

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151514	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2022
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF SOUTHWEST INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP COD 415 E 6TH STREET JASPER, IN 47546	
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S 0000 Bldg. 00	<p>This visit was for a State Re-licensure survey of a Deemed Hospice Provider.</p> <p>Survey Dates: 8/22/2022-8/26/2022 and 8/29/2022-8/30/2022</p> <p>Census: 145</p> <p>QR Completed 9/15/2022 A4</p>	S 0000		
S 9999 Bldg. 00	<p>d) Standard: COVID-19 Vaccination of facility staff. The hospice must develop and implement policies and procedures to ensure that all staff is fully vaccinated for COVID-19. For purposes of this section, staff is considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>(1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following hospice staff, who provide any care, treatment, or other services for the hospice and/or its patients:</p> <ul style="list-style-type: none"> (i) Hospice employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the hospice and/or its patients, under contract or by other arrangement. 	S 9999	<p>The Executive Director will help ensure that the agency will demonstrate all staff have adhered to vaccination regulations with knowledge and documentation of vaccination status.</p> <p>The Regional Vice President of Operations/designee will in-service the Executive Director, Assistant Executive Director, Business Office Manager, and Patient Care Manager on policy IC17 IN. "Infection Control and Prevention: Mandatory COVID-19 Vaccination Policy by 9/29/2022. The Vice President of Human Resources reviewed 100% of all Exemption Documents and established compliance by reviewing each document to check that all components of the policy and regulation were identified on the</p>	09/29/2022

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

TITLE

(X6) DATE

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

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	<p>(2) The policies and procedures of this section do not apply to the following hospice staff:</p> <ul style="list-style-type: none"> (i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other staff specified in paragraph (d)(1) of this section; and (ii) Staff who provide support services for the hospice that are performed exclusively outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other staff specified in paragraph (d)(1) of this section. <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <ul style="list-style-type: none"> (i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the hospice and/or its patients; (ii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iii) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section; 			<p>document, and that each Exemption Request identified the recognized clinical reason for exemption.</p> <p>Ongoing, the Chief Clinical Officer and the Vice President of Human Resources will audit 100% of all Exemption Documents. If non-compliance is identified, the Vice President of Human Resources will notify the identified employee of the need for additional required documentation.</p>	

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	<p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the hospice has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the hospice's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and</p>			

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	<p>individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Based on observation, record review, and interview, the agency failed to demonstrate all staff adhered to vaccination regulations with knowledge and documentation of vaccination status for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. A revised 01/21/2022 IC 17 TX policy titled INFECTION CONTROL & PREVENTION: MANDATORY COVID-19 VACCINATION POLICY was provided by the Assistant Executive Director (AS2) on 8/22/2022 at 2:56 p.m. The policy indicated, but was not limited to, "PURPOSE This policy and procedure outlines the management and response to the release of the CMS Omnibus COVID-19 Health Care Staff Vaccination Rule to safeguard the health of our employees and their families; our customers and visitors; and the community at large from infectious diseases, such as COVID-19 that may be reduced by vaccinations ...POLICY ...6. Employees in need of an exemption from this policy due to a medical reason ...must submit a completed Request for Accommodation from to the human resources department to begin the interactive accommodation process as soon as possible ...Exemption requests must meet regulatory requirements ..."</p> <p>2. On 8/26/2022 at 9:30 a.m. a covid vaccination review was done on all employees, direct and contracted, as well as volunteers. HA12 requested a medical exemption from the</p>			

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	<p>vaccination and completed the proper paperwork for agency review. The agency proceeded to approve the exemption for HA12 based on the primary care physician letter attached to the request. According to CMS guidelines, "a medical exemption, in general, would be a history of a severe allergic reaction after a previous dose or to a component of the vaccine or a known allergy. The documentation must specify which COVID-19 vaccine is clinically contraindicated and the recognized clinical reasons. It also must include a statement recommending the staff member be exempt. It must be signed and dated by the licensed practitioner." The agency failed to evidence HA12 had proper documentation to allow for a medical exemption.</p> <p>3. During an interview on 8/29/2022 at 4:10 p.m., the Executive Director (AS1) and Assistant Executive Director (AS2) indicated the current paperwork approved for employee HA12 did not meet the mandate required for medical exemptions.</p>			