

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

PRINTED: 06/20/2022

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151583 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/05/2022 | |
| NAME OF PROVIDER OR SUPPLIER UNITY HOSPICE OF NORTHWEST INDIANA LLC | | | | STREET ADDRESS, CITY, STATE, ZIP COD 3313 EAST 83RD PLACE MERRILLVILLE, IN 46410 | | | |
| (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 0000 Bldg. 00 | <p>This visit was for a Complaint survey.</p> <p>Complaint:</p> <p>IN00369127 - substantiated with findings</p> <p>Survey Date: 1/5/2022</p> <p>Facility # 002379</p> <p>Quality Review Completed 01/12/2022</p> | | | L 0000 | <p>POC accepted on 1-21-2022 by Area 2</p> <p>This plan of correction constitutes Unity Hospice's written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was correctly cited. This plan of correction is submitted to comply with State and Federal laws.</p> | | |
| L 0784 Bldg. 00 | <p>418.114(a) PERSONNEL QUALIFICATION</p> <p>Except as specified in paragraph (c) of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times.</p> <p>Based on record review and interview, the agency failed to ensure licenses for registered nurses (RN) were current and active in the state of Indiana in 3 of 7 active personnel records reviewed. (A, D, E)</p> <p>The findings include:</p> <p>1. Review of an agency policy obtained 1/5/2022,</p> | | | L 0784 | <p>CMS Tag L784 Hospice-CoP Standard: 418.114(a) Personal Qualifications</p> <p>Findings: The hospice failed to ensure licenses for registered nurses (RN) were current and active in the state of Indiana in 3 of 7 active personnel records reviewed. (A, D, and E). Plan to correct specific deficiency</p> | | 01/30/2022 |

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>and updated January 2014, titled "Personnel Record Contents" stated, "... Unity Hospice will maintain accurate and complete personnel files on all personnel. ... The content of the personnel files for full time personnel will include: ... Verified Professional Licenses"</p> <p>2. Review of an agency policy obtained 1/5/2022, and updated January 2014, titled "Licensure/Certification/Registration" stated, "... All organization personnel must maintain and show proof of licensure/certification/registration as appropriate. ... Personnel must comply with requirements to maintain such licensure/certification/registration in accordance with applicable state law and regulation. A current copy of or other proof of licensure, certification, and/or registration will be kept in the personnel file."</p> <p>3. Personnel record review on 1/5/2022, for RN A, date of hire 3/5/2020, evidenced a document identified by the Director of Human Resources to be the Indiana RN license verification. This document indicated the RN license expired 10/31/2021. No other document was provided to indicate the RN license was active.</p> <p>During an interview on 1/5/2022 at 11:33 AM, the Director of Human Resources indicated RN A accidentally marked he was not a United States citizen on his license renewal. When queried about what was the status of his license currently, the Director of Human Resources indicated he would go check.</p> <p>Review of a document provided by the Director of Human Resources on 1/5/2022 at 11:53 AM titled "Search Results" indicated the RN license for RN A was expired.</p> | | | | <p>cited:</p> <ul style="list-style-type: none"> · Personnel Record A: <ul style="list-style-type: none"> o State of Indiana Federal Regulation contacted on 1/05/2022 concerning RN license. 1/05/2022 the employee driver's license and birth certificate were given for proof of citizenship. 1/11/2022 the agency verified current and active RN license and placed a current copy of the RN license within the personnel record. · Personnel Record D: <ul style="list-style-type: none"> o 1/05/2022 the agency verified current and active RN license in the state of Indiana. 1/06/2022 a current copy of the RN license was placed within the personnel record. · Personnel Record E: <ul style="list-style-type: none"> o 1/05/2022 the agency verified current and active RN licenses in the state of Indiana and Illinois. 1/06/2022 a current copy of the RN licenses was placed within the personnel record. <p>Measures/Systematic Changes that will be put into place to ensure that the deficiency does not recur:</p> <ul style="list-style-type: none"> · The Administrator will educate all staff by 1/18//2022 regarding the licensure/ certification/registration personnel policy. All staff will receive education regarding the requirement that all organization personnel must maintain and show proof of licensure/certification/registration | | |

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| | <p>During an interview on 1/5/2022 at 11:53 AM, the Director of Human Resources indicated there was no current license verification in the personnel record for RN A. The Director of Human Resources indicated he knew the license was pending and indicated he thought that maybe due to Covid the license renewal was "taking awhile."</p> <p>During an interview on 1/5/2022 at 12:18 PM, RN A indicated he was not aware his license was not renewed and the status was expired until today.</p> <p>4. Personnel record review on 1/5/2022, for RN D, date of hire 12/7/2020, evidenced a document identified by the Director of Human Resources to be the Indiana RN license verification. This document indicated the RN license expired 10/31/2021.</p> <p>During an interview on 1/5/2022 at 12:36 PM, the Director of Human Resources indicated the RN's license renewal was on hold related to a "hold-up" during the time of renewal. The Director of Human Resources indicated he did not verify her license after expiration in October 2021 and print it for the personnel record. At 12:58 PM, the Director Human Resources indicated the agency was aware the RN had difficulty with her license renewal and indicated the RN license was not verified before today.</p> <p>5. Personnel record review on 1/5/2022, for RN E, date of hire 1/30/2021, evidenced a document from entity A titled "Lookup Detail View" which evidenced the RN had an active RN license in the state of Illinois. Review failed to evidence the RN had an active license in the state of Indiana.</p> <p>During an interview on 1/5/2022 at 12:08 PM, the</p> | | | | <p>as appropriate. Personnel must comply with requirements to maintain such licensure/certification/registration in accordance with applicable state law and regulation. A current copy of or other proof of licensure, certification, and/or registration will be kept in the personnel record.</p> <ul style="list-style-type: none"> · Evidence of training will be noted in attendance logs. The Administrator will review in-service attendance logs to ensure all staff receive this training. · This training will be incorporated into the agency's annual in-services by 1/30/22 and the new-employee orientation by 01/30/2022. <p>How the agency will monitor its quality assessment/performance improvement functions to ensure that the corrective measure or systemic change is sustained:</p> <ul style="list-style-type: none"> · The Director of Human Resources or designee will ensure all personnel records are audited for evidence that a current copy of or other proof of licensure, certification, and/or registration is current, active, and kept in the personnel record starting 1/06/2022. The threshold for compliance is 100%. · Once the initial threshold is met, the Director of Human Resources or designee will conduct a personnel record review of 100% of active personnel records monthly to ensure that proof of licensure, | | |

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| | <p>Director of Human Resources indicated he believed RN E had a compact nursing license. When queried if there was an Indiana license verification for RN E, the Director of Human Resources indicated no and indicated he "would go look it up."</p> <p>6. During an interview on 1/5/2022 at 10:47 AM, the Director of Human Resources indicated he verified the licenses for nurses as they expired to ensure licenses were renewed and indicated the personnel file should contain verification of licensure.</p> | | | | <p>certification, and/or registration is current, active, and kept in the personnel record. The threshold for compliance is 100%.</p> <ul style="list-style-type: none"> If the threshold for compliance is not met the Director of Human Resources will continue to conduct personnel record reviews and provide continuing education to individual employees, counseling, and disciplinary action in accordance with agency policy if needed. Once the threshold is met this review item will be incorporated into the agency's monthly personnel file review; a minimum of 100% of all active personnel files will be audited monthly. Results of the above audits and analysis of trends will be included in the agency's Quarterly Quality review data and reported to the Administrator and Governing Body. <p>Person Responsible: Administrator Completion Date: January 30, 2022</p> | | |