

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
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: 10/22, 10/25, 10/26, 10/27, 10/28, 11/4, 11/5, 11/8, 11/9; 2021.</p> <p>Facility Number: 003966 Provider Number: 151587</p> <p>Census: 155</p> <p>At this Emergency Preparedness survey, Heart to Heart Hospice was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 418.113.</p>			E 0000			
L 0000 Bldg. 00	<p>This was a federal recertification survey with an investigation of one complaint at a deemed hospice agency.</p> <p>Complaint # IN00354660 - Substantiated with findings Complaint # IN00153842- Unsubstantiated without findings</p> <p>Facility ID: 003966</p> <p>Provider #: 151587</p> <p>Survey Dates: 10/22, 10/25, 10/26, 10/27, 10/28, 11/4, 11/5, 11/8, 11/9; 2021.</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 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.

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
L 0509	<p>An immediate jeopardy (IJ) was identified on 10/25/21 related to the disposal of controlled substances. A cabinet of medications found onsite at the agency. The cabinet contained multiple medications, including controlled substances, of both patients on service and other patients that had expired. Medications were found to be relabeled and reused by the hospice. CMS granted permission for a full recertification survey to be completed. The administrator was notified on 10/25/21 at 2:23 PM of the IJ. The immediate jeopardy was removed on 10/26/21 at 3:30 PM. The hospice failed to ensure patients received medications only from a pharmacy failed to ensure medications were labeled correctly, failed to ensure medications were disposed of properly, and failed to ensure a discrepancies for controlled drugs were immediately investigated by the pharmacist and administrator.</p> <p>Active Home Patient Census: 66 Active General Inpatient (GIP) Census: 0 Active Continuous Care (CC) Patient Census: 0 Active Assisted Living Facility (ALF) Patient Census: 10 Active Skilled Nursing Facility (SNF) Patient Census: 79 Active Respite Patient Census: 0</p> <p>Unduplicated census: 450</p> <p>Heart to Heart Hospice was found to be out of compliance with the Conditions of Participation 42 CFR 418.106 Drugs and biologicals, medical supplies, and durable medical equipment.</p> <p>Quality Review completed 11/30/21 Area 2</p> <p>418.52(b)(4)(ii) EXERCISE OF RIGHTS/RESPECT FOR</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
Bldg. 00	<p>PROPERTY/PERSON [The hospice must:] (ii) Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures; Based on record review and interview, the hospice failed to fully investigate each complaint to ensure the complaint was not a systemic issue.</p> <p>Findings include:</p> <p>1. A document titled "Responsibilities of the Administrator," indicated " ...The Agency defines the responsibilities of the Administrator to be include, but not limited to ... conflict and complaint management and resolution" A document titled "Patient Rights and Responsibilities," indicated " ...Every patient and family has the right ... A patient or resident [sic] is entitled to exercise his or her rights as a patient ... and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or other to the facility staff, to governmental offices or to another person of his or her choice within or outside of the facility ... to be assured the hospice will immediately investigate all alleged violations"</p> <p>2. During a review of the agency complaint log, a complaint dated 6/4/21 was reviewed. The complaint indicated " ...Date reported ... 6/4/21 ... Date of Event ... 6/4/21 ... Complaint ... Revocation ... Type ... H [Billing/Payment Issue] ... Patient had fall in her home that resulted in possible hip fx [fracture] ... Family and Patient</p>			L 0509	<p>The Executive Director will be responsible to help ensure that violations are immediately investigated on all alleged violations involving anyone furnishing services on behalf of the hospice and will immediately take action to prevent further potential violations while the alleged violation is being verified. Executive Director will help ensure that investigations and documentation of all alleged violations are conducted in accordance with established procedures to help ensure that this was not a systemic issue. Education was provided by the Regional VP of Clinical Operations (RVPCO) to the Executive Director (ED) and the Alternate Executive Director on 12/08/2021 on the policy LD.5 "Responsibilities of the Administrator" to include but not limited to conflict and complaint management. Education was provided by the Chief Clinical Officer (CCLO) to</p>		12/22/2021

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>chose to seek aggressive treatment outside of the hospice POC [plan of care] ... Date Resolved ... 6/16/21"</p> <p>3. During a review of the agency complaint log, a complaint dated 9/25/21 was reviewed. The complaint indicated " ...Date reported ... 9/26/21 ... Date of Event ... 9/25 & 9/26 [sic] ... Complaint ... FSN [sic] nurse called with medication concerns ... Type ... D [Communication] ... Actions Taken ... [Former Patient Care Manager B] and administrator on-call spoke with FSN [sic] and [Registered Nurse D] made PRN [as needed] visit ... Date Resolved ... 9/27/21"</p> <p>4. During an interview on 11/9/21 at 2:00 PM, when asked if all complaints should show proof of a system wide approach to investigating complaints, Administrator E, indicated "Yes."</p>				<p>all staff on 11/27/2021 on Rights and Responsibilities indicating every patient is entitled to exercise their right to present grievances or recommend change and to be assured that the agency will investigate all alleged violations. Education was provided to all staff on 12/9/2021 by the Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) on policy RI.5</p> <p>"Resolution of Patient Conflicts, Grievances or Complaints". The Agency will immediately investigate all complaints made by a patient, a patient's family or guardian, or a patient's health care provider. On 12/9/2021, ACM and RVPCO educated all nurses on Policy EC.5</p> <p>"Occurrence/Incident Reporting" and TX. 21 "Reporting/Follow-Up of Medication Incidents".</p> <p>The Regional VP of Clinical Operations (RVPCO) or designee will audit 100% of all complaints or alleged violations for 3 months or until 100%, compliance is met to ensure that an immediate investigation occurred with follow-up and with a resolution. Ongoing the Area Clinical Manager (ACM) or designee will audit the complaint log through the QAPI process.</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 0512 Bldg. 00	<p>418.52(c)(1) RIGHTS OF THE PATIENT The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness; Based on record review, observation, and interview, the hospice failed to ensure the Registered Nurse (RN) effectively managed symptoms related to the patient's terminal illness for 2 of 30 (#2, 3) clinical records reviewed.</p> <p>Findings include:</p> <p>1. A document titled "Patient Rights and Responsibilities," indicated " ...Every patient and family has the right ... to receive effective pain management and symptom control from the hospice for the conditions related to the terminal illness"</p> <p>2. A document titled "Patient Assessments," indicated " ...The comprehensive assessment will identify physical, psychosocial, emotional, and spiritual needs related to terminal illness that will be addressed in order to promote the patient's well-being, comfort, and dignity throughout the dying process ... A comprehensive pain assessment based on accepted clinical standards of practice will include ... history of pain and its treatment ... characteristics of pain ... intensity ... descriptors ... patterns ... location and radiation</p>	L 0512	<p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to help ensure sustained improvement.</p> <p>The Executive Director will be responsible to help ensure that the Rights and Responsibilities of the patients have been followed and that all patients have received effective pain management and symptom control related to the terminal illness. Education was provided by the Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) on 11/22/2021 and 11/23/2021 to all nursing staff on "Patient Assessments" which included that in the initial comprehensive assessment, as well as subsequent comprehensive assessments, the assessment will include but is not limited to a complete pain assessment under accepted standards of practice and treatments. The Regional VP of Clinical Operations</p>	12/22/2021	

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>of pain ... frequency ... timing ... duration ... impact of pain ... factors such as activities, care, or treatment that precipitate or exacerbate pain ... strategies and factors to reduce pain ... additional symptoms associated with pain ...nausea ... pain"</p> <p>3. The clinical record of Patient #2 was reviewed on 11/8/21 at 12:00 PM and indicated a hospice election date of 9/23/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain). During a home visit on 11/9/21 at 10:00 AM with Patient #2, Registered Nurse F was observed completing wound care. The Registered Nurse failed to assess the patient's pain before starting wound care.</p> <p>4. The clinical record of Patient #3 was reviewed on 11/8/21 at 1:00 PM and indicated a hospice election date of 8/14/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain). During a home visit on 11/9/21 at 11:30 AM with Patient #3, Registered Nurse G was observed completing wound care. The Registered Nurse failed to assess the patient's pain before starting wound care.</p> <p>5. During an interview on 11/9/21 at 2:00 PM, when asked if an assessment of pain take place before wound care starts, Administrator E, indicated "Yes."</p>				<p>(RVPCO) and the Area Clinical Manager (ACM) provided education to all nursing staff on 11/22/2021 and 11/23/2021 on "Patient Rights and Responsibilities" indicating that all patients have the right to receive effective pain management and symptom control. POLICY REVIEW/HANDOUTS included: PE.1 "Patient Assessments"; TX.30 "Pain Management" TX.07 "Implementing Care and Treatment"; TX. 25 "Hospice Care In A Nursing Facility"; TX.5 "Orders For Care"; TX.17 "Medication List and Monitoring"; RI.1 IN "Patient Rights and Responsibilities. On 10/27/2021, the Chief Clinical Officer (CCLO) provided education to all nursing staff on "Patient Rights and Responsibilities" and policy RI.1 IN "Patient Rights and Responsibilities", indicating that all patients have the right to receive effective pain management and symptom control.</p> <p>The Area Clinical Manager (ACM) or designee will audit 100% of all active patients' comprehensive assessments for 3 months or until 100%, compliance is met to ensure a pain assessment is being completed on admission and ongoing, specifically prior to</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 0522 Bldg. 00	<p>418.54(a) INITIAL ASSESSMENT</p> <p>The hospice registered nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with §418.24 is complete (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours.)</p> <p>Based on record review and interview, the Registered Nurse (RN) failed to assess the patient's ongoing medication use as part of the comprehensive assessment for 2 of 30 (#2, 3) clinical records reviewed.</p> <p>Findings include:</p> <p>1. A document titled "Patient Assessments," indicated " ...The comprehensive assessment will identify physical, psychosocial, emotional, and spiritual needs related to terminal illness that will be addressed in order to promote the patient's well-being, comfort, and dignity throughout the dying process ... current medical conditions, medications and co-morbid psychiatric diagnoses</p>	L 0522	<p>wound treatment. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of active patient records comprehensive assessments through the QAPI process. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p> <p>The Executive Director will be responsible to help ensure that the hospice registered nurse will complete an initial assessment within 48 hours after the election of hospice care unless the physician or representative requests that the assessment be completed in less than 48 hours, to include an assessment of the patient's ongoing medication use as part of the comprehensive assessment. The Executive Director will help ensure that all patients have the right to</p>	12/22/2021	

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>or history"</p> <p>2. The clinical record of Patient #2 was reviewed on 11/8/21 at 1:00 PM and indicated a hospice election date of 9/23/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 11/9/21 at 10:00 AM with Patient #2, Registered Nurse F was observed completing wound care. The Registered Nurse failed to assess the patient's current medications for any changes.</p> <p>3. The clinical record of Patient #3 was reviewed on 11/8/21 at 1:00 PM and indicated a hospice election date of 8/14/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 11/9/21 at 11:30 AM with Patient #3, Registered Nurse G was observed completing wound care. The Registered Nurse failed to assess the patient's current medications for any changes.</p> <p>4. During an interview on 11/9/21 at 2:00 PM, when asked if an assessment should include looking at all medications to ensure accuracy of current medication use, Administrator E, indicated "Yes."</p>				<p>receive effective pain management and symptom control.</p> <p>Education was provided by the Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) on 11/22/2021 and 11/23/2021 to all nursing staff on "Patient Assessments" which included that in the initial assessment will be completed within 48 hours after the election of hospice care unless the physician or representative request the assessment to be completed less than 48 hours. The assessment will ensure that pain has been assessed and effective pain management and symptom control are in place in accordance with standards of practice and under the direction of the physician or nurse practitioner. POLICY REVIEW/HANDOUTS included PE.1 "Patient Assessments"; TX.30 "Pain Management"; TX.07" Implementing Care and Treatment"; TX. 25 "Hospice Care In A Nursing Facility"; TX.5 "Orders For Care"; TX.17 "Medication List and Monitoring"; RI.1 IN "Patient Rights and Responsibilities". The Area Clinical Manager (ACM) or designee will audit 100% of all active patients' initial assessments for 3 months</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 0579 Bldg. 00	<p>418.60(a) PREVENTION</p> <p>The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. Based on observation, record review, and interview, the hospice failed to ensure all employees followed agency infection control policies and procedures and standard precautions for 2 of 3 home visit observations (#2, 3).</p> <p>Findings include:</p> <p>1. A policy titled "Infection Control Program," indicated " ...The Agency's infection control program will be based on the following criteria ... Current federal, state, and local laws and regulations ... The Infection Control Program will include ... Implementing appropriate preventative procedures ... implementing appropriate measures to control infection ... Management will be</p>	L 0579	<p>to ensure a pain assessment is being completed on admission and ongoing, specifically prior to wound treatment. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of active patient records comprehensive assessments through the QAPI process. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p> <p>/p></p> <p>The Executive Director will be responsible to help ensure that the accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use standard precautions are followed. The Executive Director will help ensure that all staff practice proper hand hygiene techniques in the prevention and spread of infection and communicable diseases. The Area Clinical Manager (ACM) provided education to all</p>	12/22/2021	

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>responsible for coordinating all activities related to the Infection Control Program"</p> <p>2. A policy titled "Bag Technique," indicated " ...The bag is placed on a clean, safe surface ... If this is not possible, a barrier ... is to be placed under the bag ... When the visit is completed, reusable equipment is cleaned using alcohol, disinfectant wipe and/or antimicrobial soap and water as appropriate, hands are washed, and equipment and supplies are returned to the bag"</p> <p>3. A policy titled "Hand Hygiene," indicated " ...All Agency staff providing patient/client care will observe proper hand hygiene techniques ... if hands are not visibly soiled, staff may use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below ... Alternatively, staff may wash hands with an antimicrobial soap and water in all clinical situations described below ... Decontaminate hands after contact with patient's/client's intact skin, even when gloves are worn ... Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled ... Decontaminate hands if moving from a contaminated body site to a clean body site during patient/client care ... Decontaminate hands after contact with inanimate objects [including medical equipment] in the immediate vicinity of the patient/client"</p> <p>4. A policy titled "Cleaning and Management of Supplies and Equipment," indicated " ...Item ... Nurse/HHA [home health aide] Bag ... Notes ... Prevent contamination by ... not placing contaminated supplies back inside bag ... Stethoscope ... Frequency ... between each</p>		<p>staff on 11/17/2021 and 11/18/2021 on policies IC.03 "Hand Hygiene" and IC.12 Bag Technique indicating the practice of proper hand washing or use of hand sanitizer to include proper infection control before and after removing gloves and to ensure a proper barrier is used for the bag technique during the patient visit. Hand Hygiene competencies with all staff providing direct patient care were completed on 11/17/2021 and 11/18/2021 to ensure that hand washing is occurring or the use of hand sanitizer is used in accordance with infection control policies and procedures to include, when removing gloves or providing wound care or other treatments. Competencies on Bag Technique will be completed for all staff providing direct patient care by 12/17/2021.</p> <p>Monitoring will be completed by a review of competencies completed on all new hires for 3 months or until 100%, compliance has been met. Results will be reported to the QAPI committee and reported to the Governing Body annually.</p> <p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the</p>				

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
L 0580 Bldg. 00	<p>patient ... Nurse Scissors ... Frequency ... After each use ... Pulse Oximeter ... Frequency ... after each use ... Thermometer ..."</p> <p>5. During a home visit on 11/9/21 at 10:00 AM with Patient #2 (election date of 9/23/21), Registered Nurse F was observed completing wound care. The Registered Nurse (RN) was observed touching multiple areas of the wound with the same gauze, pulling glasses from their pocket without changing gloves or completing hand hygiene, and touching their charting tablet after touching the wound then not cleaning the tablet.</p> <p>6. During a home visit on 11/9/21 at 11:30 AM with Patient #3 (election date of 8/14/21), Registered Nurse G was observed completing wound care. The Registered Nurse (RN) was observed not using proper bag technique, not using proper barrier technique, and touching multiple areas of the wound with the same gauze.</p> <p>7. During an interview on 11/9/21 at 2:00 PM, when asked if all nurses and aides should follow the hospice's policies on infection control, Administrator E, indicated "Yes."</p> <p>418.60(b)(1) CONTROL</p> <p>The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that-</p> <p>(1) Is an integral part of the hospice's quality assessment and performance improvement program; and</p> <p>Based on observation, record review, and interview, the hospice failed to ensure COVID infection control precautions were followed for 3</p>			L 0580	<p>plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p> <p>The Executive Director will be responsible to maintain a coordinated agency-wide</p>		12/22/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>of 3 patient home visit observations (#2, 3, 4).</p> <p>Findings Include:</p> <p>1. A policy titled "Infection Control Program," indicated " ...The Agency's infection control program will be based on the following criteria ... Current federal, state, and local laws and regulations ... The Infection Control Program will include ... Implementing appropriate preventative procedures ... implementing appropriate measures to control infection ... Management will be responsible for coordinating all activities related to the Infection Control Program"</p> <p>2. A policy titled "Infection Control Program Addendum Infectious Disease Pandemic," indicated " ...The Agency will stay abreast of current information and practice guidelines provided by local, state, and federal agencies related to any infectious outbreak, pandemic, or epidemic ... The Agency will identify patients/client and staff will signs and symptoms of the infection as well as those considered at risk for the infection ...The Clinical Manager/Supervising Nurse will ensure all patients/clients and staff are screened for risk factors as well as signs and symptoms of the disease as defined by the most recent data available"</p> <p>3. During a home visit on 11/9/21 at 10:00 AM with Patient #2 (election date of 9/23/21), Registered Nurse F was observed completing wound care. The Registered Nurse (RN) was observed screening patient for COVID symptoms after already having physical contact with the patient.</p> <p>4. During a home visit on 11/9/21 at 11:30 AM with Patient #3 (election date of 8/14/21), Registered</p>				<p>program for the surveillance, identification, prevention, control and investigation of infections and communicable diseases, and that this is an integral part of the hospice's quality assessment and performance improvement program. The Executive Director will ensure COVID infection control precautions are followed and that screenings by all disciplines will be complete prior to entering the patients home/room.</p> <p>The Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) educated all staff on 12/08/2021 on policies IC.02 "Infection Control Program" and IC.2a "Infection Control Program Addendum Infectious Disease Pandemic" indicating screening for COVID symptoms of patients/care givers occurs prior to entering the patients home/room. The Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) educated all staff on 12/09/2021 on Policy IC.13 "Infectious Disease Pandemic/Coronavirus". The Area Clinical Manager (ACM) or designee will audit 100% of patient records for 3 months to ensure all staff providing direct patient care</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
L 0686 Bldg. 00	<p>Nurse G was observed completing wound care. The Registered Nurse (RN) was observed screening patient for COVID symptoms after already having physical contact with the patient.</p> <p>5. During a home visit on 10/18/21 at 10:00 AM with Patient #4 (election date of 8/14/21), Certified Nurse Aide H was observed completing wound care. The Certified Nurse Aide was observed screening patient for COVID symptoms after already having physical contact with the patient.</p> <p>6. During an interview on 11/9/21 at 2:00 PM, when asked if all staff needed to screen patients for COVID symptoms before they have physical contact with them, Administrator E, confirmed "Yes."</p> <p>Based on record review, observation, and interview, the hospice failed to ensure patients received medications from a pharmacy (L691); failed to ensure medications were labeled correctly (L693); failed to ensure medications were disposed of properly (L694); and failed to ensure discrepancies for controlled drugs were immediately investigated by the pharmacist and</p>		L 0686	<p>will complete screening prior to entering the patients home/room and before providing care until 100%, compliance is met. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of active patient records comprehensive assessments through the QAPI process. ACM/designee will do an on-sight field visit with care staff for demonstration of understanding of screening prior to patient visit to be completed by 12/30/2021. If an employee demonstrates lack, of understanding, re-education will occur and another field visit will be performed until compliance is met. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained i</p> <p>The Executive Director (ED) will be responsible to help ensure this condition is met by ensuring patients receive medications from a pharmacy, labeled correctly and disposed of properly. The Executive Director (ED) will be responsible to ensure if any</p>		12/08/2021	

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>administrator (L700).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to ensure safe hospice care was provided as required by the Condition of Participation 42 CFR 418.106 Drugs and biologicals, medical supplies, and durable medical equipment.</p>				<p>discrepancies are found regarding controlled drugs, an investigation will occur immediately by the pharmacist and the administrator.</p> <p>Effective immediately 10/22/2021, Agency will not store any medication stock for patient or deceased patient at the Agency's office, other than those medications in accordance with policy and procedures and as approved by the Department of Aging and Disability Services, State & Federal Guidelines. Agency nurses will adhere to company policy & procedures and in accordance to policy & procedures, scope of practice, state and federal regulations. Agency Executive Director (ED) was placed on Administrative suspension on 10/22/2021 & Governing Body appointed Alternate ED. 10/25/2021 site attempted to send 100% of staff out to employee health clinic for urine drug screen tests. Due to COVID and staffing issues at the laboratory, the clinic was only able to accommodate 8 staff. It was shared with Heart To Heart Hospice leadership staffing levels at the clinic would not be any better 10/26/2021 and the clinic would not be able to complete 100% of tests needed. Discussed problem with IN State</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
			<p>Surveyor. Hospice was given direction under the extreme circumstances due to COVID to go out and purchase OTC drug kits at least 7 panel. Leadership complied with recommendation and purchased enough OTC drug kits to screen staff. On 10/26/2021, most staff were able to come into the office to provide urine sample. 100% urine drug screens were completed by 10/29/2021. The staff who had positive results were sent over to the laboratory for an additional test. Staff provided hospice and the laboratory a copy of any prescription medications affecting the test. All were cleared. One staff (HHA) member walked off the job based on the urine drug screen results not following through with additional laboratory testing. All staff test results were compiled. On 10/26/2021, Leadership conducted car inspections as well looking for any prescription medications improperly stored. Results compiled. All staff car inspections were completed by 10/29/2021. The Chief Clinical Officer (CCLO) and Chief Compliance officer (CCO) provided in person education to all staff on 10/27/2021 on policies TX.19 "Medication</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			Disposal", TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.17 "Grievance/Complaint Resolution", HR.21 "Professional Practice" HR.27 "Standard of Conduct", TX.01 "Standard of Practice", TX.03 "Abuse, Neglect and Exploitation", PE.05 "Patient Care and Safety"; RI.1 IN "Patient Rights and Responsibilities"; TX.16 "Medication Administration", EC.07 "Hazardous Materials/Waste", IC.07 "Disposal of Needles and Sharps"; LD.16 "Compliance Program"; Form-Compliance Pledge (Resigned by all staff), "Code of Conduct" "Compliance & Ethics Program"; "Heart to Heart Employee Guidelines". IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			<p>Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical Manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021.</p> <p>On 11/2/2021, ACM provided education to Nursing Team on HCHB death note and discharge summary and how to complete documentation of medication destruction during the death visit. It was identified during the training the RN88 death visit was different from the SN88 death visit, which lead to discrepancy of information provided on medication destruction. Both assessments were updated by VP EMR Operations 11/3/2021. Staff were made aware they would need to complete an update to their devices in order to receive the updated death visit note. Form Transportation</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 0691 Bldg. 00	418.106(c) DISPENSING OF DRUGS AND BIOLOGICALS The hospice must-- (1) Obtain drugs and biologicals from community or institutional pharmacists or stock drugs and biologicals itself. (2) The hospice that provides inpatient care directly in its own facility must: (i) Have a written policy in place that promotes dispensing accuracy; and (ii) Maintain current and accurate records of the receipt and disposition of all controlled		Log was updated 11/3/2021. On 11/4/2021, ACM provided education to all Nursing staff of the changes made to the Transportation Log, they were all provided copies of the updated form and educated on how to properly complete. On 10/28/2021 both Patient Care Managers (PCM) resigned their positions effective immediately. Alternate Patient Care Manager (PCM) was appointed at that time. The Executive Director's (ED) employment was terminated on 11/11/2021 after completion of the internal investigation. On 12/06/2021 after a complete internal investigation, the Executive Director (ED) and two Patient Care Managers (PCM) were reported to the State Attorney General in accordance with the Indiana State Board of Nursing.		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>drugs.</p> <p>Based on record review, observation, and interview, the hospice failed to ensure the patient received medications from a pharmacy for 1 of 30 patient records reviewed (#1).</p> <p>Findings include:</p> <p>1. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>2. A document titled "Medication Possession and Transport," indicated " ...The hospice contract pharmacy will be responsible for delivery of all medications, when possible ... Agency will not store any medication stock for patient ... use at the Agency's office ... the employee documents transportation in the clinical note"</p> <p>3. A document titled "Medication Administration and Management," indicated " ...Agency nurse will administer therapies according to administrative and clinical policies and procedures, in accordance with all applicable federal, state laws, and regulations [sic] ... Medications are administered as per Agency's Clinical Procedure Manual and per physician orders"</p> <p>4. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet (found in the clinical manager's office) was observed and found to have multiple medications with deceased patients' names on the medication packages. These medications included, but were not limited to a brand new, sealed bottle of liquid morphine.</p>			L 0691	<p>The Executive Director (ED) will be responsible to help ensure the agency will obtain drugs and biologicals from a pharmacy.</p> <p>The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety" RI.1 "IN Patient Rights and Responsibilities", TX.16 "Medication Administration", IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material</p>		12/08/2021

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>5. The clinical record of Patient #1 was reviewed on 10/22/21 at 1:00 PM and indicated a hospice election date of 5/19/21, with a primary diagnosis of acute myeloblastic leukemia not having achieved remission (cancer of the blood and bone marrow with excess immature white blood cells). The record contained a document titled "Visit Note Report," dated 10/21/21, indicated " ...Agent name ... [Registered Nurse I] ... Narrative ... New dose of Morphine also delivered with visit"</p> <p>6. During an interview on 10/22/21 at 1:35 PM, when asked if they had ever reused medications from the metal cabinet in Former Patient Care Manger B's office, Registered Nurse I indicated, "We do have an emergency supply in the manager's office. I used liquid morphine for [Patient #1]. It was a brand new, sealed bottle."</p>				<p>referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. The Area Executive Director (AED), Executive Director (ED) Area Clinical Manager (ACM) or designee will complete random spot checks of office and clinical vehicles for the presence of medications that are from deceased patients or were not admitted to service monthly x 3 months until 100% compliance is met. The Area Clinical Manager (ACM) or designee will complete random spot checks of office/clinical vehicles quarterly for the presence of medications not in adherence with policy and procedures. If medication found, the Area Clinical Manager (ACM) or designee will report findings to Leadership for disciplinary action, up to and including termination. Area Clinical Manager or designee will report findings through QAPI at</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 0693 Bldg. 00	<p>418.106(e)(1) LABEL DISPOSE STORAGE DRUGS (1) Labeling. Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable). Based on observation, record review, and interview, the hospice failed to ensure medications were labeled correctly for 1 of 30 patient records reviewed (#6).</p> <p>Findings Include:</p> <p>1. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>2. A document titled "Pharmacy Services," indicated " ...The pharmaceutical needs of the hospice's patients are managed in a manner consistent with applicable State and Federal laws and accepted standards of practice ... Prescription containers for individual prescriptions are properly labeled in accordance with the state Board of Pharmacy regulations and contain ...</p>	L 0693	<p>least quarterly and plan of correction will be implemented if applicable. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p> <p>The Executive Director (ED) will be responsible to help ensure all medications are labeled correctly according to pharmacy regulations and accepted professional practice. The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety" RI.1 "IN Patient Rights and Responsibilities", TX.16 "Medication Administration", IC</p>	12/08/2021	

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Patient's full name ... Prescribing physician's name ... name and strength of drug ... dose, method, and frequency of administration ... lot and control number ... accessory and cautionary instructions ... expiration date ..."</p> <p>3. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have multiple medications with deceased patients' names on the medication packages. A gray, Dyno brand, laser label maker was observed to be placed on the side of cabinet in the open office area. The medications that were not labeled correctly included, a bottle with a pharmacy prescription label that had the name of the patient covered by a laser-printer label, which indicated that it was for "Michael," a bottle that had no pharmacy prescription label, but was labeled with a laser-printer label that indicated "Dilaudid [a strong narcotic pain medication]," which had twenty-two small, white pills with an "M" on one side of the pill and a "2 [two]" on the other side, five bottles of sterile water (used for making solutions that will be given by injection) in a clear bag with no name on the label, two boxes of Narcan (treats narcotic overdose in an emergency situation) that were sealed with no type of label on them, ten suppositories of bisacodyl (treats constipation) in a clear bag with the name of the original patient marked out, one unopened bottle of Biotene (treats dry mouth and throat), one CVS Health branded unopened green box of suppositories of bisacodyl (treats constipation) with no label on them, one orange bottle with a white top with thirty small white round pills that had an "EP904" scored into one side with no patient name on the label, one white unopened bottle of ferrous sulfate (treats iron deficiency anemia), one orange bottle with a white cap of hyoscyamine (used to treat excessive</p>				<p>25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. The Area Executive Director (AED) and Area Clinical Manager (ACM) or designee will audit 100%, for 3 months, of all Medication Transportation Logs which includes name and</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>secretions) with no name on the prescription label that had thirty small white round pills in it, and three packs of five vials each of Albuterol (prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease).</p> <p>4. The clinical record of Patient #6 was reviewed on 10/22/21 at 1:25 PM and indicated a hospice election date of 10/7/21, with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain). The record contained a plan of care for the certification dates 10/7/21 to 1/4/22, which indicated orders for, but not limited to, " ...Hyoscyamine [used to control symptoms associated with disorders of the gastrointestinal tract] 0.125 mg [milligram] every 4 [four] hours PRN [as needed] for increased secretions" The record also contained a document titled "Visit Note Report," dated 10/13/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have a clear bag with 19 of 20 doses of Ondansetron with a laser label made for Patient #6. Upon peeling back the laser label, a blacked out name can be observed but not the full name of the prior patient.</p>		<p>location of pharmacy, date and time received, medications received (name, strength, and amount dispensed), employee obtaining medication, medication was sealed, and stored appropriately, location medication delivered to, name of person receiving medication, receiver to indicate if sealed properly and count of medication in presence of delivery person to ensure proper medication transfer until 100% compliance is met. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of the Medication Transportation Logs through the QAPI process. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p>				

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
L 0694 Bldg. 00	<p>5. During an interview on 10/22/21 at 2:15 PM, when asked why anyone in the agency had ever relabeled medications or improperly labeled them, Former Administrator A indicated, "I have not relabeled them, but the count is right," and Former Patient Care Manager B indicated, "The meds were needing to be destroyed. Some families bring them in [sic]."</p> <p>418.106(e)(2)(i) LABEL DISPOSE STORAGE DRUGS (2) Disposing. (i) Safe use and disposal of controlled drugs in the patient's home. The hospice must have written policies and procedures for the management and disposal of controlled drugs in the patient's home. At the time when controlled drugs are first ordered the hospice must: Based on observation, record review, and interview, the hospice failed to ensure medications were disposed of properly for 6 of 30 patient records reviewed (#5, 7, 8, 9, 10, 11).</p> <p>Findings include:</p> <p>1. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>2. A document titled "Pharmacy Services," indicated " ...Controlled drugs are disposed of in compliance with State and Federal regulations ... The hospice maintains current and accurate records of the receipt and disposition of all controlled drugs ... the pharmacist and registered nurse dispose of the medications"</p> <p>3. A document titled "Medication Administration</p>			L 0694	<p>The Executive Director (ED) will be responsible to help ensure all medications are destroyed properly according to agency policy and pharmacy regulations.</p> <p>The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety" RI.1 IN "Patient Rights and Responsibilities", TX.16 "Medication Administration" IC 25-30 Article 23. Nurses, Article 7</p>		12/08/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>and Management," indicated " ...The individual administering the medication/controlled drug is responsible for knowledge of ... disposal of medications/controlled drugs"</p> <p>4. A document titled "Medication Disposal," indicated " ... Agency nurse will instruct the patient/caregiver in the proper technique for disposal of discontinued medication, including controlled drugs ... the caregiver legally authorized to dispose of medications will be instructed in the following procedure ... Take unused, unneeded, or expired drugs out of their original containers ... mix the drugs with an undesirable substance, like used coffee grounds or cat litter ... put them in impermeable, nondescript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally ingested by children or pets ... Throw these containers in the outside trash ... Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>5. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have multiple medications with deceased patients' names on the medication packages. A gray, Dyno brand, laser label maker was observed to be placed on the side of cabinet in the open office area. The medications found were, but not limited to, lorazepam (treat anxiety disorders), morphine sulfate extended release (treats severe ongoing pain), diazepam (treats anxiety and muscle spasms), Oxycodone (treats moderate to severe pain), Dilaudid (relieves moderate to severe pain), Norco (treats pain), ABHR gel (lorazepam, diphenhydramine, haloperidol, and metoclopramide; treats nausea and vomiting), and fentanyl (treats severe pain).</p>				<p>Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. On 11/2/2021, ACM provided education to Nursing Team on HCHB death note and discharge summary and how to complete documentation of medication destruction during the death visit. It was identified</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>6. The clinical record of Patient #5 was reviewed on 10/22/21 at 1:15 PM and indicated a hospice election date of 9/15/21, with a primary diagnosis of malignant neoplasm of colon (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 9/15/21 to 12/13/21, which indicated orders for, but not limited to, " ...Ativan [Lorazepam] 0.5 mg [milligram] every 4 [four] hours PRN [as needed] for anxiety/restlessness" The record also contained a document titled "Visit Note Report," dated 9/24/21, completed by Registered Nurse I, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Lorazepam 0.5 mg ... 12 tabs [tablets]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have an orange bottle with a white top and twenty-five small white pills with a pharmacy prescription label made for Patient #5.</p> <p>7. The clinical record of Patient #7 was reviewed on 10/22/21 at 1:30 PM and indicated a hospice election date of 7/16/21, with a primary diagnosis of chronic obstructive pulmonary disease (a group of progressive lung disorders characterized by increasing breathlessness). The record contained a plan of care for the certification dates 7/16/21 to 10/13/21, which indicated orders for, but not limited to, " ...Oxycodone [treats moderate to severe pain] 2.5 [two and a half] mg [milligram] every 2 [two] hours PRN [as needed] for pain/sob [shortness of breath]" The record also contained a document titled "Visit Note Report," dated 10/9/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled</p>				<p>during the training the RN88 death visit was different from the SN88 death visit, which lead to discrepancy of information provided on medication destruction. Both assessments were updated by VP EMR Operations on 11/3/2021. Nursing Staff were made aware they would need to complete an update to their devices in order to receive the updated death visit note. Form Medication Transportation Log was updated 11/3/2021. On 11/4/2021, ACM provided education to all Nursing staff of the changes made to the Medication Transportation Log; they were all provided copies of the updated form and educated on how to properly complete form.</p> <p>Area Executive Director (AED) and Area Clinical Manager (ACM) or designee will audit 100% of all death discharges monthly x 3 months until 100% of compliance is met. Audit will focus on discharge summaries to ensure there is proper documentation of disposal of medication in the patient's residence or education was provided to authorize agent of proper disposal. Once 100% compliance has been met for 3 consecutive months, then the Area Clinical Manager or designee will audit 10% of all</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have a brand new, sealed bottle of Oxycodone with a pharmacy label for Patient #7.</p> <p>8. The clinical record of Patient #8 was reviewed on 10/22/21 at 1:35 PM and indicated a hospice election date of 5/7/21, with a primary diagnosis of squamous cell carcinoma of skin (cancer starting in the surface of the skin, lining of hollow organs, and lining of the respiratory and digestive tracts). The record contained a plan of care for the certification dates 5/7/21 to 8/4/21, which indicated orders for, but not limited to, " ...Morphine [used to treat treats ongoing severe pain] 15 [fifteen] mg [milligram] every 2 [two] hours PRN [as needed] for pain/sob [shortness of breath] ... Fentanyl [treats severe pain] 50 mcg ... every 72 [seventy-two] hours for pain" The record also contained a document titled "Visit Note Report," dated 6/4/21, completed by Registered Nurse K, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine 18 [eighteen] ml ... Fentanyl 100 mcg #2 [sic] patches ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #8's husband]"</p>				<p>discharge summaries for sustained compliance. Findings and action plan (if indicated) will be reported through QAPI at least quarterly. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain two unopened, sealed boxes of Morphine and one box of unopened, sealed Fentanyl patches, with a pharmacy-made label for Patient #8.</p> <p>9. The clinical record of Patient #9 was reviewed on 10/22/21 at 1:40 PM and indicated a hospice election date of 9/11/21, with a primary diagnosis of malignant neoplasm of unspecified kidney (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 9/11/21 to 12/9/21, which indicated orders for, but not limited to, " ...Oxycodone [treats moderate to severe pain] 5 [five] mg [milligram] every 4 [four] hours PRN [as needed] for pain ... Oxycodone [treats moderate to severe pain] 10 [ten] mg [milligram] 2 [two] times daily for pain" The record also contained a document titled "Visit Note Report," dated 9/16/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... OxyContin [brand name for Oxycodone] 30 [thirty] mg 5 tabs [tablets] ... Oxycodone 20 [twenty] mg 1 [one] tab"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain one orange bottle with a white cap with small yellow, round pills with an "OP" sketched on one side and a "40 [forty]" on the other, of Oxycodone, and one</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>orange bottle with a white cap, white and gold capsules with "ANI" printed on one side and "167" printed on the other side, with a pharmacy-made label for Patient #9.</p> <p>10. The clinical record of Patient #10 was reviewed on 10/22/21 at 1:45 PM and indicated a hospice election date of 7/15/21, with a primary diagnosis of malignant neoplasm of middle lobe, bronchus, or lung (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 7/15/21 to 9/12/21, which indicated orders for, but not limited to, " ... Fentanyl [treats severe pain] 25 [twenty-five] mcg [microgram] ... every 72 [seventy-two] hours for pain" The record also contained a document titled "Visit Note Report," dated 6/4/21, completed by Registered Nurse L, which indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Fentanyl . [sic] 50 [fifty] mcg patch ... Destroyed in cat litter, [sic] per policy ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Daughter N law [sic]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain two unopened, sealed boxes of Fentanyl patches, with a pharmacy-made label for Patient #10.</p> <p>11. The clinical record of Patient #11 was reviewed on 10/22/21 at 1:55 PM and indicated a hospice election date of 7/15/21, with a primary diagnosis of personal history of malignant neoplasm of pancreas (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 4/17/21 to 7/15/21, which indicated orders for, but not limited</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>to, " ... Hydromorphone [brand name is Dilaudid; relieves moderate to severe pain] 8 [eight] mg [milligram] ... every 4 [four] hours PRN [as needed] for pain" The record also contained a document titled "Visit Note Report," dated 5/9/21, completed by Registered Nurse M, which indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family educated on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain one orange bottle with a white top that had small triangular-shaped white pills with an "8" etched on one side and a "p/d" etched on the other side, with a pharmacy-made label for Patient #11.</p> <p>12. During an interview on 10/22/21 at 1:35 PM, when asked if they had ever seen medications from the metal cabinet in Former Patient Care Manager B's office, Registered Nurse I indicated, "We do have an emergency supply in the manager's office. There is no sign out sheet. There are partially used medications in there, but I've never used the partial ones."</p> <p>13. During an interview on 10/22/21 at 2:15 PM, when asked why anyone in the agency had ever relabeled medications or improperly labeled them, Former Administrator A indicated, "I have not relabeled them, but the count is right," and Former Patient Care Manager B indicated, "The meds were needing to be destroyed. Some families bring them in [sic]." When asked why medications had not been destroyed in the patients' homes, Former Administrator A, Former Patient Care Manager B, and Area Manager N indicated, "I do not know."</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
L 0700 Bldg. 00	<p>418.106(e)(3)(ii) LABEL DISPOSE STORAGE DRUGS (ii) Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs must be investigated immediately by the pharmacist and hospice administrator and where required reported to the appropriate State authority. A written account of the investigation must be made available to State and Federal officials if required by law or regulation.</p> <p>Based on observation, record review, and interview, the hospice failed to ensure a discrepancies for controlled drugs were immediately investigated by the pharmacist and/or administrator for 23 of 30 patient records reviewed (#5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29).</p> <p>Findings include:</p> <p>1. A document titled "Patient Rights and Responsibilities," indicated " ...Every patient and family has [sic] the right ... To be assured that the hospice will ensure that all alleged violations involving ... misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator ... The hospice will immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and will immediately take action to prevent further potential violations while the alleged [sic] is being investigated ... The hospice will take appropriate action in accordance with state laws as verified by the hospice administration and ensure that verified violations are reported to the State and local bodies [sic] immediately of becoming aware of the violations"</p>			L 0700	<p>The Executive Director (ED) will be responsible to help ensure the pharmacist and administrator according to agency policy and pharmacy regulations immediately investigate all discrepancies for controlled drugs.</p> <p>The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety"; RI.1 IN "Patient Rights and Responsibilities", TX.16 "Medication Administration", IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing,</p>		12/08/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>2. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>3. A document titled "Occurrence/Incident Reporting," indicated " ...Agency will document and report all occurrences/incidents ... safety hazards, employee unprofessional and misconduct ... that deviate from the Agency operations and might result in injury or potential harm to a patient/caregiver or Agency staff ... Adverse Events include, but are not limited to ... provision of care errors ... procedure error which results in trauma and/or injury, falls, medication errors ... unusual occurrences/incidents ... safety hazards that endanger staff and/or patients ... unprofessional conduct by licensed staff and employee misconduct of unlicensed staff including abuse, neglect, and misconduct ... Procedure ... An Occurrence/Incident Report will be completed on all occurrences or incidents as defined in policy, by the staff member involved or the first person to become aware of the incident ...The report will be submitted to the immediate supervisor ... supervisor will review ...will document awareness ... report will be forwarded to management and the QAPI committee ...</p> <p>4. A document titled "Pharmacy Services," indicated " ...Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs are investigated immediately by the pharmacist and hospice administrator ... a written report of the discrepancy is completed"</p> <p>5. A document titled "Medication Administration and Management," indicated " ...The patient's</p>				<p>Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical Manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. Education was provided by the Regional VP of Clinical Operations (RVPCO) to the Executive Director (ED) and the Alternate Executive Director on 12/08/2021 on the policy LD.5 "Responsibilities of the Administrator" to include but not limited to conflict and complaint management as well as communicating with the governing board and all of agency staff regarding</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>physician and Agency Nursing Management will be notified regarding any medication errors as soon as possible ... Any medication error ... will be documented on the [Incident Report] and submitted to Agency Nursing Management immediately"</p> <p>6. A document titled "Responsibilities of the Administrator," indicated " ...The Agency Administrator will assume overall responsibility and authority for administrative and leadership functions, supervision of the established organizational plan and responsibility for ongoing communication with the Governing Body, as well as with the entire Agency staff ... The Administrator will be responsible for implementing and supervising the administrative policies and operations of the Agency and for administratively supervising the provision of all services to Agency patients on a day-to-day basis ... The Agency defines the responsibilities of the Administrator to include, but not be limited to ... Ensuring staff education, evaluations, and availability of applicable regulations to all Agency staff ... Ensuring completion, maintenance, and submission of required reports ... Directing staff in the performance of their duties including admission, discharge, transfer, revocation, and provision of services to patients ... Ensuring standards of ethical business and clinical practice are maintained"</p> <p>7. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have multiple medications with deceased patients' names on the medication packages. A gray, Dyno brand, laser label maker was observed to be placed on the side of cabinet in the open office area. The medications found were, but not limited to, lorazepam (treat anxiety</p>				<p>occurrences and incidents to include but not limited to discrepancies for controlled drugs. On 11/2/2021, ACM provided education to Nursing Team on HCHB death note and discharge summary and how to complete documentation of medication destruction during the death visit. It was identified during this training the RN88 death visit was different from the SN88 death visit, which lead to discrepancy of information provided on medication destruction. Both assessments were updated by VP EMR Operations 11/3/2021. Nursing Staff were made aware they would need to complete an update to their devices in order to receive the updated death visit note. Form Medication Transportation Log was updated on 11/3/2021. On 11/4/2021, ACM provided education to all Nursing staff of the changes made to the Medication Transportation Log; nursing staff were all provided copies of the updated form and educated on how to properly complete form. On 12/9/2021, ACM and RVPCO educated staff on Policy EC.5 "Occurrence/Incident Reporting; and TX.21 "Reporting/Follow-Up of Medication Incidents".</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>disorders), morphine sulfate extended release (treats severe ongoing pain), diazepam (treats anxiety and muscle spasms), Oxycodone (treats moderate to severe pain), Ondansetron (prevents nausea and vomiting), Dilaudid (relieves moderate to severe pain), Norco (treats pain), ABHR gel (lorazepam, diphenhydramine, haloperidol, and metoclopramide; treats nausea and vomiting), fentanyl (treats severe pain).</p> <p>8. The clinical record of Patient #5 was reviewed on 10/22/21 at 1:15 PM. The record contained a document titled "Visit Note Report," dated 9/24/21, completed by Registered Nurse I, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Lorazepam 0.5 mg ... 12 tabs [tablets]" The record failed to indicate how the narcotics were disposed.</p> <p>9. The clinical record of Patient #6 was reviewed on 10/22/21 at 1:25 PM. The record contained a document titled "Visit Note Report," dated 10/13/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>10. The clinical record of Patient #7 was reviewed on 10/22/21 at 1:30 PM. The record also contained</p>		<p>The Area Executive Director (AED) /Area Clinical Manager (ACM) or designee will audit 100% of all death discharges, Medication Transportation Logs and all occurrences/medication incidents monthly for 3 months until 100% of compliance is met. Audit will focus on discharge summaries to ensure there is proper documentation of disposal of medication in the patient's residence or education was provided to authorize agent of proper disposal. Audit will also focus on Medication Transportation Logs which includes name and location of pharmacy, date and time received, medications received (name, strength, and amount dispensed), employee obtaining medication, medication was sealed, and stored appropriately, location medication delivered to, name of person receiving medication, receiver to indicate if sealed properly and count of medication in presence of delivery person to ensure proper medication transfer. Occurrences and/or medication incidents will be audited to ensure if a discrepancy is noted, an occurrence or incident is completed and the pharmacy and administrator were notified immediately for investigation,</p>				

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>a document titled "Visit Note Report," dated 10/9/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>11. The clinical record of Patient #8 was reviewed on 10/22/21 at 1:35 PM. A document titled "Visit Note Report," dated 6/4/21, completed by Registered Nurse K, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine 18 [eighteen] ml ... Fentanyl 100 mcg #2 [sic] patches ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #8's husband]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>12. The clinical record of Patient #9 was reviewed on 10/22/21 at 1:40 PM. The record contained a document titled "Visit Note Report," dated 9/16/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally</p>				<p>and that appropriate reporting to State authorities occurred per requirement. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of the death discharges, Medication Transportation Logs and occurrences/medication incidents through the QAPI process.</p> <p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>authorized to dispose of controlled drugs and medications ... OxyContin [brand name for Oxycodone] 30 [thirty] mg 5 tabs [tablets] ... Oxycodone 20 [twenty] mg 1 [one] tab" The record failed to indicate how the narcotics were disposed.</p> <p>13. The clinical record of Patient #11 was reviewed on 10/22/21 at 1:55 PM. The record contained a document titled "Visit Note Report," dated 5/9/21, completed by Registered Nurse M, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family educated on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>14. The chart of Patient #12 was reviewed on 10/22/21 at 6:00 PM. A document titled "Visit Note Report," dated 7/23/21, completed by Registered Nurse O, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family/caregiver[s] instructed on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>15. The chart of Patient #13 was reviewed on 10/22/21 at 6:05 PM. A document titled "Visit Note Report," dated 6/18/21, completed by Registered Nurse G, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 30 [thirty] ml [milliliter] and Ativan [treats</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>anxiety disorders] 0.5 [one half] mg [milligram] 16 [sixteen] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Pt [patient] wife and [Registered Nurse G]" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>16. The chart of Patient #14 was reviewed on 10/22/21 at 6:10 PM. A document titled "Visit Note Report," dated 8/30/21, completed by Licensed Practical Nurse P, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family/caregiver[s] instructed on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>17. The chart of Patient #15 was reviewed on 10/22/21 at 6:15 PM. A document titled "Visit Note Report," dated 6/3/21, completed by Registered Nurse I, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 28 [twenty-eight] ml [milliliter] and Lorazepam [treats anxiety disorders] 1 [one] mg [milligram] 15 [fifteen] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #15's husband]" The record failed to indicate how the narcotics were destroyed in the home.</p> <p>18. The chart of Patient #16 was reviewed on 10/22/21 at 7:45 PM. A document titled "Visit Note</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>Report," dated 6/18/21, completed by Registered Nurse G, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 27 [twenty-seven] ml [milliliter] and Ativan [treats anxiety disorders]18 [eighteen] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... wife and hospice nurse" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>19. The chart of Patient #17 was reviewed on 10/22/21 at 6:20 PM. A document titled "Visit Note Report," dated 6/17/21, completed by Registered Nurse K, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 27 [twenty-seven] ml [milliliter] and Ativan [treats anxiety disorders] 0.5 [one-half] mg [milligram] 18 [eighteen] = [sic] 26 [twenty-six] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #17's granddaughter]" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>20. The chart of Patient #18 was reviewed on 10/22/21 at 6:25 PM. A document titled "Visit Note Report," dated 7/6/21, completed by Registered Nurse Q, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ...</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>Morphine [treats severe ongoing pain] 20 [twenty] ml [milliliter]/ml and Ativan [treats anxiety disorders] 0.5 [one-half] mg [milligram] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #18's daughter in law]" The record failed to indicate the quantity of the narcotics disposed.</p> <p>21. The chart of Patient #19 was reviewed on 10/22/21 at 6:30 PM. A document titled "Visit Note Report," dated 9/16/21, completed by License Practical Nurse R, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Sulfate [treats severe ongoing pain] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #19's son]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>22. The chart of Patient #21 was reviewed on 10/22/21 at 6:45 PM. A document titled "Visit Note Report," dated 8/10/21, completed by Registered Nurse I, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 20 [twenty] mg [milligram]/ml [milliliter] and Lorazepam [treats anxiety disorders] 0.5 [one half] mg ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #21's daughter]" The record failed to indicate the quantity of the narcotics destroyed.</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>23. The chart of Patient #22 was reviewed on 10/22/21 at 6:50 PM. A document titled "Visit Note Report," dated 6/30/21, completed by Registered Nurse S, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 15 [fifteen] ml [milliliter] and Lorazepam [treats anxiety disorders] 0.5 [one half] mg [milligram] 24 [twenty-four] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #22's daughter]" The record failed to indicate how the narcotics were destroyed and their strength.</p> <p>24. The chart of Patient #23 was reviewed on 10/22/21 at 6:55 PM. A document titled "Visit Note Report," dated 9/2/21, completed by Registered Nurse G, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 25 [twenty-five] ml [milliliter] and Ativan [treats anxiety disorders] 0.5 [one half] mg [milligram] 45 [forty-five] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Wife" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>25. The chart of Patient #24 was reviewed on 10/22/21 at 7:00 PM. A document titled "Visit Note Report," dated 7/15/21, completed by Registered Nurse L, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ...</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>strength ... quantity ... how disposed ... Comfort Kit ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #24's niece]" The record failed to indicate the type, strength, and quantity of the narcotics disposed.</p> <p>26. The chart of Patient #25 was reviewed on 10/22/21 at 7:10 PM. A document titled "Visit Note Report," dated 8/2/21, completed by Registered Nurse S, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 15 [fifteen] ml [milliliter] and Lorazepam [treats anxiety disorders] 0.5 [one half] mg [milligram] 6 [six] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #25's daughter]" The record failed to indicate how the narcotics were destroyed.</p> <p>27. The chart of Patient #26 was reviewed on 10/22/21 at 7:15 PM. A document titled "Visit Note Report," dated 5/30/21, completed by Registered Nurse G, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 24 [twenty-four] ml [milliliter], Ativan [treats anxiety disorders] 0.5 [one half] mg [milligram] 23 [twenty-three] tabs [tablets], Fentanyl [treats severe pain] 25 [twenty-five] mcg [micrograms] X1 [quantity of one] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Disposed with family" The record failed to indicate how the narcotics were disposed.</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>28. The clinical record of Patient #27 was reviewed on 10/22/21 at 7:20 PM. The record contained a document titled "Visit Note Report," dated 10/11/21, completed by Registered Nurse F, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family educated on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>29. The chart of Patient #28 was reviewed on 10/22/21 at 7:25 PM. A document titled "Visit Note Report," dated 6/17/21, completed by Registered Nurse K, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine ER [extended release; treats severe ongoing pain] 30 [thirty] 59 [fifty-nine] ... Morphine 15 [fifteen] mg 86 [eighty-six] ... Ativan [treats anxiety disorders] 0.5 [one-half] mg [milligram] 6 [six] ... Ativan 1 [one] mg 7 [seven] ... Oxycodone [treats severe pain] 5 [five] mg 120 [one hundred twenty] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #28's son]" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>30. The chart of Patient #29 was reviewed on 10/22/21 at 7:30 PM. A document titled "Visit Note Report," dated 9/19/21, completed by Registered Nurse L, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ...</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0000 Bldg. 00	<p>Morphine [treats severe pain] and Ativan [treats anxiety] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... " [sic]"</p> <p>The record failed to indicate the type, strength, and quantity of the narcotics disposed.</p> <p>31. During an interview on 10/22/21 at 1:35 PM, when asked if they had ever seen medications from the metal cabinet in Former Patient Care Manger B's office, Registered Nurse I indicated, "We do have an emergency supply in the manager's office. There is no sign out sheet. There are partially used medications in there, but I've never used the partial ones."</p> <p>32. During an interview on 10/22/21 at 2:15 PM, when asked why medications had not been destroyed in the patients' homes, Former Administrator A, Former Patient Care Manager B, and Area Manager D indicated, "I do not know."</p> <p>This was a state re-licensure survey with an investigation of one complaint at a deemed hospice agency.</p> <p>Complaint # IN00354660 - Substantiated with findings Complaint # IN00153842- Unsubstantiated without findings</p> <p>Facility ID: 003966</p> <p>Provider #: 151587</p> <p>Survey Dates: 10/22, 10/25, 10/26, 10/27, 10/28,</p>			S 0000			

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0509 Bldg. 00	<p>11/4, 11/5, 11/8, 11/9; 2021.</p> <p>Active Home Patient Census: 66 Active General Inpatient (GIP) Census: 0 Active Continuous Care (CC) Patient Census: 0 Active Assisted Living Facility (ALF) Patient Census: 10 Active Skilled Nursing Facility (SNF) Patient Census: 79 Active Respite Patient Census: 0 Unduplicated census: 450</p> <p>418.52(b)(4)(ii) EXERCISE OF RIGHTS/RESPECT FOR PROPERTY/PERSON [The hospice must: (ii) Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;</p> <p>Based on record review and interview, the hospice failed to fully investigate each complaint to ensure the complaint was not a systemic issue.</p> <p>Findings include:</p> <p>1. A document titled "Responsibilities of the Administrator," indicated " ...The Agency defines the responsibilities of the Administrator to be include, but not limited to ... conflict and complaint management and resolution" A document titled "Patient Rights and Responsibilities," indicated " ...Every patient and family has the right ... A patient or resident [sic] is entitled to exercise his or her rights as a patient ...</p>			S 0509	<p>The Executive Director will be responsible to help ensure that violations are immediately investigated on all alleged violations involving anyone furnishing services on behalf of the hospice and will immediately take action to prevent further potential violations while the alleged violation is being verified. Executive Director will help ensure that investigations and documentation of all alleged violations are conducted in accordance with established</p>		12/22/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or other to the facility staff, to governmental offices or to another person of his or her choice within or outside of the facility ... to be assured the hospice will immediately investigate all alleged violations"</p> <p>2. During a review of the agency complaint log, a complaint dated 6/4/21 was reviewed. The complaint indicated " ...Date reported ... 6/4/21 ... Date of Event ... 6/4/21 ... Complaint ... Revocation ... Type ... H [Billing/Payment Issue] ... Patient had fall in her home that resulted in possible hip fx [fracture] ... Family and Patient chose to seek aggressive treatment outside of the hospice POC [plan of care] ... Date Resolved ... 6/16/21"</p> <p>3. During a review of the agency complaint log, a complaint dated 9/25/21 was reviewed. The complaint indicated " ...Date reported ... 9/26/21 ... Date of Event ... 9/25 & 9/26 [sic] ... Complaint ... FSN [sic] nurse called with medication concerns ... Type ... D [Communication] ... Actions Taken ... [Former Patient Care Manager B] and administrator on-call spoke with FSN [sic] and [Registered Nurse D] made PRN [as needed] visit ... Date Resolved ... 9/27/21"</p> <p>4. During an interview on 11/9/21 at 2:00 PM, when asked if all complaints should show proof of a system wide approach to investigating complaints, Administrator E, indicated "Yes."</p>				<p>procedures to help ensure that this was not a systemic issue. Education was provided by the Regional VP of Clinical Operations (RVPCO) to the Executive Director (ED) and the Alternate Executive Director on 12/08/2021 on the policy LD.5 "Responsibilities of the Administrator" to include but not limited to conflict and complaint management. Education was provided by the Chief Clinical Officer (CCLO) to all staff on 11/27/2021 on Rights and Responsibilities indicating every patient is entitled to exercise their right to present grievances or recommend change and to be assured that the agency will investigate all alleged violations. Education was provided to all staff on 12/9/2021 by the Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) on policy RI.5 "Resolution of Patient Conflicts, Grievances or Complaints". The Agency will immediately investigate all complaints made by a patient, a patient's family or guardian, or a patient's health care provider. On 12/9/2021, ACM and RVPCO educated all nurses on Policy EC.5 "Occurrence/Incident Reporting" and TX. 21 "Reporting/Follow-Up of Medication Incidents".</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
S 0512 Bldg. 00	<p>418.52(c)(1) RIGHTS OF THE PATIENT The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;</p> <p>Based on record review, observation, and interview, the hospice failed to ensure the Registered Nurse (RN) effectively managed symptoms related to the patient's terminal illness for 2 of 30 (#2, 3) clinical records reviewed.</p> <p>Findings include:</p> <p>1. A document titled "Patient Rights and Responsibilities," indicated " ...Every patient and family has the right ... to receive effective pain</p>	S 0512	<p>The Regional VP of Clinical Operations (RVPCO) or designee will audit 100% of all complaints or alleged violations for 3 months or until 100%, compliance is met to ensure that an immediate investigation occurred with follow-up and with a resolution. Ongoing the Area Clinical Manager (ACM) or designee will audit the complaint log through the QAPI process.</p> <p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to help ensure sustained improvement.</p> <p>The Executive Director will be responsible to help ensure that the Rights and Responsibilities of the patients have been followed and that all patients have received effective pain management and symptom control related to the terminal illness.</p> <p>Education was provided by the Regional VP of Clinical Operations (RVPCO) and the</p>	12/22/2021	

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>management and symptom control from the hospice for the conditions related to the terminal illness"</p> <p>2. A document titled "Patient Assessments," indicated " ...The comprehensive assessment will identify physical, psychosocial, emotional, and spiritual needs related to terminal illness that will be addressed in order to promote the patient's well-being, comfort, and dignity throughout the dying process ... A comprehensive pain assessment based on accepted clinical standards of practice will include ... history of pain and its treatment ... characteristics of pain ... intensity ... descriptors ... patterns ... location and radiation of pain ... frequency ... timing ... duration ... impact of pain ... factors such as activities, care, or treatment that precipitate or exacerbate pain ... strategies and factors to reduce pain ... additional symptoms associated with pain ...nausea ... pain"</p> <p>3. The clinical record of Patient #2 was reviewed on 11/8/21 at 12:00 PM and indicated a hospice election date of 9/23/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain). During a home visit on 11/9/21 at 10:00 AM with Patient #2, Registered Nurse F was observed completing wound care. The Registered Nurse failed to assess the patient's pain before starting wound care.</p> <p>4. The clinical record of Patient #3 was reviewed on 11/8/21 at 1:00 PM and indicated a hospice election date of 8/14/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain). During a home visit on 11/9/21 at 11:30 AM with Patient #3, Registered Nurse G was observed</p>				<p>Area Clinical Manager (ACM) on 11/22/2021 and 11/23/2021 to all nursing staff on "Patient Assessments" which included that in the initial comprehensive assessment, as well as subsequent comprehensive assessments, the assessment will include but is not limited to a complete pain assessment under accepted standards of practice and treatments. The Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) provided education to all nursing staff on 11/22/2021 and 11/23/2021 on "Patient Rights and Responsibilities" indicating that all patients have the right to receive effective pain management and symptom control. POLICY REVIEW/HANDOUTS included: PE.1 "Patient Assessments"; TX.30 "Pain Management" TX.07 "Implementing Care and Treatment"; TX. 25 "Hospice Care In A Nursing Facility"; TX.5 "Orders For Care"; TX.17 "Medication List and Monitoring"; RI.1 IN "Patient Rights and Responsibilities. On 10/27/2021, the Chief Clinical Officer (CCLO) provided education to all nursing staff on "Patient Rights and Responsibilities" and policy RI.1 IN "Patient Rights and</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S 0522 Bldg. 00	<p>completing wound care. The Registered Nurse failed to assess the patient's pain before starting wound care.</p> <p>5. During an interview on 11/9/21 at 2:00 PM, when asked if an assessment of pain take place before wound care starts, Administrator E, indicated "Yes."</p> <p>418.54(a) INITIAL ASSESSMENT</p> <p>The hospice registered nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with §418.24 is complete (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours.)</p> <p>Based on record review and interview, the</p>		S 0522	<p>Responsibilities", indicating that all patients have the right to receive effective pain management and symptom control.</p> <p>The Area Clinical Manager (ACM) or designee will audit 100% of all active patients' comprehensive assessments for 3 months or until 100%, compliance is met to ensure a pain assessment is being completed on admission and ongoing, specifically prior to wound treatment. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of active patient records comprehensive assessments through the QAPI process. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p> <p>The Executive Director will be responsible to help ensure that</p>		12/22/2021	

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Registered Nurse (RN) failed to assess the patient's ongoing medication use as part of the comprehensive assessment for 2 of 30 (#2, 3) clinical records reviewed.</p> <p>Findings include:</p> <p>1. A document titled "Patient Assessments," indicated " ...The comprehensive assessment will identify physical, psychosocial, emotional, and spiritual needs related to terminal illness that will be addressed in order to promote the patient's well-being, comfort, and dignity throughout the dying process ... current medical conditions, medications and co-morbid psychiatric diagnoses or history"</p> <p>2. The clinical record of Patient #2 was reviewed on 11/8/21 at 1:00 PM and indicated a hospice election date of 9/23/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 11/9/21 at 10:00 AM with Patient #2, Registered Nurse F was observed completing wound care. The Registered Nurse failed to assess the patient's current medications for any changes.</p> <p>3. The clinical record of Patient #3 was reviewed on 11/8/21 at 1:00 PM and indicated a hospice election date of 8/14/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 11/9/21 at 11:30 AM with Patient #3, Registered Nurse G was observed completing wound care. The Registered Nurse failed to assess the patient's current medications for any changes.</p>				<p>the hospice registered nurse will complete an initial assessment within 48 hours after the election of hospice care unless the physician or representative requests that the assessment be completed in less than 48 hours, to include an assessment of the patient's ongoing medication use as part of the comprehensive assessment. The Executive Director will help ensure that all patients have the right to receive effective pain management and symptom control.</p> <p>Education was provided by the Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) on 11/22/2021 and 11/23/2021 to all nursing staff on "Patient Assessments" which included that in the initial assessment will be completed within 48 hours after the election of hospice care unless the physician or representative request the assessment to be completed less than 48 hours. The assessment will ensure that pain has been assessed and effective pain management and symptom control are in place in accordance with standards of practice and under the direction of the physician or nurse practitioner. POLICY</p>		

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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0579 Bldg. 00	<p>4. During an interview on 11/9/21 at 2:00 PM, when asked if an assessment should include looking at all medications to ensure accuracy of current medication use, Administrator E, indicated "Yes."</p> <p>418.60(a) PREVENTION</p> <p>The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>Based on observation, record review, and</p>			S 0579	<p>REVIEW/HANDOUTS included PE.1 "Patient Assessments"; TX.30 "Pain Management"; TX.07" Implementing Care and Treatment"; TX. 25 "Hospice Care In A Nursing Facility"; TX.5 "Orders For Care"; TX.17 "Medication List and Monitoring"; RI.1 IN "Patient Rights and Responsibilities". The Area Clinical Manager (ACM) or designee will audit 100% of all active patients' initial assessments for 3 months to ensure a pain assessment is being completed on admission and ongoing, specifically prior to wound treatment. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of active patient records comprehensive assessments through the QAPI process. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement. /p></p> <p>The Executive Director will be responsible to help ensure that</p>		12/22/2021

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>interview, the hospice failed to ensure all employees followed agency infection control policies and procedures and standard precautions for 2 of 3 home visit observations (#2, 3).</p> <p>Findings include:</p> <p>1. A policy titled "Infection Control Program," indicated " ...The Agency's infection control program will be based on the following criteria ... Current federal, state, and local laws and regulations ... The Infection Control Program will include ... Implementing appropriate preventative procedures ... implementing appropriate measures to control infection ... Management will be responsible for coordinating all activities related to the Infection Control Program"</p> <p>2. A policy titled "Bag Technique," indicated " ...The bag is placed on a clean, safe surface ... If this is not possible, a barrier ... is to be placed under the bag ... When the visit is completed, reusable equipment is cleaned using alcohol, disinfectant wipe and/or antimicrobial soap and water as appropriate, hands are washed, and equipment and supplies are returned to the bag"</p> <p>3. A policy titled "Hand Hygiene," indicated " ...All Agency staff providing patient/client care will observe proper hand hygiene techniques ... if hands are not visibly soiled, staff may use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below ... Alternatively, staff may wash hands with an antimicrobial soap and water in all clinical situations described below ... Decontaminate hands after contact with patient's/client's intact skin, even when gloves are worn ... Decontaminate hands after contact with</p>			<p>the accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use standard precautions are followed. The Executive Director will help ensure that all staff practice proper hand hygiene techniques in the prevention and spread of infection and communicable diseases. The Area Clinical Manager (ACM) provided education to all staff on 11/17/2021 and 11/18/2021 on policies IC.03 "Hand Hygiene" and IC.12 Bag Technique indicating the practice of proper hand washing or use of hand sanitizer to include proper infection control before and after removing gloves and to ensure a proper barrier is used for the bag technique during the patient visit. Hand Hygiene competencies with all staff providing direct patient care were completed on 11/17/2021 and 11/18/2021 to ensure that hand washing is occurring or the use of hand sanitizer is used in accordance with infection control policies and procedures to include, when removing gloves or providing wound care or other treatments. Competencies on Bag Technique will be completed for all staff</p>			

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled ... Decontaminate hands if moving from a contaminated body site to a clean body site during patient/client care ... Decontaminate hands after contact with inanimate objects [including medical equipment] in the immediate vicinity of the patient/client"</p> <p>4. A policy titled "Cleaning and Management of Supplies and Equipment," indicated " ...Item ... Nurse/HHA [home health aide] Bag ... Notes ... Prevent contamination by ... not placing contaminated supplies back inside bag ... Stethoscope ... Frequency ... between each patient ... Nurse Scissors ... Frequency ... After each use ... Pulse Oximeter ... Frequency ... after each use ... Thermometer ..."</p> <p>5. During a home visit on 11/9/21 at 10:00 AM with Patient #2 (election date of 9/23/21), Registered Nurse F was observed completing wound care. The Registered Nurse (RN) was observed touching multiple areas of the wound with the same gauze, pulling glasses from their pocket without changing gloves or completing hand hygiene, and touching their charting tablet after touching the wound then not cleaning the tablet.</p> <p>6. During a home visit on 11/9/21 at 11:30 AM with Patient #3 (election date of 8/14/21), Registered Nurse G was observed completing wound care. The Registered Nurse (RN) was observed not using proper bag technique, not using proper barrier technique, and touching multiple areas of the wound with the same gauze.</p> <p>7. During an interview on 11/9/21 at 2:00 PM, when asked if all nurses and aides should follow the hospice's policies on infection control,</p>				<p>providing direct patient care by 12/17/2021.</p> <p>Monitoring will be completed by a review of competencies completed on all new hires for 3 months or until 100%, compliance has been met. Results will be reported to the QAPI committee and reported to the Governing Body annually.</p> <p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0580 Bldg. 00	<p>Administrator E, indicated "Yes."</p> <p>418.60(b)(1) CONTROL</p> <p>The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that-</p> <p>(1) Is an integral part of the hospice's quality assessment and performance improvement program; and</p> <p>Based on observation, record review, and interview, the hospice failed to ensure COVID infection control precautions were followed for 3 of 3 patient home visit observations (#2, 3, 4).</p> <p>Findings Include:</p> <p>1. A policy titled "Infection Control Program," indicated " ...The Agency's infection control program will be based on the following criteria ... Current federal, state, and local laws and regulations ... The Infection Control Program will include ... Implementing appropriate preventative procedures ... implementing appropriate measures to control infection ... Management will be responsible for coordinating all activities related to the Infection Control Program"</p> <p>2. A policy titled "Infection Control Program Addendum Infectious Disease Pandemic," indicated " ...The Agency will stay abreast of current information and practice guidelines provided by local, state, and federal agencies related to any infectious outbreak, pandemic, or epidemic ... The Agency will identify patients/client and staff will signs and symptoms of the infection as well as those considered at risk</p>			S 0580	<p>The Executive Director will be responsible to maintain a coordinated agency-wide program for the surveillance, identification, prevention, control and investigation of infections and communicable diseases, and that this is an integral part of the hospice's quality assessment and performance improvement program. The Executive Director will ensure COVID infection control precautions are followed and that screenings by all disciplines will be complete prior to entering the patients home/room.</p> <p>The Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) educated all staff on 12/08/2021 on policies IC.02 "Infection Control Program" and IC.2a "Infection Control Program Addendum Infectious Disease Pandemic" indicating</p>		12/22/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>for the infection ...The Clinical Manager/Supervising Nurse will ensure all patients/clients and staff are screened for risk factors as well as signs and symptoms of the disease as defined by the most recent data available"</p> <p>3. During a home visit on 11/9/21 at 10:00 AM with Patient #2 (election date of 9/23/21), Registered Nurse F was observed completing wound care. The Registered Nurse (RN) was observed screening patient for COVID symptoms after already having physical contact with the patient.</p> <p>4. During a home visit on 11/9/21 at 11:30 AM with Patient #3 (election date of 8/14/21), Registered Nurse G was observed completing wound care. The Registered Nurse (RN) was observed screening patient for COVID symptoms after already having physical contact with the patient.</p> <p>5. During a home visit on 10/18/21 at 10:00 AM with Patient #4 (election date of 8/14/21), Certified Nurse Aide H was observed completing wound care. The Certified Nurse Aide was observed screening patient for COVID symptoms after already having physical contact with the patient.</p> <p>6. During an interview on 11/9/21 at 2:00 PM, when asked if all staff needed to screen patients for COVID symptoms before they have physical contact with them, Administrator E, confirmed "Yes."</p>				<p>screening for COVID symptoms of patients/care givers occurs prior to entering the patients home/room. The Regional VP of Clinical Operations (RVPCO) and the Area Clinical Manager (ACM) educated all staff on 12/09/2021 on Policy IC.13 "Infectious Disease Pandemic/Coronavirus". The Area Clinical Manager (ACM) or designee will audit 100% of patient records for 3 months to ensure all staff providing direct patient care will complete screening prior to entering the patients home/room and before providing care until 100%, compliance is met. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of active patient records comprehensive assessments through the QAPI process. ACM/designee will do an on-sight field visit with care staff for demonstration of understanding of screening prior to patient visit to be completed by 12/30/2021. If an employee demonstrates lack, of understanding, re-education will occur and another field visit will be performed until compliance is met. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0691 Bldg. 00	<p>418.106(c) DISPENSING OF DRUGS AND BIOLOGICALS The hospice must-- (1) Obtain drugs and biologicals from community or institutional pharmacists or stock drugs and biologicals itself. (2) The hospice that provides inpatient care directly in its own facility must: (i) Have a written policy in place that promotes dispensing accuracy; and (ii) Maintain current and accurate records of the receipt and disposition of all controlled drugs.</p> <p>Based on record review, observation, and interview, the hospice failed to ensure the patient received medications from a pharmacy for 1 of 30 patient records reviewed (#1).</p> <p>Findings include:</p> <p>1. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>2. A document titled "Medication Possession and Transport," indicated " ...The hospice contract pharmacy will be responsible for delivery of all medications, when possible ... Agency will not store any medication stock for patient ... use at the Agency's office ... the employee documents transportation in the clinical note"</p> <p>3. A document titled "Medication Administration and Management," indicated " ...Agency nurse</p>			S 0691	<p>training will be updated as indicated to ensure sustained i</p> <p>The Executive Director (ED) will be responsible to help ensure the agency will obtain drugs and biologicals from a pharmacy. The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety" RI.1 "IN Patient Rights and Responsibilities", TX.16 "Medication Administration", IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority</p>		12/08/2021

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>will administer therapies according to administrative and clinical policies and procedures, in accordance with all applicable federal, state laws, and regulations [sic] ... Medications are administered as per Agency's Clinical Procedure Manual and per physician orders"</p> <p>4. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet (found in the clinical manager's office) was observed and found to have multiple medications with deceased patients' names on the medication packages. These medications included, but were not limited to a brand new, sealed bottle of liquid morphine.</p> <p>5. The clinical record of Patient #1 was reviewed on 10/22/21 at 1:00 PM and indicated a hospice election date of 5/19/21, with a primary diagnosis of acute myeloblastic leukemia not having achieved remission (cancer of the blood and bone marrow with excess immature white blood cells). The record contained a document titled "Visit Note Report," dated 10/21/21, indicated " ...Agent name ... [Registered Nurse I] ... Narrative ... New dose of Morphine also delivered with visit"</p> <p>6. During an interview on 10/22/21 at 1:35 PM, when asked if they had ever reused medications from the metal cabinet in Former Patient Care Manger B's office, Registered Nurse I indicated, "We do have an emergency supply in the manager's office. I used liquid morphine for [Patient #1]. It was a brand new, sealed bottle."</p>				<p>for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. The Area Executive Director (AED), Executive Director (ED) Area Clinical Manager (ACM) or designee will complete random spot checks of office and clinical vehicles for the presence of medications that are from deceased patients or were not admitted to service monthly x 3 months until 100%</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
S 0693 Bldg. 00	418.106(e)(1) LABEL DISPOSE STORAGE DRUGS (1) Labeling. Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable). Based on observation, record review, and interview, the hospice failed to ensure medications were labeled correctly for 1 of 30	S 0693	compliance is met. The Area Clinical Manager (ACM) or designee will complete random spot checks of office/clinical vehicles quarterly for the presence of medications not in adherence with policy and procedures. If medication found, the Area Clinical Manager (ACM) or designee will report findings to Leadership for disciplinary action, up to and including termination. Area Clinical Manager or designee will report findings through QAPI at least quarterly and plan of correction will be implemented if applicable. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement. The Executive Director (ED) will be responsible to help ensure all medications are labeled correctly according to	12/08/2021	

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>patient records reviewed (#6).</p> <p>Findings Include:</p> <p>1. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>2. A document titled "Pharmacy Services," indicated " ...The pharmaceutical needs of the hospice's patients are managed in a manner consistent with applicable State and Federal laws and accepted standards of practice ... Prescription containers for individual prescriptions are properly labeled in accordance with the state Board of Pharmacy regulations and contain ... Patient's full name ... Prescribing physician's name ... name and strength of drug ... dose, method, and frequency of administration ... lot and control number ... accessory and cautionary instructions ... expiration date ..."</p> <p>3. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have multiple medications with deceased patients' names on the medication packages. A gray, Dyno brand, laser label maker was observed to be placed on the side of cabinet in the open office area. The medications that were not labeled correctly included, a bottle with a pharmacy prescription label that had the name of the patient covered by a laser-printer label, which indicated that it was for "Michael," a bottle that had no pharmacy prescription label, but was labeled with a laser-printer label that indicated "Dilaudid [a strong narcotic pain medication]," which had twenty-two small, white pills with an "M" on one side of the pill and a "2 [two]" on the other side, five bottles of sterile water (used for</p>				<p>pharmacy regulations and accepted professional practice. The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety" RI.1 "IN Patient Rights and Responsibilities", TX.16 "Medication Administration", IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>making solutions that will be given by injection) in a clear bag with no name on the label, two boxes of Narcan (treats narcotic overdose in an emergency situation) that were sealed with no type of label on them, ten suppositories of bisacodyl (treats constipation) in a clear bag with the name of the original patient marked out, one unopened bottle of Biotene (treats dry mouth and throat), one CVS Health branded unopened green box of suppositories of bisacodyl (treats constipation) with no label on them, one orange bottle with a white top with thirty small white round pills that had an "EP904" scored into one side with no patient name on the label, one white unopened bottle of ferrous sulfate (treats iron deficiency anemia), one orange bottle with a white cap of hyoscyamine (used to treat excessive secretions) with no name on the prescription label that had thirty small white round pills in it, and three packs of five vials each of Albuterol (prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease).</p> <p>4. The clinical record of Patient #6 was reviewed on 10/22/21 at 1:25 PM and indicated a hospice election date of 10/7/21, with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain). The record contained a plan of care for the certification dates 10/7/21 to 1/4/22, which indicated orders for, but not limited to, " ...Hyoscyamine [used to control symptoms associated with disorders of the gastrointestinal tract] 0.125 mg [milligram] every 4 [four] hours PRN [as needed] for increased secretions" The record also contained a document titled "Visit Note Report," dated 10/13/21, completed by</p>				<p>placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. The Area Executive Director (AED) and Area Clinical Manager (ACM) or designee will audit 100%, for 3 months, of all Medication Transportation Logs which includes name and location of pharmacy, date and time received, medications received (name, strength, and amount dispensed), employee obtaining medication, medication was sealed, and stored appropriately, location medication delivered to, name of person receiving medication, receiver to indicate if sealed properly and count of medication in presence of delivery person to ensure proper medication transfer until 100% compliance is met. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of the Medication Transportation Logs through the QAPI process. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0694 Bldg. 00	<p>Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have a clear bag with 19 of 20 doses of Ondansetron with a laser label made for Patient #6. Upon peeling back the laser label, a blacked out name can be observed but not the full name of the prior patient.</p> <p>5. During an interview on 10/22/21 at 2:15 PM, when asked why anyone in the agency had ever relabeled medications or improperly labeled them, Former Administrator A indicated, "I have not relabeled them, but the count is right," and Former Patient Care Manager B indicated, "The meds were needing to be destroyed. Some families bring them in [sic]."</p> <p>418.106(e)(2)(i) LABEL DISPOSE STORAGE DRUGS (2) Disposing. (i) Safe use and disposal of controlled drugs in the patient's home. The hospice must have written policies and procedures for the management and disposal of controlled drugs in the patient's home. At the time when controlled drugs are first ordered the hospice must:</p> <p>Based on observation, record review, and interview, the hospice failed to ensure medications were disposed of properly for 6 of 30</p>			S 0694	<p>training will be updated as indicated to ensure sustained improvement.</p> <p>The Executive Director (ED) will be responsible to help ensure all medications are destroyed properly according to agency</p>		12/08/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>patient records reviewed (#5, 7, 8, 9, 10, 11).</p> <p>Findings include:</p> <p>1. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>2. A document titled "Pharmacy Services," indicated " ...Controlled drugs are disposed of in compliance with State and Federal regulations ... The hospice maintains current and accurate records of the receipt and disposition of all controlled drugs ... the pharmacist and registered nurse dispose of the medications"</p> <p>3. A document titled "Medication Administration and Management," indicated " ...The individual administering the medication/controlled drug is responsible for knowledge of ... disposal of medications/controlled drugs"</p> <p>4. A document titled "Medication Disposal," indicated " ... Agency nurse will instruct the patient/caregiver in the proper technique for disposal of discontinued medication, including controlled drugs ... the caregiver legally authorized to dispose of medications will be instructed in the following procedure ... Take unused, unneeded, or expired drugs out of their original containers ... mix the drugs with an undesirable substance, like used coffee grounds or cat litter ... put them in impermeable, nondescript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally ingested by children or pets ... Throw these containers in the outside trash ... Upon Patient's death, medications will be disposed of unless the family refuses ... Any</p>				<p>policy and pharmacy regulations.</p> <p>The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on 10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety" RI.1 IN "Patient Rights and Responsibilities", TX.16 "Medication Administration" IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>unused medications will not be returned"</p> <p>5. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have multiple medications with deceased patients' names on the medication packages. A gray, Dyno brand, laser label maker was observed to be placed on the side of cabinet in the open office area. The medications found were, but not limited to, lorazepam (treat anxiety disorders), morphine sulfate extended release (treats severe ongoing pain), diazepam (treats anxiety and muscle spasms), Oxycodone (treats moderate to severe pain), Dilaudid (relieves moderate to severe pain), Norco (treats pain), ABHR gel (lorazepam, diphenhydramine, haloperidol, and metoclopramide; treats nausea and vomiting), and fentanyl (treats severe pain).</p> <p>6. The clinical record of Patient #5 was reviewed on 10/22/21 at 1:15 PM and indicated a hospice election date of 9/15/21, with a primary diagnosis of malignant neoplasm of colon (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 9/15/21 to 12/13/21, which indicated orders for, but not limited to, " ...Ativan [Lorazepam] 0.5 mg [milligram] every 4 [four] hours PRN [as needed] for anxiety/restlessness" The record also contained a document titled "Visit Note Report," dated 9/24/21, completed by Registered Nurse I, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Lorazepam 0.5 mg ... 12 tabs [tablets]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have an orange bottle with</p>				<p>placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. On 11/2/2021, ACM provided education to Nursing Team on HCHB death note and discharge summary and how to complete documentation of medication destruction during the death visit. It was identified during the training the RN88 death visit was different from the SN88 death visit, which lead to discrepancy of information provided on medication destruction. Both assessments were updated by VP EMR Operations on 11/3/2021. Nursing Staff were made aware they would need to complete an update to their devices in order to receive the updated death visit note. Form Medication Transportation Log was updated 11/3/2021. On 11/4/2021, ACM provided education to all Nursing staff of the changes made to the Medication Transportation Log; they were all provided copies of the updated form and educated on how to properly complete form.</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>a white top and twenty-five small white pills with a pharmacy prescription label made for Patient #5.</p> <p>7. The clinical record of Patient #7 was reviewed on 10/22/21 at 1:30 PM and indicated a hospice election date of 7/16/21, with a primary diagnosis of chronic obstructive pulmonary disease (a group of progressive lung disorders characterized by increasing breathlessness). The record contained a plan of care for the certification dates 7/16/21 to 10/13/21, which indicated orders for, but not limited to, " ...Oxycodone [treats moderate to severe pain] 2.5 [two and a half] mg [milligram] every 2 [two] hours PRN [as needed] for pain/sob [shortness of breath]" The record also contained a document titled "Visit Note Report," dated 10/9/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have a brand new, sealed bottle of Oxycodone with a pharmacy label for Patient #7.</p> <p>8. The clinical record of Patient #8 was reviewed on 10/22/21 at 1:35 PM and indicated a hospice election date of 5/7/21, with a primary diagnosis of squamous cell carcinoma of skin (cancer starting in the surface of the skin, lining of hollow organs, and lining of the respiratory and digestive tracts). The record contained a plan of care for the certification dates 5/7/21 to 8/4/21, which</p>				<p>Area Executive Director (AED) and Area Clinical Manager (ACM) or designee will audit 100% of all death discharges monthly x 3 months until 100% of compliance is met. Audit will focus on discharge summaries to ensure there is proper documentation of disposal of medication in the patient's residence or education was provided to authorize agent of proper disposal. Once 100% compliance has been met for 3 consecutive months, then the Area Clinical Manager or designee will audit 10% of all discharge summaries for sustained compliance. Findings and action plan (if indicated) will be reported through QAPI at least quarterly. Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>indicated orders for, but not limited to, "</p> <p>...Morphine [used to treat treats ongoing severe pain] 15 [fifteen] mg [milligram] every 2 [two] hours PRN [as needed] for pain/sob [shortness of breath] ... Fentanyl [treats severe pain] 50 mcg ... every 72 [seventy-two] hours for pain" The record also contained a document titled "Visit Note Report," dated 6/4/21, completed by Registered Nurse K, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine 18 [eighteen] ml ... Fentanyl 100 mcg #2 [sic] patches ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #8's husband]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain two unopened, sealed boxes of Morphine and one box of unopened, sealed Fentanyl patches, with a pharmacy-made label for Patient #8.</p> <p>9. The clinical record of Patient #9 was reviewed on 10/22/21 at 1:40 PM and indicated a hospice election date of 9/11/21, with a primary diagnosis of malignant neoplasm of unspecified kidney (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 9/11/21 to 12/9/21, which indicated orders for, but not limited to, "</p> <p>...Oxycodone [treats moderate to severe pain] 5 [five] mg [milligram] every 4 [four] hours PRN [as needed] for pain ... Oxycodone [treats moderate to severe pain] 10 [ten] mg [milligram] 2 [two] times daily for pain" The record also contained a document titled "Visit Note Report," dated</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>9/16/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... OxyContin [brand name for Oxycodone] 30 [thirty] mg 5 tabs [tablets] ... Oxycodone 20 [twenty] mg 1 [one] tab"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain one orange bottle with a white cap with small yellow, round pills with an "OP" sketched on one side and a "40 [forty]" on the other, of Oxycodone, and one orange bottle with a white cap, white and gold capsules with "ANI" printed on one side and "167" printed on the other side, with a pharmacy-made label for Patient #9.</p> <p>10. The clinical record of Patient #10 was reviewed on 10/22/21 at 1:45 PM and indicated a hospice election date of 7/15/21, with a primary diagnosis of malignant neoplasm of middle lobe, bronchus, or lung (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 7/15/21 to 9/12/21, which indicated orders for, but not limited to, " ... Fentanyl [treats severe pain] 25 [twenty-five] mcg [microgram] ... every 72 [seventy-two] hours for pain" The record also contained a document titled "Visit Note Report," dated 6/4/21, completed by Registered Nurse L, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Fentanyl . [sic] 50 [fifty] mcg patch ... Destroyed in cat</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>litter, [sic] per policy ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Daughter N law [sic]"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain two unopened, sealed boxes of Fentanyl patches, with a pharmacy-made label for Patient #10.</p> <p>11. The clinical record of Patient #11 was reviewed on 10/22/21 at 1:55 PM and indicated a hospice election date of 7/15/21, with a primary diagnosis of personal history of malignant neoplasm of pancreas (abnormal cells divide uncontrollably and destroy body tissue). The record contained a plan of care for the certification dates 4/17/21 to 7/15/21, which indicated orders for, but not limited to, " ... Hydromorphone [brand name is Dilaudid; relieves moderate to severe pain] 8 [eight] mg [milligram] ... every 4 [four] hours PRN [as needed] for pain" The record also contained a document titled "Visit Note Report," dated 5/9/21, completed by Registered Nurse M, which indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family educated on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol"</p> <p>During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to contain one orange bottle with a white top that had small triangular-shaped white pills with an "8" etched on one side and a "p/d" etched on the other side, with a pharmacy-made label for Patient #11.</p> <p>12. During an interview on 10/22/21 at 1:35 PM, when asked if they had ever seen medications from the metal cabinet in Former Patient Care Manger B's office, Registered Nurse I indicated,</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S 0700 Bldg. 00	<p>"We do have an emergency supply in the manager's office. There is no sign out sheet. There are partially used medications in there, but I've never used the partial ones."</p> <p>13. During an interview on 10/22/21 at 2:15 PM, when asked why anyone in the agency had ever relabeled medications or improperly labeled them, Former Administrator A indicated, "I have not relabeled them, but the count is right," and Former Patient Care Manager B indicated, "The meds were needing to be destroyed. Some families bring them in [sic]." When asked why medications had not been destroyed in the patients' homes, Former Administrator A, Former Patient Care Manager B, and Area Manager N indicated, "I do not know."</p> <p>418.106(e)(3)(ii) LABEL DISPOSE STORAGE DRUGS (ii) Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs must be investigated immediately by the pharmacist and hospice administrator and where required reported to the appropriate State authority. A written account of the investigation must be made available to State and Federal officials if required by law or regulation.</p> <p>Based on observation, record review, and interview, the hospice failed to ensure a discrepancies for controlled drugs were immediately investigated by the pharmacist and/or administrator for 23 of 30 patient records reviewed (#5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29).</p> <p>Findings include:</p>			S 0700	<p>The Executive Director (ED) will be responsible to help ensure the pharmacist and administrator according to agency policy and pharmacy regulations immediately investigate all discrepancies for controlled drugs.</p> <p>The Chief Clinical Officer (CCLO) provided in person education to all nursing staff on</p>		12/08/2021

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>1. A document titled "Patient Rights and Responsibilities," indicated " ...Every patient and family has [sic] the right ... To be assured that the hospice will ensure that all alleged violations involving ... misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator ... The hospice will immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and will immediately take action to prevent further potential violations while the alleged [sic] is being investigated ... The hospice will take appropriate action in accordance with state laws as verified by the hospice administration and ensure that verified violations are reported to the State and local bodies [sic] immediately of becoming aware of the violations"</p> <p>2. A document titled "Medication Disposal," indicated " ...Upon Patient's death, medications will be disposed of unless the family refuses ... Any unused medications will not be returned"</p> <p>3. A document titled "Occurrence/Incident Reporting," indicated " ...Agency will document and report all occurrences/incidents ... safety hazards, employee unprofessional and misconduct ... that deviate from the Agency operations and might result in injury or potential harm to a patient/caregiver or Agency staff ... Adverse Events include, but are not limited to ... provision of care errors ... procedure error which results in trauma and/or injury, falls, medication errors ... unusual occurrences/incidents ... safety hazards that endanger staff and/or patients ... unprofessional conduct by licensed staff and employee misconduct of unlicensed staff including abuse, neglect, and misconduct ...</p>				<p>10/27/2021 on policies TX.18 "Medication Possession and Transportation", Form-Medication Transportation Log, HR.27 "Standard of Conduct", TX.01 "Standard of Practice", PE.05 "Patient Care and Safety"; RI.1 IN "Patient Rights and Responsibilities", TX.16 "Medication Administration", IC 25-30 Article 23. Nurses, Article 7 Indiana State Nurses Assistance Program, Article 4 Advanced Nursing & Prescriptive Authority for Advanced Practice Nursing, Article 5 Prescriptive Authority for Advanced Practice Nursing, Article 2 Standards for the Competent Practice Registered & Licensed Practical Nursing, Article 3 Nurse-Midwives, Title 848 Indiana State Board of Nursing, Central Indiana Plan of Correction/Conditions of Participation/Indiana Hospice Regulations. All nurses were emailed with read receipt the content of the education on 10/27/2021, as well as received a paper copy of all the material referenced. All nurses signed off on the receipt of the material provided & received and a copy of the receipt was placed in the employee file under section II. Those not present came into the office and received their one on one training from the Area Clinical</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Procedure ... An Occurrence/Incident Report will be completed on all occurrences or incidents as defined in policy, by the staff member involved or the first person to become aware of the incident ...The report will be submitted to the immediate supervisor ... supervisor will review ...will document awareness ... report will be forwarded to management and the QAPI committee ...</p> <p>4. A document titled "Pharmacy Services," indicated " ...Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs are investigated immediately by the pharmacist and hospice administrator ... a written report of the discrepancy is completed"</p> <p>5. A document titled "Medication Administration and Management," indicated " ...The patient's physician and Agency Nursing Management will be notified regarding any medication errors as soon as possible ... Any medication error ... will be documented on the [Incident Report] and submitted to Agency Nursing Management immediately"</p> <p>6. A document titled "Responsibilities of the Administrator," indicated " ...The Agency Administrator will assume overall responsibility and authority for administrative and leadership functions, supervision of the established organizational plan and responsibility for ongoing communication with the Governing Body, as well as with the entire Agency staff ... The Administrator will be responsible for implementing and supervising the administrative policies and operations of the Agency and for administratively supervising the provision of all services to Agency patients on a day-to-day basis ... The Agency defines the responsibilities of the</p>				<p>Manager (ACM), Area Executive Director (AED) or Regional VP of Clinical Operations (RVPCO). Training was completed by 11/12/2021. Education was provided by the Regional VP of Clinical Operations (RVPCO) to the Executive Director (ED) and the Alternate Executive Director on 12/08/2021 on the policy LD.5 "Responsibilities of the Administrator" to include but not limited to conflict and complaint management as well as communicating with the governing board and all of agency staff regarding occurrences and incidents to include but not limited to discrepancies for controlled drugs. On 11/2/2021, ACM provided education to Nursing Team on HCHB death note and discharge summary and how to complete documentation of medication destruction during the death visit. It was identified during this training the RN88 death visit was different from the SN88 death visit, which lead to discrepancy of information provided on medication destruction. Both assessments were updated by VP EMR Operations 11/3/2021. Nursing Staff were made aware they would need to complete an update to their devices in order to receive the</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Administrator to include, but not be limited to ... Ensuring staff education, evaluations, and availability of applicable regulations to all Agency staff ... Ensuring completion, maintenance, and submission of required reports ... Directing staff in the performance of their duties including admission, discharge, transfer, revocation, and provision of services to patients ... Ensuring standards of ethical business and clinical practice are maintained"</p> <p>7. During an agency office tour on 10/22/21 at 10:00 AM, a tall, two door, off-white cabinet was observed and found to have multiple medications with deceased patients' names on the medication packages. A gray, Dyno brand, laser label maker was observed to be placed on the side of cabinet in the open office area. The medications found were, but not limited to, lorazepam (treat anxiety disorders), morphine sulfate extended release (treats severe ongoing pain), diazepam (treats anxiety and muscle spasms), Oxycodone (treats moderate to severe pain), Ondansetron (prevents nausea and vomiting), Dilaudid (relieves moderate to severe pain), Norco (treats pain), ABHR gel (lorazepam, diphenhydramine, haloperidol, and metoclopramide; treats nausea and vomiting), fentanyl (treats severe pain).</p> <p>8. The clinical record of Patient #5 was reviewed on 10/22/21 at 1:15 PM. The record contained a document titled "Visit Note Report," dated 9/24/21, completed by Registered Nurse I, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Lorazepam 0.5 mg ... 12 tabs [tablets]" The record failed to indicate how the narcotics were disposed.</p>				<p>updated death visit note. Form Medication Transportation Log was updated on 11/3/2021. On 11/4/2021, ACM provided education to all Nursing staff of the changes made to the Medication Transportation Log; nursing staff were all provided copies of the updated form and educated on how to properly complete form. On 12/9/2021, ACM and RVPCO educated staff on Policy EC.5</p> <p>"Occurrence/Incident Reporting; and TX.21</p> <p>"Reporting/Follow-Up of Medication Incidents".</p> <p>The Area Executive Director (AED) /Area Clinical Manager (ACM) or designee will audit 100% of all death discharges, Medication Transportation Logs and all occurrences/medication incidents monthly for 3 months until 100% of compliance is met. Audit will focus on discharge summaries to ensure there is proper documentation of disposal of medication in the patient's residence or education was provided to authorize agent of proper disposal. Audit will also focus on Medication Transportation Logs which includes name and location of pharmacy, date and time received, medications received (name, strength, and amount dispensed), employee</p>		

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>9. The clinical record of Patient #6 was reviewed on 10/22/21 at 1:25 PM. The record contained a document titled "Visit Note Report," dated 10/13/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>10. The clinical record of Patient #7 was reviewed on 10/22/21 at 1:30 PM. The record also contained a document titled "Visit Note Report," dated 10/9/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Registered Nurse J]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>11. The clinical record of Patient #8 was reviewed on 10/22/21 at 1:35 PM. A document titled "Visit Note Report," dated 6/4/21, completed by Registered Nurse K, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength</p>				<p>obtaining medication, medication was sealed, and stored appropriately, location medication delivered to, name of person receiving medication, receiver to indicate if sealed properly and count of medication in presence of delivery person to ensure proper medication transfer. Occurrences and/or medication incidents will be audited to ensure if a discrepancy is noted, an occurrence or incident is completed and the pharmacy and administrator were notified immediately for investigation, and that appropriate reporting to State authorities occurred per requirement. Ongoing the Area Clinical Manager (ACM) or designee will audit 10% of the death discharges, Medication Transportation Logs and occurrences/medication incidents through the QAPI process.</p> <p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of</p>		

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>... quantity ... how disposed ... Morphine 18 [eighteen] ml ... Fentanyl 100 mcg #2 [sic] patches ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #8's husband]" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>12. The clinical record of Patient #9 was reviewed on 10/22/21 at 1:40 PM. The record contained a document titled "Visit Note Report," dated 9/16/21, completed by Registered Nurse J, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... RNCM [Registered Nurse Case Manager] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... OxyContin [brand name for Oxycodone] 30 [thirty] mg 5 tabs [tablets] ... Oxycodone 20 [twenty] mg 1 [one] tab" The record failed to indicate how the narcotics were disposed.</p> <p>13. The clinical record of Patient #11 was reviewed on 10/22/21 at 1:55 PM. The record contained a document titled "Visit Note Report," dated 5/9/21, completed by Registered Nurse M, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family educated on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>14. The chart of Patient #12 was reviewed on 10/22/21 at 6:00 PM. A document titled "Visit Note</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>Report," dated 7/23/21, completed by Registered Nurse O, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family/caregiver[s] instructed on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>15. The chart of Patient #13 was reviewed on 10/22/21 at 6:05 PM. A document titled "Visit Note Report," dated 6/18/21, completed by Registered Nurse G, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 30 [thirty] ml [milliliter] and Ativan [treats anxiety disorders] 0.5 [one half] mg [milligram] 16 [sixteen] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Pt [patient] wife and [Registered Nurse G]" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>16. The chart of Patient #14 was reviewed on 10/22/21 at 6:10 PM. A document titled "Visit Note Report," dated 8/30/21, completed by Licensed Practical Nurse P, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family/caregiver[s] instructed on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>17. The chart of Patient #15 was reviewed on 10/22/21 at 6:15 PM. A document titled "Visit Note Report," dated 6/3/21, completed by Registered Nurse I, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 28 [twenty-eight] ml [milliliter] and Lorazepam [treats anxiety disorders] 1 [one] mg [milligram] 15 [fifteen] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #15's husband]" The record failed to indicate how the narcotics were destroyed in the home.</p> <p>18. The chart of Patient #16 was reviewed on 10/22/21 at 7:45 PM. A document titled "Visit Note Report," dated 6/18/21, completed by Registered Nurse G, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 27 [twenty-seven] ml [milliliter] and Ativan [treats anxiety disorders] 18 [eighteen] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... wife and hospice nurse" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>19. The chart of Patient #17 was reviewed on 10/22/21 at 6:20 PM. A document titled "Visit Note Report," dated 6/17/21, completed by Registered Nurse K, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ...</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 27 [twenty-seven] ml [milliliter] and Ativan [treats anxiety disorders] 0.5 [one-half] mg [milligram] 18 [eighteen] = [sic] 26 [twenty-six] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #17's granddaughter]" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>20. The chart of Patient #18 was reviewed on 10/22/21 at 6:25 PM. A document titled "Visit Note Report," dated 7/6/21, completed by Registered Nurse Q, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 20 [twenty] ml [milliliter]/ml and Ativan [treats anxiety disorders] 0.5 [one-half] mg [milligram] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #18's daughter in law]" The record failed to indicate the quantity of the narcotics disposed.</p> <p>21. The chart of Patient #19 was reviewed on 10/22/21 at 6:30 PM. A document titled "Visit Note Report," dated 9/16/21, completed by License Practical Nurse R, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Sulfate [treats severe ongoing pain] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #19's son]" The record failed to indicate the</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>22. The chart of Patient #21 was reviewed on 10/22/21 at 6:45 PM. A document titled "Visit Note Report," dated 8/10/21, completed by Registered Nurse I, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 20 [twenty] mg [milligram]/ml [milliliter] and Lorazepam [treats anxiety disorders] 0.5 [one half] mg ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #21's daughter]" The record failed to indicate the quantity of the narcotics destroyed.</p> <p>23. The chart of Patient #22 was reviewed on 10/22/21 at 6:50 PM. A document titled "Visit Note Report," dated 6/30/21, completed by Registered Nurse S, indicated, " ... Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 15 [fifteen] ml [milliliter] and Lorazepam [treats anxiety disorders] 0.5 [one half] mg [milligram] 24 [twenty-four] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #22's daughter]" The record failed to indicate how the narcotics were destroyed and their strength.</p> <p>24. The chart of Patient #23 was reviewed on 10/22/21 at 6:55 PM. A document titled "Visit Note Report," dated 9/2/21, completed by Registered Nurse G, indicated, " ... Visit Type ... SN [skilled</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 25 [twenty-five] ml [milliliter] and Ativan [treats anxiety disorders] 0.5 [one half] mg [milligram] 45 [forty-five] tabs [tablets] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Wife" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>25. The chart of Patient #24 was reviewed on 10/22/21 at 7:00 PM. A document titled "Visit Note Report," dated 7/15/21, completed by Registered Nurse L, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Comfort Kit ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #24's niece]" The record failed to indicate the type, strength, and quantity of the narcotics disposed.</p> <p>26. The chart of Patient #25 was reviewed on 10/22/21 at 7:10 PM. A document titled "Visit Note Report," dated 8/2/21, completed by Registered Nurse S, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe ongoing pain] 15 [fifteen] ml [milliliter] and Lorazepam [treats anxiety disorders] 0.5 [one half] mg [milligram] 6 [six] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #25's daughter]" The record failed to indicate how the narcotics</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>were destroyed.</p> <p>27. The chart of Patient #26 was reviewed on 10/22/21 at 7:15 PM. A document titled "Visit Note Report," dated 5/30/21, completed by Registered Nurse G, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine Concentrate [treats severe ongoing pain] 24 [twenty-four] ml [milliliter], Ativan [treats anxiety disorders] 0.5 [one half] mg [milligram] 23 [twenty-three] tabs [tablets], Fentanyl [treats severe pain] 25 [twenty-five] mcg [micrograms] X1 [quantity of one] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... Disposed with family" The record failed to indicate how the narcotics were disposed.</p> <p>28. The clinical record of Patient #27 was reviewed on 10/22/21 at 7:20 PM. The record contained a document titled "Visit Note Report," dated 10/11/21, completed by Registered Nurse F, which indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Was family educated on safe disposal of controlled drugs and medications? ... Disposed of per facility protocol" The record failed to indicate the type, strength, quantity of the narcotics disposed and how they were disposed.</p> <p>29. The chart of Patient #28 was reviewed on 10/22/21 at 7:25 PM. A document titled "Visit Note Report," dated 6/17/21, completed by Registered Nurse K, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine ER [extended release; treats severe</p>						

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

PRINTED: 12/15/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	<p>ongoing pain] 30 [thirty] 59 [fifty-nine] ... Morphine 15 [fifteen] mg 86 [eighty-six] ... Ativan [treats anxiety disorders] 0.5 [one-half] mg [milligram] 6 [six] ... Ativan 1 [one] mg 7 [seven] ... Oxycodone [treats severe pain] 5 [five] mg 120 [one hundred twenty] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... [Patient #28's son]" The record failed to indicate the type and strength of the narcotics disposed and how they were disposed.</p> <p>30. The chart of Patient #29 was reviewed on 10/22/21 at 7:30 PM. A document titled "Visit Note Report," dated 9/19/21, completed by Registered Nurse L, indicated, " ...Visit Type ... SN [skilled nurse] Hospice Death At Home ... Medications ... Indicate narcotic/medication disposal ... type ... strength ... quantity ... how disposed ... Morphine [treats severe pain] and Ativan [treats anxiety] ... Full name and relationship to patient of person[s] legally authorized to dispose of controlled drugs and medications ... " [sic]" The record failed to indicate the type, strength, and quantity of the narcotics disposed.</p> <p>31. During an interview on 10/22/21 at 1:35 PM, when asked if they had ever seen medications from the metal cabinet in Former Patient Care Manger B's office, Registered Nurse I indicated, "We do have an emergency supply in the manager's office. There is no sign out sheet. There are partially used medications in there, but I've never used the partial ones."</p> <p>32. During an interview on 10/22/21 at 2:15 PM, when asked why medications had not been destroyed in the patients' homes, Former Administrator A, Former Patient Care Manager B, and Area Manager D indicated, "I do not know."</p>						

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE