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			<p>20.</p> <p>Plan of Correction</p> <p>(1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>-</p> <p>a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure the Interdisciplinary Group (IDG) updated the plan of care when there were changes in a patient's diet and medications. IDG also failed to ensure goals were updated, measurable, and pertinent/specific to the patient's ongoing care needs for two patients reviewed. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. Education concerning the</p>		

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			<p>requirement of IDG to ensure that each patient's documented diet and medications are accurate and updated and to ensure that patient goals are measurable and pertinent/specific to the patient's ongoing care needs will be delivered at the Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, and LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person and interactive with relevant examples provided for each topic. Team members will be given the opportunity to ask questions throughout the education presentation. Providing in-person education with a display of relative examples will increase awareness and understanding of this requirement and in turn prevent recurrence of this deficiency. Completion date: April 8, 2022 Responsible party: The Hospice Administrator</p> <p>(2) <u>Monitoring and Sustainability</u></p> <p>-</p> <p>a. All education content developed for the Hospice Education Summit is added to new team member onboarding requirements for all clinical roles including Clinical Manages,</p>		

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			<p>Supervisors, RN, LPN, Social Worker, Chaplain, Bereavement Coordinator, Therapists, Volunteer Coordinator, and Aides. Requiring all newly hired team members to complete this education is an essential step to confirm awareness of the requirement that patient's diet and medications must be accurate and updated and that patient goals</p> <p>must be updated, measurable, and pertinent to the patient's ongoing care needs. Increasing awareness through education will subsequently prevent recurring failure to meet this standard. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>b.</b> Team members on a leave of absence during the four- hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material and have been given the opportunity to ask questions. Ensuring that all clinical team members are aware that each patient's diet and medications</p>		

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					<p>must be accurate and updated and that patient goals must be updated, measurable, and pertinent to the patient's ongoing care needs will raise awareness and understanding of these requirements and subsequently prevent recurrence of this deficiency.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RN's to confirm that each patient's diet and medications are updated and that patient goals are also updated, measurable, and pertinent to the patient's ongoing care needs. Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet the requirement is an essential step to prevent recurrence of noncompliance with this standard. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular</p>		

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			<p>cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation after the visit. Supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agencies network. The supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in documenting current diet and accurate medications. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visits and document review is a required step to prevent noncompliance with this standard.</p>		

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L 0558  Bldg. 00	418.56(e)(5) 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-] (5) Provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the				<p>Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p>		

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	terminal illness and related conditions.	L 0558	<p><b>L558 COORDINATION OF SERVICES CFR(s): 418.56(e)(5)</b> The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (5) Provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the Interdisciplinary Team failed to ensure all collaboration with outside home health providers was documented in 2 (Patients #1 and 10) of 3 records reviewed of patients who received services from home health and attendant care providers, in a sample of 20.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>- a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022</p>	04/08/2022	



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			<p>Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the Interdisciplinary Group's (IDG) failure to ensure all collaboration with outside home health providers was documented for two records reviewed. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>-</p> <p>b. A care coordination template was created for use in the hospice electronic health record clinical notes that allows for documentation of outside provider care coordination. Education on access and use of the clinical note care coordination template will be delivered at the four-hour Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists, Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person, interactive and team members will be given the opportunity to ask questions. Creating this template</p>		

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			<p>is an essential step to prevent non-compliance with the requirement to document all collaboration with outside home health providers. Completion date: April 8, 2022 Responsible party: The Hospice Administrator &amp; The Quality &amp; Education Manager</p> <p>- (2) <u>Monitoring and Sustainability</u></p> <p>- a. All education content developed for the Hospice Education Summit is added to new team member onboarding requirements for all clinical roles including, Clinical Managers, Supervisors, RNs, LPNs, Social Worker, Chaplain, Bereavement Coordinator, Therapists, Volunteer Coordinators, and Aides. Ensuring new clinical team members are aware of the requirement that collaboration with an outside home care provider must be documented using the care coordination template in clinical notes of the patient's electronic health record will prevent failure to meet this requirement through early awareness and understanding of expectations. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p>		

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			<p><b>b.</b> Team members on leave of absence during the four- hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material, and that they have been given the opportunity to ask questions about it. Ensuring all clinical team members have completed these steps essential to increase education and understanding of the requirement that all collaboration with outside home care providers must be documented in clinical notes and will prevent failure to meet this requirement. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>c.</b> Ten percent of monthly hospice census will undergo detailed record review by hospice quality audit RNs to confirm that all hospice patients who have care and services furnished by an outside home care provider must have care coordination clearly documented using the care coordination clinical note template. Reviewing these records</p>		

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			<p>will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet the requirements is an essential step to prevent recurrence of non-compliance with the standard. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with the standard.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. The supervisor or designee will review the patient record in advance of the visit, will observe the visit, and will observe visit documentation. Supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's</p>		

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			<p>network. The supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in ensuring that care coordination with outside home care providers is documented in the health record. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visit and document review is a required step to prevent noncompliance with this standard. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and</p>		

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L 0559  Bldg. 00		L 0559	<p>approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p> <p><b>L559 QUALITY ASSESSMENT &amp; PERFORMANCE IMPROVEMENT CFR(s): 418.58 (c)(5)</b></p> <p>This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure governing body oversight to ensure the hospice maintained an effective QAPI (Quality Improvement and Performance Improvement) program to document improvement in Hospice performance for 1 of 1 Hospice provider.</p> <p>The cumulative effect of this systemic problem resulted in the agency's inability to ensure patients received appropriate services which could result in the agency not providing quality health care, thus resulting in non-compliance with 42 CFR 418.58 Condition of Participation: Quality Assessment/Performance</p>	04/30/2022	

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			<p>Improvement.</p> <p>Plan of Correction</p> <p>(1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>-</p> <p>a. The Hospice Administrator participated in meetings to discuss Hospice QAPI governing body oversight. A final meeting on 3/22/2022 was also held with the IU Health (IUH) Senior Vice President, General Counsel, Vice President, Chief Compliance Officer, Executive Director, Accreditation, Director, Quality and Safety and Executive Director, Home Health/Hospice to affirm a plan for increased frequency of hospice QAPI reporting.</p> <p>b. Hospice Administrator will ensure QAPI information from monthly Hospice QAPI meetings is provided to System Health Solutions Quality, Safety, Accreditation and Risk (SHS QSAR) Committee. The SHS QSAR Committee will then provide reports to the Hospice governing body, the Indiana University Health (IUH) Board of Director's committee on Quality and Patient Safety, twice yearly beginning April 28, 2022. The Hospice policy "Quality Assessment and</p>		

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					<p>Performance and Improvement (QAPI)" will be revised to reflect these changes prior to the April Board Committee meeting.</p> <p>c. Hospice QAPI plan was enhanced to include the following information (revised plan attached):</p> <ol style="list-style-type: none"> <li>1) Scope of Services</li> <li>2) Definition of Quality and Safety Framework</li> <li>3) Definition of High-Risk Patients for Risk Assessments</li> <li>4) Specifies QAPI meeting frequency and attendees</li> <li>5) Definition of how information will be cascaded to front line team members</li> <li>6) Overview of Data Collection</li> <li>7) Adverse data trends will result in action planning utilizing Lean principles and methodology</li> <li>8) Hospice QAPI Committee, in conjunction with SHS QSAR Committee, will determine when action planning is required</li> <li>9) Hospice Leadership team will be responsible for problem solving and implementation of performance improvement interventions</li> <li>10) Hospice Regional Leaders will track trends and report out at the Monthly QAPI meetings</li> <li>11) Plans and interventions will be adjusted based on analysis of monthly results</li> <li>12) Adverse Event Escalation Process</li> </ol> <p>d. Completion date: March 22,</p>		



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			<p>2022</p> <p>e. Responsible party: Hospice Administrator</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. The revised QAPI plan will be shared at the Hospice QAPI meeting on 4/8/2022. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>b. Attendees and invitees unable to attend the April 8th meeting will be educated on the revised plan by the Quality and Education Manager no later than April 30th.</p> <p>c. The revised QAPI plan and Hospice QAPI meeting minutes will be shared at the SHS QSAR Committee meeting in April 2022 Completion date: April 30, 2022 Responsible party: Hospice Quality and Education Manager</p> <p>full QAPI plan will not copy paste into this response field. QAPI plan sent via email to IDOH on 3/24/2022</p> <p>-</p>		

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L 0778  Bldg. 00	418.112(e)(1)(i) COORDINATION OF SERVICES [The designated interdisciplinary group member is responsible for:] (i) Providing overall coordination of the hospice care of the SNF/NF or ICF/MR resident with SNF/NF or ICF/MR representatives;			L 0778	<b>L778 CCOORDINATION OF SERVICES CFR(s): 418.112 (e)(1) (i)</b> [The designated interdisciplinary group member is responsible for:] (i) Providing overall coordination of the hospice care of the SNF/NF or ICF/MR resident with SNF/NF or ICF/MR representatives.  Based on record review and interview, the agency failed to ensure documentation of coordination of care activities with the patient's skilled nursing facility for 1 (Patient #5) of 2 records reviewed of hospice patients who received care in a skilled nursing facility (SNF) in a sample of 20.  Plan of Correction <b>(1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></b> - a. A special edition of the		04/08/2022

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			<p>communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members; an email copy was also provided to team members for independent review. Included in the results summary was detail concerning the failure of the agency to ensure documentation of coordination of care activities for two hospice patients who received care in skilled nursing facilities. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey.</p> <p>Completion date: March 18, 2022. Responsible party: The Hospice Administrator</p> <p>b. A care coordination template was created for use in the hospice electronic health record clinical notes that allows for documentation of skilled nursing facility coordination of care. Education on access and use of the clinical note care coordination template will be delivered at the four-hour Hospice Education Summit for clinical employees of the hospice including Clinical Managers, Supervisors, RN's, LPN's, Social Workers, Chaplains, Therapists,</p>		

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			<p>Bereavement Coordinators, Volunteer Coordinators, and Aides. Education will be in-person, interactive and team members will be given the opportunity to ask questions. Creating this template is an essential step to prevent non-compliance with the requirement to document coordination of care activities with each patient's skilled nursing facility.</p> <p>Completion date: April 8, 2022 Responsible party: The Hospice Administrator &amp; The Quality &amp; Education Manager</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. All education content developed for the Hospice Education Summit is added to new team member onboarding requirements for all clinical roles including Clinical Managers, Supervisors, RN, LPN, Social Worker, Chaplain, Bereavement Coordinator, Therapists, Volunteer Coordinator, and Aides. Ensuring new clinical team members are aware of the requirement that coordination of care activities with each patient's skilled nursing facility must be documented using the clinical note care coordination template is an essential step to confirm understanding of the requirement. Early education and awareness of expectations will</p>		

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			<p>prevent recurrence of failure to meet this standard. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>-</p> <p>b. Team members on a leave of absence during the four- hour Hospice Education Summit will be scheduled for review of this material at the first bi-weekly Hospice Onboarding Session to occur upon their return. Requiring all active team members who missed the initial sessions to complete the first available onboarding session of this material will ensure all team members have received this material and have been given the opportunity to ask questions. Ensuring all clinical team members have completed these requirements is an essential step to increase awareness and understanding of the requirement that collaboration with skilled nursing facility must be documented for patients who receive care in a skilled nursing facility and will prevent recurrence of failure to meet this requirement. Completion date: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p>c. Ten percent of monthly hospice census will undergo detailed record review by hospice</p>		

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			<p>quality audit RN's to confirm that collaboration with the skilled nursing facility is documented for those patients who receive care in a skilled nursing facility.</p> <p>Reviewing these records will allow for immediate coaching and remediation with any team member determined to be deficient in meeting the requirement and will allow for accountability measures to be taken should the deficiency recur. Auditing records with subsequent coaching, remediation, and accountability measures for team members who fail to meet the requirement is an essential step to prevent recurrence of non-compliance with the standard. Audits will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard.</p> <p>Completion date for implementation of audit process: April 8, 2022</p> <p>Responsible Party: The Hospice Quality Manager.</p> <p>d. Hospice Supervisors or designees will complete one shared visit per week with rotating members of their regional clinical team. Supervisor or designee will review the patient record in advance of visit, will observe the visit, and will observe visit</p>		

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			<p>documentation. Supervisor or designee will complete the "Hospice Comprehensive Assessment, Care Plan, and Visit Review" tracer document available electronically in the agency's network. The supervisor or designee observing patients in the field combined with record review will allow the supervisor or designee to take immediate action if a team member is determined to be deficient in documenting collaboration with the skilled nursing facility. Actions taken will include immediate coaching, remediation, and accountability measures should the deficiency recur. The supervisor or designee completing shared visit and document review is a required step to prevent noncompliance with this standard. Shared visits and document review will continue until 100% compliance is achieved for three consecutive months and will then continue at a regular cadence indefinitely to ensure sustained compliance with this standard. Completion date for implementation of the audit process: April 8, 2022 Responsible party: The Hospice Quality Manager</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable</p>		

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L 0782  Bldg. 00	418.112(f) ORIENTATION AND TRAINING OF STAFF Hospice staff, in coordination with SNF/NF or ICF/IID facility staff, must assure orientation of such 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.	L 0782	completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.  <b>L782 ORIENTATION AND TRAINING OF STAFF CFR(s): 418.112 (f)</b> Hospice staff, in coordination with SNF/NF or ICF/IID facility staff, must assure orientation of such 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,	04/30/2022	



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			<p>patient rights, appropriate forms, and record keeping requirements. This STANDARD is not met as evidenced by: Based on record review, and interview the agency failed to ensure it had provided and documented orientation and training of Skilled Nursing Facilities (SNF) staff who were furnishing care to hospice patients in this hospice's philosophy, this hospice's policies, and procedures regarding comfort in pain control, symptom management, principles about death and dying and the individuals' responses to death, and patient rights in 19 of 21 skilled nursing facilities (SNFs) who were contracted to provide services to hospice patients.</p> <p>Plan of Correction (1) <u>Specific nature of the corrective actions including completion dates, description of how each action will prevent recurrence, and responsible party</u></p> <p>- a. A special edition of the communication tool "Hospice Huddle Hot Topics" which contained the Hospice 2/15/2022 Federal Survey results was verbally reviewed with Hospice team members and an email copy was also provided to team members for independent review. Included in the results summary</p>		

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			<p>was detail concerning the failure of the agency to ensure it had provided and documented orientation and training of Skilled Nursing Facilities (SNF) staff who were furnishing care to hospice patients in this hospice's philosophy, this hospice's policies, and procedures regarding comfort in pain control, symptom management, principles about death and dying and the individuals' responses to death, and patient rights for 19 facilities. Team member awareness of survey results is a required step to prevent recurrence of the deficiencies identified during the survey. Completion date: March 18, 2022. Responsible party: the hospice administrator</p> <p>b. The Administrator or designee of all skilled nursing facilities which are currently providing care to hospice agency patients will be contacted to schedule orientation and training for facility staff who provide care to hospice patients. Orientation and training will include this hospice's philosophy, this hospice's policies, and procedures regarding comfort in pain control, symptom management, principles about death and dying and the individuals' responses to death, and patient rights. Contacting</p>		

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			<p>each facility's administrator or designee to review this requirement and to scheduled facility staff education will ensure that facility leadership understands this requirement and assists the agency in determining the most beneficial time for education to be presented and will prevent recurrence of failure to meet this standard. Completion date: April 30, 2022 Responsible party: Hospice Director</p> <p><b>(2) <u>Monitoring and Sustainability</u></b></p> <p>-</p> <p>a. The hospice agency will not enter into any new contract agreements with skilled nursing facilities until the Administrator or designee of the facility has been contacted regarding the requirement that hospice must provide orientation and training to facility team members who will care for hospice patients which must include this hospice's philosophy, this hospice's policies, and procedures regarding comfort in pain control, symptom management, principles about death and dying and the individuals' responses to death, and patient rights and that this orientation must be scheduled prior to entering into the new contract. Ensuring that education</p>		

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			<p>and training is scheduled through the facility administrator or designee, prior to entering into any new contracts will prevent recurrence of non-compliance with this standard. Completion date: April 30, 2022 Responsible party: Hospice Director</p> <p>b. The hospice "Coordination of Care" policy will be updated to indicate that hospice orientation with skilled nursing facility staff will occur annually. Completion date: April 30, 2022 Responsible party: The Hospice Director</p> <p><b>Plan of correction requirements:</b> It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS-2567 is required.</p>		