STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151515	A. BUILDING 00 B. WING	03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOSPICE FRANCISCAN COMMUNITIES	1225 E COOLSPRING AVE STE 1E MICHIGAN CITY, IN 46360

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L 0000 Bldg. 00	This visit was for a federal hospice recertification and licensure survey Survey Dates 3/21/2017 through 3/23/2017 Facility ID: 005809 Provider ID # 151515 Medicaid # 200141750A 12 month unduplicated admissions 289 Sample 13 records 3 home visits	L 0000		
L 0544 Bldg. 00	418.56(b) PLAN OF CARE The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care. Based on review of clinical record review and interview the Hospice entity failed to	L 0544	In a unit meeting, on April 12, 2017, all survey deficiencies were reviewed with Hospice staff verbatim.	06/01/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	ensure patient and caregiver education was provided regarding the daily care of a Foley catheter for 1 (#9) out of 13 patients. Findings include: 1. The clinical record for patient #9, was reviewed on 02/23/17 at 0930 AM. The"Comprehensive Nursing Assessment Sheet" completed on 02/21/17 by employee D, a registered nurse (RN), indicated the RN initiatied a standing order to place a Foley catheter for urinary management of incontinence or retention. 2. The nursing notes for patient #9,dated 02/21/17, 02/24/17, 02/28/17,3/3/17, 03/07/17 and 03/10/17 were reviewed on 02/22/17 at 1200 PM and failed to evidence that education was provided to the patient and/or the caregiver regarding daily Foley catheter care. 3. During an interview with the administrator, on 03/23/17 at 1145 AM, the administrator was unable to find evidence in the clinical record for patient #9 that the patient/caregiver was provided education regarding daily Foley catheter care.		Supervisor of Clinical Services reviewed key principles of documentation with emphasis on complete and accurate documentation of patient and/or caregiver education. Survey deficiency noted as an example of either lack of caregiver education or lack of documentation. Supervisor reviewed teaching tool available for use in education of caregivers when a foley catheter is placed. Please see attachment A. Director of Hospice initiated review of “Patient Handbook” in March of 2017. New handbooks will include caregiver education regarding various common educational needs encountered during end of life care. This will include a section providing information on foley catheter care for use in educating caregivers and as a reference for those caregivers. The revised handbook is scheduled to go to print before June 1, 2017, to be expensed	

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			under the current fiscal year. Supervisor of Clinical Services has scheduled all nursing staff for 1:1 documentation review sessions and individualized education. A review of active charts was completed and each nurses' documentation reviewed. Each individual nurse had 4-5 charts reviewed. Results of these chart reviews provided individual opportunities for education. Scheduled 1:1 sessions are to be complete on May 5, 2017. Please see attachment B. Upon completion of the 1:1 session, each nurse will be asked to sign Attachment C confirming their understanding of expectations. Education for catheter care has been added to chart audit checklists to monitor on an ongoing basis in order to prevent the deficiency from reoccurring. Please see attachment D. The QI/Education Nurse will track chart audits and	

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			review checklists for all monitored deficiencies. Any instances of failure to evidence education provided for catheter care will be reported to the Supervisor of Clinical Services to proceed with resolution accordingly.	
L 0545 Bldg. 00	418.56(c) CONTENT OF PLAN OF CARE The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: Based on record review, and interview, the hospice failed to ensure the plan of care included all physician's treatment orders for 1 (#7) of 13 patients. Findings include: 1. The clinical record for patient #7 was reviewed on 3/23/17. The document titled Medication/Treatment record indicated the patient was to start o2 (oxygen) at 2-4 liters per nasal cannula or mask as needed for comfort on 3/17/17.	L 0545	In a unit meeting, on April 12, 2017, all survey deficiencies were reviewed with Hospice staff verbatim. Supervisor of Clinical Services reviewed deficiency and Policy "Standing Orders-Physician," 70.14. The process of implementing a standing order, including completing a "Change in Plan of Treatment" form for all	05/05/2017

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	The agency failed to show evidence a physician's order was obtained to initiate o2. 2. The agency's policy titled Standing Orders-Physician 70.14 was reviewed on 3/23/17. The policy stated, "When standing orders are implemented the order will be incorporated into the clinical record and physician signature obtained". 3. The clinical record for patient #7 was reviewed on 3/23/17. The form titled Physician Plan of Care page 1, dated 2/8/17, stated, "These are suggested standing orders for Hospice Franciscan Communities. The physician will be notified in writing through the Change in the Plan of Treatment form when any orders are initiated". The Physician Plan of Care dated 2/8/17 indicates oxygen is not needed. 4. In an interview with the director of nursing and administrator on 3/23/17 at 4:00pm, both employees stated, "a separate order is needed to initiate anything from the standing orders". The agency failed to provide evidence that a separate physician's order was obtained to initiate o2 therapy.		initiated measures from the standing orders. IDG formatting has been modified to include verification of orders as new orders are being discussed. The nurse case manager will review changes to the plan of care since the last IDG and cross reference the changes to verify the order was written. Supervisor of Clinical Services has scheduled all nursing staff for 1:1 documentation review sessions and individualized education. A review of active charts was completed and each nurses' documentation reviewed. Each individual nurse had 4-5 charts reviewed. Results of these chart reviews provided individual opportunities for education. Scheduled 1:1 sessions are to be complete on May 5, 2017. Please see attachment B. Upon completion of the 1:1 session, each nurse will be asked to sign Attachment C confirming their understanding of	

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			expectations.	
L 0554 Bldg. 00	418.56(e)(1) COORDINATION OF SERVICES The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to- (1) Ensure that the interdisciplinary group maintains responsibility for directing, coordinating, and supervising the care and services provided. Based record and policy review the hospice entity failed to obtain a physician signature for a medication order within the required one (1) week timeframe specified in agency policy for 1 (#9) out of 13 patients. Findings include: 1. The clinical record for patient #9, was reviewed on 02/23/17 at 0930 AM and showed evidence per the "Change in Plan of Treatment" Form, that a telephone/verbal order initiated on 12/13/16 by employee M a registered nurse, indicated to discontinue fentanyl 25mcg/h transdermal every 72 hours and start fentanyl 50mcg/h transdermal every 72 hours. The specified Change in Plan of Treatment was signed by the physician on 02/07/17. 2. An agency policy titled "Physician	L 0554	In a unit meeting, on April 12, 2017, all survey deficiencies were reviewed with Hospice staff verbatim. Policy 70.12, “Physician Orders, Implementation of,” was reviewed with staff by the Supervisor of Clinical Services. Hospice Franciscan Communities contracts with Fagen Pharmacy for pharmacy services. Prior to this survey, the process in place put Fagen Pharmacy in charge of obtaining medication orders countersigned within 1 week. The process now utilizes the Medical Records clerk for Hospice Franciscan Communities to track medication orders needing countersigned and assist Fagen Pharmacy in	04/17/2017

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	Orders, Implementation of", policy 70.12, effective date of 11/94, last reviewed/revised date of 11/08, was reviewed on 03/23/17 at 1100 AM. The policy stated, "All verbal/phone orders will be sent to the physician for signature and countersigned by the physician within one (1) week"		obtaining countersignature to ensure timeliness and compliance with policy.	
L 0647 Bldg. 00	418.78(e) LEVEL OF ACTIVITY Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked. Based on interview and agency document review the hospice failed to ensure volunteers provided services in an amount that was greater than or equal to 5% of the total patient care hours for all paid employees and contract staff for the calender years of 2016 and 2017. Findings Include : 1. In a March 23rd 2:50 PM interview with the volunteer coordinator, it was stated the volunteer program was in a	L 0647	In a unit meeting, on April 12, 2017, all survey deficiencies were reviewed with Hospice staff verbatim. Section 418.78 of the Federal Register, titled "Conditions of Participation-Volunteers," was reviewed and discussed. Hospice Franciscan Communities was aware of the deficiency and implemented a Performance Improvement	04/12/2017

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	development phase and the program had not acheived volunteer hours equal to 5% of the total hours of all paid and contract employees. 2. Agency documents titled Volunteer Hours Donated and Cost Savings 2016 and Volunteer Hours Donated and Cost Savings 2017 were reviewed on March 23, 2017. The documents evidenced the average volunteer hour cost savings per month was less that 5 % for all months of 2016 and for January and February of 2017.		Project as part of the QAPI program in January 2017. Please see attachment E. Hospice Franciscan Communities will utilize volunteers in day-to-day administrative and/or direct patient care roles under the supervision of a Volunteer Specialist (coordinator). Hospice Franciscan Communities will demonstrate viable and ongoing efforts to recruit and retain volunteers in order to achieve and maintain a 5% cost savings. Efforts and progress will be monitored as part of the QAPI program, which meets no less than quarterly. Please see attachment E.	
L 0702 Bldg. 00	418.106(f)(2) USE & MAINTENANCE OF EQUIPMENT & SUPPLIES The hospice must ensure that the patient, where appropriate, as well as the family and/or other caregiver(s), receive instruction in the safe use of durable medical equipment and supplies. The hospice may use persons under contract to ensure patient and family instruction. The patient, family, and/or caregiver must be able to demonstrate the appropriate use of durable medical equipment to the satisfaction of the			

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	hospice staff. Based on review of clinical record and staff interview the Hospice entity failed to ensure patient and caregiver instructions were provided for safe use of a surgical shoe, a type of durable medical equipment for 1 (#6) out of 13 patients. Findings include: 1. The clinical record for patient #6, was reviewed on 02/22/17 at 1200 PM and included a "Change in Plan of Treatment" form, which indicated a telephone/verbal order initiated on 02/09/17 by employee D an RN for a surgical shoe to be placed on the right foot of patient #6 which was to be worn when up in a wheelchair. 2. The clinical record for patient #6, included nursing notes dated 02/10/27, 02/13/17, 02/21/17, 02/27/17, 03/08/17, 03/14/17. The nursing notes failed to show evidence that instruction was provided to the patient and/or the caregiver regarding the use of a surgical shoe. 3. During an interview with the administrator, on 03/23/17 at 1145 AM, the administrator acknowledged the clinical record failed to show evidence of	L 0702	In a unit meeting, on April 12, 2017, all survey deficiencies were reviewed with Hospice staff verbatim. Supervisor of Clinical Services reviewed key principles of documentation with emphasis on complete and accurate documentation of patient and/or caregiver education. Survey deficiency noted as an example of either lack of caregiver education or lack of documentation. Supervisor of Clinical Services has scheduled all nursing staff for 1:1 documentation review sessions and individualized education. A review of active charts was completed and each nurses' documentation reviewed. Each individual nurse had 4-5 charts reviewed. Results of these chart reviews provided individual opportunities for education. Scheduled 1:1 sessions are to be complete on May 5, 2017. Please see attachment B.	06/01/2017

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	patient/caregiver instruction.		Upon completion of the 1:1 session, each nurse will be asked to sign Attachment C confirming their understanding of expectations. Education for any new intervention or reinforcement of teaching has been added to chart audit checklist to monitor on an ongoing basis in order to prevent the deficiency from reoccurring. Please see attachment D. The QI/Education Nurse will track chart audits and review checklists for all monitored deficiencies. Any instances of failure to evidence education provided will be reported to the Supervisor of Clinical Services to proceed with resolution accordingly. Director of Hospice initiated review of “Patient Handbook” in March of 2017. New handbooks will include caregiver education regarding various common educational needs encountered during end of life care. This will include a section providing	

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			information on support device application and use for use in educating caregivers and as a reference for those caregivers. The revised handbook is scheduled to go to print before June 1, 2017, to be expensed under the current fiscal year.	