

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

PRINTED: 02/16/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151612		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/22/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF TERRE HAUTE, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 4529 SOUTH SEVENTH STREET TERRE HAUTE, IN 47802			
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S 0000 Bldg. 00	<p>This visit was for a state complaint investigation and state licensure survey of a deemed hospice agency.</p> <p>Complaint IN00320460 was unsubstantiated due to lack of evidence</p> <p>Survey dates: January 20-22, 2021</p> <p>Facility ID: 013318</p> <p>Quality Review completed on 2/5/2021 A4</p>		S 0000				
S 0550 Bldg. 00	<p>418.56(c)(5) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (5) Medical supplies and appliances necessary to meet the needs of the patient.</p> <p>Based on observation, record review, and interview, the agency failed to ensure medical supplies and appliances were included on the plan of care for 2 of 2 patients who received home visits. (Patients 2, 4)</p> <p>Findings include:</p> <p>1. A policy, revised 1/1/2020, titled, "Plan of Care Process," was provided by Employee G on 1/20/2021 at 3:48 p.m. The policy indicated, but was not limited to, "VI. The POC [plan of care] includes, but is not limited to: ... E. Medical supplies, equipment and appliances necessary to</p>		S 0550	<p>The Executive Director (ED)/Patient Care Managers (PCM) and/or designee will educate all nursing staff regarding Policy TX 06 "Plan of Care Process" to ensure all medical supplies and appliances are included in the patients' Plan of Care.</p> <p>The PCM/designee will audit 100% of all active patients' Plan of Care to ensure medical supplies and appliances have been added and during IDT a review of the</p>		02/19/2021	

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>meet the needs of the patient..."</p> <p>2. During a home visit with Patient 2 on 1/21/2021 at 10:02 a.m., the following DME (durable medical equipment) was observed in the home - a hospital bed with half rails, a low air loss mattress, an overbed table, and a rollator.</p> <p>During an interview at the same home visit, Employee C indicated she had ordered the bed with rails and low air loss mattress approximately a week ago due to a patient fall.</p> <p>During a review of the Hospice IDG [Interdisciplinary Group] Comprehensive Assessment and Plan of Care Update Report for the benefit period 12/17/2020 to 2/14/2021, there was no DME listed.</p> <p>A Client Supplies Report was provided by Employee J on 1/22/2021 which indicated the following DME had been added on 1/22/2021 - bed/chair alarm, hospital bed, low air loss mattress, and wheelchair.</p> <p>3. During a home visit with Patient 4 on 1/21/2021 at 12:55 p.m., the following DME was observed in the home - a hospital bed, a pressure alarm in bed, and a wheelchair with a pressure alarm.</p> <p>During a review of the Hospice IDG Comprehensive Assessment and Plan of Care Update Report for the benefit period 10/22/2020 - 1/19/2021, which was provided as the current POC, there was no DME listed.</p> <p>4. During an interview on 1/22/2021 at 11:45 a.m., Employee J indicated DME should be listed on the patient's chart when ordered. It is the nurses's responsibility to add DME in the record when</p>				<p>patients' Plan of Care includes any new changes or updates. Ongoing, the Area Clinical Manager (ACM) will audit 10% of patient records until 100% has been met for three consecutive months.</p> <p>The ED/PCM will be responsible for monitoring the corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>Audit findings will be reported through the Quality Assessment Performance Improvement (QAPI) meeting quarterly</p>		

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S 0579 Bldg. 00	<p>ordered and all DME should be listed even if hospice was not supplying it.</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 interview, the agency failed to follow standard precautions to prevent the spread of infections and communicable diseases in 3 of 3 home visits for 2 of 2 patients. (Patients 2, 4)</p> <p>Findings include:</p> <p>1. A policy, revised 1/1/2020, titled, "Bag Technique" was provided by Employee E on 1/21/2021 at 3:59 p.m. The policy indicated, but was not limited to, "III. Bag Technique: A. Consider and treat the selected bag as a clean area at all times....G. After cleansing hands, the supplies and/or equipment needed for the visit are removed from the bag. Hands are washed again if additional supplies are needed during the visit. Close bag before performing patient care....J. 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....K. Hands are cleansed prior to returning clean equipment to bag."</p> <p>2. A policy, revised 4/1/2017, titled, "Hand Hygiene" was provided by Employee E on 1/21/2021 at 3:59 p.m. The policy indicated, but was not limited to, "III. If hands are not visibly soiled, staff may use an alcohol-based hand rub</p>			S 0579	<p>The Executive Director (ED)/Patient Care Manager (PCM) or designee will educate all staff on policies, IC 01 "Infection Control Program", IC 03 "Hand Hygiene" and IC 12 "Bag Technique" regarding standard precautions to prevent the spread of infection and communicable disease.</p> <p>The ED/PCM will complete all new competency documentation for all staff regarding hand hygiene and bag technique within 30 days of the survey.</p> <p>The ED/PCM will audit 100% of all employee files to ensure education and competencies are completed for all current staff and any new staff.</p> <p>The Area Clinical Manager (ACM) will monitor all new employee records as well as 10% of current employees records quarterly until 100% is met for three consecutive months, to identify completion of the competencies for handwashing and bag technique.</p>		02/19/2021

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	<p>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: A. Decontaminate hands prior to entry into supply bag; B. Decontaminate hands before having direct contact with patients/clients; D. Decontaminate hands after contact with a patient's/client's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient) even when gloves are worn; E. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled; F. Decontaminate hands if moving from a contaminated body site to a clean body site during patient/client care; G. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient/client; H. Decontaminate hands after removing gloves; ..."</p> <p>3. During a home visit with Patient 2 on 1/21/2021 at 10:02 a.m., Employee C, a Registered Nurse [RN], and Employee B, a Certified Nursing Assistant [CNA] were observed during the Skilled Nurse [SN] visit to perform hand hygiene, apply gloves, then turn the patient on their side and Employee B removed the soiled pad from under the patient. Employee B indicated the patient was still having a bowel movement, then opened the wipe container with the same gloves on to retrieve wet wipes. Employee B cleaned the patient's buttocks then placed a new brief and linens and tucked under the patient. Employee B was observed to pull her own shirt down with the same gloves three times. Employee B then removed gloves and hand sanitized. Employee C continued with SN visit and checked Patient 2's vital signs. Employee C placed the used vital sign</p>				<p>The ED/PCM will be responsible for monitoring the corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>Audit findings will be reported through the Quality Assessment Performance Improvement (QAPI) meeting quarterly</p>		

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	<p>equipment on the table on a barrier then reached into her clean bag with the same gloves on and removed bleach wipes. Employee C then cleaned the vital sign equipment with the same gloves on and placed the equipment back in her bag. Employee C removed gloves and performed hand hygiene at this time. After speaking with the family, Employee C donned new gloves, got into her bag for more supplies, then pulled her phone out of her pocket with the same gloves on. Employee C called the physician to update on patient's condition. After the phone call, Employee C sat at the kitchen table with the family to educate on use of Morphine and other pain medications. Employee C then demonstrated how to draw up Morphine, then removed a Lorazepam pill from the bottle and placed in a cup to demonstrate how to dissolve to administer to the patient. No glove changes or hand hygiene was observed before handling the medications.</p> <p>During a home visit with Patient 2 on 1/21/2021 at 11:12 a.m., Employee B, a CNA, was observed to perform hand hygiene and don gloves. Employee B washed, rinsed, and dried Patient 2's face, bilateral arms, stomach/chest while Employee C assisted, then both removed gloves, performed hand hygiene, and donned new gloves. Employee B washed, rinsed, and dried bilateral legs/feet, while Employee C assisted, then both removed gloves, performed hand hygiene, and donned new gloves. Employee B applied lotion to the patient's stomach, arms, and legs, then removed gloves, performed hand hygiene, and donned new gloves. Employee C, RN, was observed to remove phone from her pocket again and make a call about the patient's condition. Employee B continued with bathing and washed, rinsed, and dried Patient 2's peri area, while Employee C assisted, then both removed gloves, performed hand hygiene, and</p>						

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	<p>donned new gloves. Patient 2 then refused to turn over to finish the bath. Employees B and C utilized the same wash cloths and towels for the entire bath.</p> <p>4. During a home visit with Patient 4 on 1/21/2021 at 12:55 p.m., Employee F, a CNA, was observed to sanitize, apply gloves, then assist Patient 4 to remove clothes, then stand and get into the shower and sit on the shower seat. Employee F indicated Patient 4's brief was "sopping wet." Employee F washed the patient's face with a wash cloth, then pulled her own face mask away from her face with her gloved hand and indicated she herself was hot and nervous. Employee F washed the patient's back and chest, then again pulled her own face mask away from her face with her gloved hand and indicated she herself was hot and nervous. Employee F washed the patient's arms and legs, then pulled her own face mask away from her face with her gloved hand and indicated she herself was hot and nervous. Employee F washed the patient's peri area and buttocks with the same wash cloth for the entire shower. Employee F pulled the shower head down and rinsed the patient, then assisted the patient to stand to rinse the buttocks. Employee F threw her wet/used towels on the shower floor, turned the water off, then dried the patient off with towels. Employee F again pulled her own face mask away from her face with her gloved hand and indicated she herself was hot and nervous, then wiped her brow with her gloved hand. Employee F again pulled her own face mask away from her face with her gloved hand four more times while drying the patient. Employee F then wiped under her eyes with her gloved hands. Employee F put on the patient's pull-up, socks, pants, and shirt. Employee F again pulled her own face mask away from her face with her gloved hand. Employee F</p>						

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S 0626 Bldg. 00	<p>had patient stand, dried the buttocks, pulled the pants up, then sat the patient in the wheelchair. Employee F opened the bathroom door with her gloved hand, then pushed the wheel chair into the room with the same gloved hands. Employee F picked up the soiled towels and wash cloths to place in a bag, then removed gloves. No glove changes or hand hygiene during entire shower and dressing. Employee F retrieved paper towels to wipe her own brow and face. Employee F then hand sanitized.</p> <p>5. During an interview on 1/21/2021 at 3:10 p.m., Employee E indicated staff should always don a new pair of gloves at beginning of visits, prior to touching patients, with any patient care, and if gloves are soiled. Hand hygiene should be performed after baths, prior to touching clean linens, and before touching inanimate objects. Staff should not be touching their own clothes and should change gloves if they do. Staff should not touch their cell phones with gloved hands during care. CNA's are encouraged to change wash cloths frequently during the bath and if they appear soiled at all. Linens should not be thrown on the floor and staff should not be touching their masks with their gloves on during care.</p> <p>418.76(g)(2) HOSPICE AIDE ASSIGNMENTS AND DUTIES (2) A hospice aide provides services that are: (i) Ordered by the interdisciplinary group. (ii) Included in the plan of care. (iii) Permitted to be performed under State law by such hospice aide. (iv) Consistent with the hospice aide training.</p> <p>Based on observation, record review, and</p>			S 0626	The Executive Director (ED)/Patient Care Manager (PCM)		02/19/2021

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	<p>interview, the agency failed to ensure a hospice aide provided services as ordered on the plan of care for 1 of 2 hospice aide visits observed. (Patient 4)</p> <p>Findings include:</p> <p>A policy, revised 1/1/2020, titled, "Implementing Care and Treatment" was provided by Employee J on 1/22/2021 at 1:03 p.m. The policy indicated, but was not limited to, "IV. The aide will be provided with written instructions for patient care prepared by an RN [Registered Nurse] which may include but not be limited to: ... E. Reporting changes in the patient's medical, nursing, rehabilitative, and social condition/needs to a registered nurse... F. Completing appropriate documentation..."</p> <p>During a review on 1/20/2021 at 4:45 p.m., Patient 4's Aide Care Plan Report included, but was not limited to, shampoo every visit, skin care-deodorant every visit, skin care- lotion every visit, oral care every visit, oxygen every visit, and other - droplet precautions, patient is COVID19+, every visit.</p> <p>During an interview on 1/21/2021 at 9:15 a.m., Employee E indicated Patient 4 no longer had COVID19 and that should not be on the hospice aide assignment.</p> <p>During an observation of a home visit on 1/21/2021 at 12:55 p.m., Employee F, a CNA (Certified Nursing Assistant) was observed to complete a Hospice Aide visit. Employee F did not complete the following tasks nor chart why they were not completed - shampoo, skin care-deodorant, skin care-lotion, oral care, oxygen (no oxygen was noted in the room), RN (Registered Nurse) notified of changes.</p>				<p>or designee will educate all Registered Nurse Case Managers (RNCM) and Home Health Aides (HHA) on Policy TX.07 "Implementation of Care and Treatment" regarding that the HHA will be provided with written instructions for patient care prepared by the RNCM. The education will include that when the provision of care/treatment cannot be implemented as established on the written instructions, the appropriate documentation will be completed by the HHA and the RNCM will be notified.</p> <p>The ED/PCM will audit 20% of HHA visit notes, for the next three months, or until 100% compliance has been met, to ensure that the assigned care/treatment is being provided per the assignment and if changes occur the correct documentation is being completed and the RNCM is being notified of the changes.</p> <p>Ongoing, the Area Clinical Manager (ACM) will audit 10% of all HHA visit notes for compliance with the written plan of care through the QAPI process.</p> <p>The ED/PCM will be responsible for monitoring the corrective actions to ensure the deficiency is corrected and will not recur.</p>		

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S 0662 Bldg. 00	<p>During an interview on 1/22/2021 at 12:45 p.m., Employee J indicated the hospice aides should be following the care plan and reaching out to the nurse to coordinate when there were changes. If a task was not completed, they should mark no and why it was not completed or write a coordination note.</p> <p>418.100(g)(2) TRAINING (2) A hospice must provide an initial orientation for each employee that addresses the employee's specific job duties.</p> <p>Based on record review and interview, the agency failed to ensure an employee had an initial orientation addressing their specific job duties for 1 of 5 employee records reviewed. (Employee E)</p> <p>Findings include:</p> <p>1. A policy, revised 3/1/2017, was provided by Employee G on 1/20/2021 at 3:48 p.m. The policy indicated, but was not limited to, "I. Agency will orient each new or reassigned employee to respective job responsibilities and Agency policies and procedures prior to performing job duties independently. II. The Agency orientation will include but not be limited to: H. Job specific tasks."</p> <p>2. During a review on 1/21/2021 at 3:45 p.m., Employee E's record indicated a hire date of 2/19/2018.</p> <p>3. Employee E's RN (Registered Nurse) Orientation Checklist in the Date Completed/Initials by Trainer box had a marked out line through the following areas:</p>		S 0662	<p>Audit findings will be reported through the Quality Assessment Performance Improvement (QAPI) meeting quarterly</p> <p>The Executive Director (ED) will educate the Business Office Manager (BOM) on the policy HR.6 "Employee Orientation" to ensure all new employees and/or reassigned employees receive an initial orientation along with the employees specific job responsibilities and completed competencies prior to the employee performing their job duties independently.</p> <p>The ED and BOM will audit all new employee records to ensure initial orientation, specific job duties and competencies are complete for three consecutive months, or until 100% compliance has been met. Ongoing the ACM will audit 10% of personnel records quarterly through the Quality Assessment Performance Improvement (QAPI) process.</p> <p>The ED/BOM will be responsible</p>		02/19/2021	

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	<p>IDT [Interdisciplinary Team] 101 - Responsibilities of the core IDT, Non core IDT participants in the IDT meeting, and IDT Meeting preparation and meeting</p> <p>Attend IDT Meeting (Required prior to release)</p> <p>New Employee Online Orientation - Work on courses up to 2 (two) hours</p> <p>Nursing Online Orientation (required prior to release) - Modules 1, 2, 3, 4, 5, 6, 7, 8, Pain 101, Pain 102</p> <p>Referrals and Admission</p> <p>Competencies/Skills Self-Assessment (required prior to release)</p> <p>The Basics - Assignments, Case load, Schedules, Documentation Checklist, Pharmacy, DME (Durable Medical Equipment)/Supplies</p> <p>Resources Review - Welcome Kit, Share Point, Policy and Procedures Manual</p> <p>Risk Management, Quality and Satisfaction</p> <p>Volunteer Program</p> <p>Home Care Home Base</p> <p>Bereavement Program</p> <p>Documentation Training - Informed Consent, Sample Documentation, Nursing Admission, Routine Nursing and Levels of Care, Recerts, IDT, Discharges, Misc (required prior to release)</p>				<p>for monitoring the corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>Audit findings will be reported through the Quality Assessment Performance Improvement (QAPI) meeting quarterly.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151612		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/22/2021	
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF TERRE HAUTE, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 4529 SOUTH SEVENTH STREET TERRE HAUTE, IN 47802			
(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>Ride Along with Social Worker</p> <p>Ride Along with Spiritual Care Coordinator</p> <p>Ride Along with Hospice Aide/CNA (Certified Nursing Assistant)</p> <p>Shadow Mentor or RNCM (Registered Nurse Case Manager)</p> <p>Ride Along with Community Education Rep (CER)</p> <p>Triage, On Call, After Hours Coverage</p> <p>At the bottom of each page was hand written "Previous Employee."</p> <p>4. Employee E's RN Orientation Checklist Weeks 2-4 to Observe and Perform by Shadowing with Your Mentor or RNCM had a box for "Observed On (Date/Initials by Trainer)" and "Performed On (Date/Initials by Trainer)". Both boxes were empty with the exception of a hand written "Previous Employee" written across the middle. Skills/Tasks not completed included the following:</p> <p>Consent Visit*</p> <p>Admission Visit*</p> <p>Routine Visit to Home Patient*</p> <p>Routine Visit to LTCF* [Long Term Care Facility]</p> <p>Death Visit*</p> <p>IDT prep, including one (1) with Recert*</p> <p>Continuous Care (CC)</p>						

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S 0679 Bldg. 00	<p>General Inpatient Care (GIP)</p> <p>Respite Care</p> <p>Complete an Incident Report</p> <p>Complete and Infection Report</p> <p>The bottom of the page indicated, "*Must be observed and performed before employee is released to the field."</p> <p>5. During an interview on 1/21/2021 at 4:45 p.m., the Business Office Manager indicated Employee E's record says previous employee because the acting Patient Care Manager at the time just "checked her off" when she was rehired. The Business Office Manager indicated Employee E had been with the agency previously but should have a whole new employee file.</p> <p>418.104(b) AUTHENTICATION</p> <p>All entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice.</p> <p>Based on observation, record review, and interview, the agency failed to ensure a hospice aide appropriately authenticated their documentation by marking tasks completed that were not completed for 1 of 2 hospice aide visits observed. (Patient 4)</p> <p>Findings include:</p> <p>A policy, revised 1/1/2020, titled, "Implementing Care and Treatment" was provided by Employee J on 1/22/2021 at 1:03 p.m. The policy indicated, but</p>			S 0679	<p>The Executive Director (ED)/Patient Care Manager (PCM) or designee will educate all Home Health Aides (HHA) and Registered Nurse Case Managers (RNCM) on policy TX.07 "Implementing Care and Treatment" to ensure the importance of appropriate documentation is authenticated on the HHA visit note following the written instruction from the HHA Plan of Care prepared by the</p>		02/19/2021

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	<p>was not limited to, "IV. The aide will be provided with written instructions for patient care prepared by an RN [Registered Nurse]... F. Completing appropriate documentation..."</p> <p>During a review on 1/20/2021 at 4:45 p.m., Patient 4's Aide Care Plan Report included, but was not limited to, shampoo every visit, skin care-deodorant every visit, skin care- lotion every visit, oral care every visit, oxygen every visit, and other - droplet precautions, patient is COVID19+, every visit.</p> <p>During an interview on 1/21/2021 at 9:15 a.m., Employee E indicated Patient 4 no longer had COVID19 and that should not be on the hospice aide assignment.</p> <p>During an observation of a home visit on 1/21/2021 at 12:55 p.m., Employee F, a CNA (Certified Nursing Assistant) was observed to complete a Hospice Aide visit. Employee F did not complete the following tasks as ordered - shampoo, skin care-deodorant, skin care-lotion, oral care, oxygen (no oxygen was noted in the room), RN (Registered Nurse) notified of changes.</p> <p>During a review of Patient 4's Visit Note Report from the visit on 1/21/2021, Employee F indicated they completed the following tasks - shampoo, skin care-deodorant, skin care-lotion, oral care, oxygen, RN notified of changes.</p> <p>During an interview on 1/22/2021 at 12:45 p.m., Employee J indicated the hospice aides should be following the care plan and reaching out to the nurse to coordinate when there were changes. If a task was not completed, they should mark no and why it was not completed or write a coordination note.</p>				<p>RNCM.</p> <p>The ED/PCM or designee will complete an onsite visit with each HHA one time per week for four weeks or until 100% compliance is met, to ensure the Hospice Aide is completing the task as assigned, and that the documentation reflects only tasks that were completed by the Hospice Aide.</p> <p>The ED/PCM will be responsible for monitoring the corrective actions to ensure the deficiency is corrected and will not recur.</p> <p>Audit findings will be reported through the Quality Assessment Performance Improvement (QAPI) meeting quarterly.</p>		

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