

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151535 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/15/2020 |
|---|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER KING'S DAUGHTERS' HOSPICE | | STREET ADDRESS, CITY, STATE, ZIP COD 2670 MICHIGAN RD MADISON, IN 47250 | | |
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| E 0000 Bldg. 00 | <p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 418.113.</p> <p>Survey Dates: October 13, 14, 15, of 2020.</p> <p>Facility Number: 008792 Provider Number: 151535</p> <p>Census = 5 active</p> <p>At this Emergency Preparedness survey, King's Daughters' Hospice was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 418.113</p> <p>Quality Review completed on 10/22/2020 A4</p> | E 0000 | | |
| L 0000 Bldg. 00 | <p>This survey was for a Federal recertification and State relicensure survey for hospice in conjunction with an Infection Control Focused survey.</p> <p>Survey Dates: October 13, 14, 15, of 2020</p> <p>Facility Number: 008792 Provider Number: 151535</p> <p>Census = 5 active patients / 58 unduplicated admissions</p> | L 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| L 0578 Bldg. 00 | <p>Home visits 3/ Record reviews 11</p> <p>418.60 INFECTION CONTROL The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.</p> <p>Based on observation, record review, and interview, the agency failed to ensure staff followed agency policy regarding bag technique for 3 of 3 home visit observations. (Patient 1, 2, 5)</p> <p>Findings include:</p> <p>1. A 03/2018 policy titled Hand Hygiene was provided by the Administrator on 10/15/2020 at 11:30 a.m. The policy indicated, but was not limited to, "... Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Always perform hand hygiene after removing gloves. Failure to remove gloves after caring for a patient may lead to the spread of potentially deadly germs from one patient to another ..."</p> <p>2. A 05/2020 policy titled Home Health and Hospice COVID 19 Healthcare Bag Technique was provided by the Administrator on 10/15/2020 at 12:00 p.m. The policy indicated, but was not limited to, "... Close the bag before performing patient care ..."</p> <p>3. During an observation on 10/14/2020 at 10:00 a.m. employee F, a registered nurse, was observed opening his/her supply bag to obtain vital sign equipment. Employee F proceeded to obtain</p> | L 0578 | <p>Inservice by Administrator regarding Healthcare Bag Technique, staff acknowledge by sign in sheet. 10/29/20</p> <p>Inservice by Administrator regarding Hand Hygiene, staff acknowledge by sign in sheet. 10/29/20</p> <p>Patient Family Care Coordinator will perform 2 supervisory visits per month for 6 months to monitor hand hygiene, glove use and ensure staff close the bag before providing care</p> <p>The Administrator of Hospice services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> | 11/16/2020 |

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| | <p>patient 1's oxygen saturation, blood pressure, and temperature. Employee F failed to close the supply bag before performing patient care.</p> <p>4. During an observation on 10/14/2020 at 1:00 p.m. employee F was observed opening his/her supply bag to obtain vital sign equipment. Employee F proceeded to obtain patient 2's oxygen saturation, blood pressure, and temperature. Employee F failed to close the supply bag before performing patient care.</p> <p>5. During an observation on 10/15/2020 at 10:10 a.m. employee H, a registered nurse, was observed opening his/her supply bag to obtain vital sign equipment. Employee H proceeded to obtain patient 5's oxygen saturation, blood pressure, and temperature. After employee H obtained patient 5's vital signs, he/she performed hand hygiene, applied gloves, and removed a 4 x 4 gauze dressing from a plastic bag that contained several gloves, additional gauze and Mepelix dressings. Employee H cleaned patient 5's wound to the left buttock with a 4x4 gauze dressing and applied the Mepelix dressing. Employee H then reached into the plastic supply bag to obtain an additional dressing for the right buttock. Employee H failed to remove his/her gloves and perform hand hygiene before obtaining additional supplies from the bag. Employee H left the additional items that were in the plastic bag for the caregiver to use. Employee H failed to close the supply bag before performing patient care.</p> <p>6. During an interview on 10/15/2020 at 2:10 p.m. the Administrator was made aware staff were not following agency policy in regards to closing the supply bag before patient care. The Administrator stated that staff were supposed to close the supply bags due to Covid 19 (virus).</p> | | | | |

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| L 0651 Bldg. 00 | <p>418.100(b)</p> <p>GOVERNING BODY AND ADMINISTRATOR</p> <p>A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement.</p> <p>A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice.</p> <p>The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.</p> <p>Based on record review and interview, the Governing Body and the Administrator failed to ensure policies adopted by the agency contained only information of the hospice agency and not that of entity 1; and failed to have governing body meeting minutes specific for the hospice agency and not for entity 3; and failed to ensure patient forms were specific to the hospice agency and not that of entity 1 for 11 of 11 records reviewed.</p> <p>Findings include:</p> <p>1. A 01/2018 policy titled Administration and Organization of Home Health Service was provided by the Administrator on 10/13/2020. The policy indicated, but was not limited to, "Home Health and Hospice services in[sic] integrated into organizational and administrative activities of King's Daughters' Health as evidenced by the Hospital Plan for Provision of Services ... The Board of Managers approve the appointment of the Director of Home Health and Hospice Services as the Administrator for Home Health Services</p> | | L 0651 | <p>All Forms will be specific to Hospice 11/16/20</p> <p>Administrator access to Policy software changed to change all current policies to be specific to Hospice and ensure future policies are specific to Hospice 11/16/20</p> <p>Changed practice so that the governing body approves Hospice policies, as they are due for review/revision. Governing body will denote such approval in the minutes. 10/15/20</p> <p>Administrator does a Hospice board report the 2nd Thursday of every month.</p> <p>The Administrator of Hospice services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> | 11/16/2020 |

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| | <p>and the Director of Hospice services. ... Specific responsibilities include development, implementation, and maintenance of the following: ... Departmental policies and procedures ..."</p> <p>2. The following policies & procedures for King's Daughters' Hospice evidenced the policy/ procedure owner as "[Administrator name]: Home Health & Hospice Administrator/Rehab Director" for the following agency policies presented throughout the survey: King's Daughters' Health failed to ensure these policies contained information specific to the hospice provider and not that entity 1.</p> <p>Healthcare Bag Technique Home Health and Hospice Infection Prevention Program Home Health and Hospice Team Meetings Personnel Qualifications/Staff Competency Home Health and Hospice: Emergency Preparedness Plan Patient Rights and Responsibilities Ordering of Drugs/Management of Drugs Home Health and Hospice Critical Lab/Vital Signs Medication Administration and Management Patient Assessment Patient Complaints and Grievances Administration and Organization of Home Health Services Home Health and Hospice: Administrator Position Description & Director of Rehabilitation Services Home Health & Hospice: Intake Coordinator/Nurse Supervisor Home Health Management of Orders Home Health and Hospice Aide Job Description Home Health and Hospice Team Meetings</p> <p>3. The following patient forms were not specific to the hospice agency and included information</p> | | | |

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| L 0658 Bldg. 00 | <p>for entity 1.</p> <p>Home Care Services Patient Plan of Care Information Advanced Directives, Patient Permission for Release of Personal Health Information Patient Admission Agreement</p> <p>4. Reviewed the agency's governing body/board of managers meeting minutes provided by the Administrator on 10/13/2020 at 2:00 p.m.. The agency's meeting minutes dated 1/17/19, 2/21/19, 3/21/19, 5/16/19, 6/20/19, 8/15/19, 9/9/19, 10/17/19, 11/21/19, 12/19/19, 1/16/20, 2/20/20, 3/19/20, 4/16/20, 5/21/20, 6/18/20, 7/30/20, and 9/19/20, failed to evidence information pertaining specifically to the hospice agency and not that of entity 3, and failed to evidence oversight of the hospice's quality assessment performance improvement program.</p> <p>5. During an interview on 10/13/2020 at 2:00 p.m. the Administrator stated that many of the policies were still combined with that of entity 1 and entity 3. The Administrator stated he/she just received the CMS 2567 for entity 1 and was working on the plan of correction.</p> <p>418.100(f)(1)(iii) HOSPICE MULTIPLE LOCATIONS (ii) The lines of authority, and professional and administrative control must be clearly delineated in the hospice's organizational structure and in practice, and must be traced to the location that issued the certification number.</p> <p>Based on record review and interview, the hospice failed to ensure the lines of authority and</p> | L 0658 | Updated Org chart 10/27/20 to reflect direct reporting to the board. | 11/16/2020 |

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| | <p>professional and administrative control were clearly delineated in the hospice's organizational structure for 1 of 1 hospice agency.</p> <p>Findings include:</p> <p>A 07/2020 policy titled Quality Assessment and Performance Improvement (Hospice) was provided by the Administrator on 10/14/2020 at 3:10 p.m. The policy indicated, but was not limited to, "Frequency and detail of data collection is approved by the KDH Quality Council and by the Board of Managers. The Hospice Director is appointed by the Governing Body to handle the structure and administration of the Hospice QAPI program (with the Governing Body retaining ultimate responsibility)."</p> <p>An undated Hospice Organizational Chart was provided by the Administrator on 10/13/2020 at 1:00 p.m. The organizational chart evidenced the Administrator reported to non-employee R, Vice President/CNO, of entity 3. The organizational chart failed to evidence a direct relationship with the governing body as well.</p> <p>Reviewed the agency's governing body/board of managers meeting minutes provided by the Administrator on 10/13/2020. The agency's meeting minutes dated 1/17/19, 2/21/19, 3/21/19, 5/16/19, 6/20/19, 8/15/19, 9/9/19, 10/17/19, 11/21/19, 12/19/19, 1/16/20, 2/20/20, 3/19/20, 4/16/20, 5/21/20, 6/18/20, 7/30/20, and 9/19/20, failed to evidence information pertaining specifically to the hospice agency and not that of entity 3, and failed to evidence oversight of the hospice's quality assessment performance improvement program.</p> <p>During an interview on 10/15/2020 at 2:00 p.m. the Administrator was asked about the lines of</p> | | <p>Administrator does a Hospice board report the 2nd Thursday of every month including the hospice quality assessment performance improvement program. The hospice quality data has been separated from other entities and will be directly reported to the board. 10/15/20</p> <p>The Administrator of Hospice services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> | |

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| | authority on the organizational chart. The Administrator stated the dotted line represents a non-direct supervision and the soiled line represents a direct line of authority. The Administrator was asked why the organizational chart did not indicate a direct line to the Governing Body to which he/she stated the agency still communicates with the Governing Body. The Administrator was asked who represented the KDH Quality Council according to agency policy. The Administrator stated the council members were employees of entity 3. | | | |