

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/24/2019
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOSPICE	STREET ADDRESS, CITY, STATE, ZIP COD 950 N MERIDIAN ST, SUITE 700 INDIANAPOLIS, IN 46204
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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: 7/16-7/19/19 and 7/22-7/24/19</p> <p>Facility Number: 005128 Provider Number: 151511</p> <p>Unduplicated census: 1,753</p> <p>At this Emergency Preparedness survey, Indiana University Health Hospice was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 418.113.</p>	E 0000	L0000 Investigation of 3 complaints were found to be unsubstantiated.	
L 0000 Bldg. 00	<p>This visit was for a federal re-certification, state licensure, and complaint survey for a hospice agency.</p> <p>Complaint #IN00266451, unsubstantiated Complaint #IN00242988, unsubstantiated Complaint #IN00243631, unsubstantiated</p> <p>Survey dates: 7/16-7/19/19 and 7/22-7/24/19</p> <p>Facility number: 005128 Provider number: 151511</p>	L 0000	L0000 Investigation of 3 complaints were found to be unsubstantiated.	

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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L 0523 Bldg. 00	<p>Unduplicated census: 1,753</p> <p>418.54(b) TIMEFRAME FOR COMPLETION OF ASSESSMENT</p> <p>The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.</p> <p>Based on record review and interview, the agency failed to ensure the spiritual care coordinator attempted to make an initial comprehensive assessment no later than 5 calendar days after the election of hospice services in 1 of 15 patients who did not refuse chaplain services in 20 records reviewed. (#16)</p> <p>Findings include:</p> <p>An agency policy, revised 6/2019, titled, "Admission-Comprehensive Assessment of the Patient", stated that the comprehensive assessment of the patient is completed by designated members of the IDG (interdisciplinary group) in consultation with the patient's attending physician no later than 5 calendar days after the patient elects the hospice benefit.</p> <p>Record review of patient #16 included a plan of care with an election date of 5/22/19 for the benefit period of 5/22/19 to 8/19/19. Orders for spiritual counselor (SC) were 4 PRN (as needed) to assess, request, change in condition, then 1-2 times per month times 3 months starting 6/9/19.</p> <p>An SC note, dated 5/23/19 at 1:31 PM, stated, "Pt</p>	L 0523	L0523 The Hospice Administrator reviewed the agency policy "Admission-Comprehensive Assessment of the Patient" for accuracy and compliance with program requirements, and determined no revisions are required. The Hospice Administrator along with the Hospice Supervisors in-serviced all Hospice spiritual care team members concerning the requirement that hospice spiritual care members shall attempt to make a spiritual care assessment of each hospice patient to which they are assigned and who do not decline spiritual care services, within 5 days of the patient's election of the hospice benefit. All hospice spiritual care team members will discontinue the practice of allowing greater than 5 days to pass, after patient election of hospice, to attempt to evaluate and assess patient's spiritual needs. Spiritual care team members will confirm each	08/23/2019

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L 0531 Bldg. 00	<p>[patient] came on service late yesterday and the chaplain has not had opportunity to assess. Chaplain will connect with the family to assess for spiritual needs and collaborate with the family to help meet these needs. [Social worker] reported in the IDG [interdisciplinary group] {meeting} that the pt and family moved from northern Indiana and therefore do not have connection to a church in this area". Another SC note on the same date and time stated, "Phone call: Introduced spiritual care services to the caregiver and offered to visit if they have any emergency needs. Caregiver stated that they do not...".</p> <p>An SC note, dated 5/30/19 at 4:38 PM, stated, "SC telephone call and scheduled visit: spoke with pt, [patient's daughter], and scheduled an SC visit tomorrow, Fri. 5/31/19".</p> <p>An SC initial visit was completed on 5/31/19, 9 days after election of hospice services. The agency failed to evidence the chaplain visited no later than 5 days after election of the hospice benefit.</p> <p>During the exit conference on 7/24/19 at 11:15 AM, staff had no further information to add.</p> <p>418.54(c)(7) CONTENT OF COMPREHENSIVE ASSESSMENT [The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be</p>		<p>patient's preference for spiritual care services and establish an initial assessment schedule that is within 5 days of the patient's election of hospice services. 10% of all patient records will be monitored quarterly for evidence that a spiritual care assessment is complete within 5 days of the election of hospice services for all patients who do not decline spiritual care services. The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>incorporated into the plan of care and considered in the bereavement plan of care.</p> <p>Based on record review and interview, the agency failed to ensure an initial bereavement assessment was completed in 7 of 20 records reviewed. (#2, 5, 6, 8, 15, 16, 17)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy, revised 07/2019, titled, "Assessment-Initial Registered Nurse", stated that the initial RN (registered nurse) assessment will include assessment of the patient's and family's bereavement needs. 2. Record review for patient #2 included a plan of care (POC) with an election date on 7/3/18. Records failed to provide evidence that a bereavement assessment was completed. 3. Record review for patient #5 included a POC with an election date on 2/20/19. Records failed to provide evidence that a bereavement assessment was completed. 4. Record review for patient #6 included a POC with an election date on 3/8/19. Records failed to provide evidence that a bereavement assessment was completed. 5. Record review of patient #8 included a POC with an election date on 4/18/19. Records failed to provide evidence that a bereavement assessment 	L 0531	L0531 The Hospice Administrator reviewed the agency policy "Assessment-Initial Registered Nurse" for accuracy and compliance with program requirements, and determined no revisions required. The Administrator collaborated with the Manager of Quality and Education and the Manager of Information Services and implemented an upgrade to the electronic health record admission assessment templates for registered nurses that adds a feature indicating "required" related to the admission bereavement assessment. The Hospice Administrator and Hospice Supervisors provided an in-service to all hospice registered nurse team members concerning the requirement that information from the initial bereavement assessment must be incorporated into each patient's plan of care and considered in the bereavement plan of care. Education included demonstration of changes to RN admission assessment template that allows for easier access to bereavement assessment tool in the electronic health record. The registered nurses will discontinue the practice of omitting the bereavement assessment on admission. Admitting registered	08/23/2019

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L 0543 Bldg. 00	<p>was completed.</p> <p>6. Record review of patient #15 included a POC with an election date on 6/4/19. Records failed to provide evidence that a bereavement assessment was completed. This was verified by employee D on 7/22/19 at 11:00 AM.</p> <p>7. Record review of patient #16 included a POC with an election date on 5/22/19. Records failed to provide evidence that a bereavement assessment was completed.</p> <p>8. Record review of patient #17 included a POC with an election date on 6/12/19. Records failed to provide evidence that a bereavement assessment was completed.</p> <p>9. During an interview on 7/18/19 at 10:00 AM, the administrator stated there was miscommunication between the skilled nurse, social worker, and chaplain regarding bereavement assessments. "This is a problem I'm working on".</p> <p>418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.</p> <p>Based on record review, the agency failed to ensure volunteer visits were made as ordered on the plan of care (POC) for 1 of 4 patients receiving volunteer services in a sample of 20 records</p>	L 0543	<p>nurses will complete an initial bereavement assessment as part of the RN hospice admission assessment for all patients admitted to hospice.</p> <p>Hospice Nursing Supervisors were requested to review all active patient records to ensure bereavement assessment is complete.</p> <p>10% of all clinical records will be audited quarterly for evidence that an initial assessment of bereavement needs was completed by the admitting hospice RN.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.</p> <p>L543 The Hospice Administrator met with the Volunteer Coordinator and gave education concerning missed visit requirements for all patients who have volunteer visits</p>	08/23/2019

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	<p>reviewed. (#5)</p> <p>Findings include:</p> <p>Record review of patient #5 included a POC with an election date on 2/20/19 for the benefit period of 5/21/19 to 8/18/19 with a primary diagnosis of malignant neoplasm of adrenal gland, with difficulty in walking. The plan of care included orders for volunteer services 1 time per week times 13 weeks and 10 PRN visits for respite care.</p> <p>IDG (interdisciplinary group) Team Care Plan notes, dated 5/20/19, stated, "... appropriateness of visit frequency by discipline including volunteers: appropriate.... ". "Volunteer services: utilize hospice volunteers to provide support and socializations - throughout care. Sit with patient. Provide companionship each visit".</p> <p>A missed visit note, dated 5/28/19, indicated the volunteer missed due to Memorial Holiday. No visit was made this week.</p> <p>A missed visit note, dated 6/4/19, indicated the volunteer missed due to a family emergency, and contacted the family. No visit was made this week.</p> <p>Record review indicated that a visit was made on 6/10/19 and on 6/24/19.</p> <p>A missed visit note, dated 7/23/19, indicated the volunteer missed the week of 7/7-7/13/19 due to the volunteer's schedule.</p> <p>A missed visit note, dated 7/23/19, indicated the volunteer missed the 7/22/19 visit due to the volunteer's schedule, but did make 7/15/19, charting delayed. No visits were made this week.</p>		<p>assigned per their individualized plan of care. The Volunteer coordinator will discontinue the practice of allowing missed visits to occur based on volunteer schedule or availability. The Volunteer coordinator will assign volunteer visits based on the plan of care as established by the hospice interdisciplinary group. 10% of all clinical records will be audited quarterly for evidence that volunteer visits are made according to the patient's plan of care. If patient declines a volunteer visit the patient decline will be documented and attempt to re-schedule the visit will also be documented.</p> <p>The Hospice Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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L 0547 Bldg. 00	<p>The agency failed to evidence more than two visits were made by the volunteer during this benefit period.</p> <p>418.56(c)(2) 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:] (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p> <p>Based on record review and interview, the agency failed to ensure PRN (as needed) visits on the plan of care (POC) were patient specific and based on patient/ family assessment needs for 3 in a sample of 20 records reviewed. (#1, 3, 5)</p> <p>Findings include:</p> <p>1. An agency policy, revised 06/2019, titled, "Plan of Care", stated that the POC will be based on patient goals and will include appropriate time frames, settings, and services required to meet those goals.</p> <p>2. Record review of patient #1 included a POC with an election date of 6/17/17 for the benefit period of 4/8/19 to 6/6/19 with a primary diagnosis of COPD (chronic obstructive pulmonary disease). Skilled nursing (SN) visits ordered: 1 time per week times 9 weeks and 8 PRN (as needed) for pain, SOB (shortness of breath), and education.</p> <p>A SN visit, dated 4/2/19, stated in the respiratory assessment that the patient required 5 liters of oxygen via nasal cannula continuously for</p>	L 0547	L0547 The Hospice Administrator and the Manager of Quality and Education reviewed the agency policy "Plan of Care" and found it to be in compliance with regulations and requirements and no changes are required. The Hospice Administrator and the Manager of Quality and Education met with all Hospice Supervisors and the Hospice team members to review and educate concerning appropriate use of prn visits related to patient's identified and potentially urgent needs. All disciplines will discontinue the practice of assigning more prn visits than are warranted and begin assigning prn visits based on potentially urgent needs that could arise and not otherwise be met by the scheduled visit frequency as established by the hospice inter-disciplinary group. 10% of all clinical records will be audited quarterly for evidence that	08/23/2019

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	<p>dyspnea (shortness of breath) at rest. The pain assessment indicated that chest pain was mild at 1-3 (scale of 1-10). The care management evaluation indicated that the patient managed medications appropriately and that there was no change in the level of care.</p> <p>A re-certification note, dated 4/5/19, stated, "Patient continues to decline. [Patient] is having increasing episodes of shortness of breath ... had episode of increased shortness of breath and wheezing and not improving ... required high dose of prednisone [steroid] ... more days of not being able to work and using morphine more ... having difficulty walking more than 10 steps without getting short of breath and having to rest ... ". Only 1 PRN visit was made, on 5/30/19. The agency failed to evidence a need for 8 PRN visits.</p> <p>4. Record review of patient #3 included a POC with an election date on 2/2/19 for the benefit period of 5/3/19 to 7/31/19 with a primary diagnosis of intra-abdominal and pelvic swelling, mass and lump. Secondary diagnoses included cerebral palsy, hypertension, hyperlipidemia (high cholesterol), and hypothyroidism. SN visits ordered: 1 time per week times 13 weeks and 8 PRN for pain, SOB, education, and end of life care. The skilled nurse visited the patient on 5/10, 5/14, 5/24, 5/31, 6/7, 6/14, 6/21, 6/28, 7/5, 7/8, 7/19, 7/19, and 7/26/19. There were no PRN visits.</p> <p>An initial comprehensive assessment, dated 2/2/19, stated that the patient's breathing was normal on room air, heart sounds were normal, the patient was not receiving opioids, bowel sounds present, skin intact, nutrition excellent via TPN (total parenteral nutrition-intravenously), voids via nephrostomy tube without symptoms, no falls within last 3 months, no visual impairment, pain</p>		<p>prn visits are assigned based on potentially urgent patient needs that could arise and not otherwise be met by the scheduled visit frequency as established by the hospice interdisciplinary group. The Manager of Quality and Education will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>does not affect level of function, and patient is compliant with drug therapy. The agency failed to evidence a need for 8 PRN visits.</p> <p>4. Record review of patient #5 included a POC with an election date on 2/20/19 for the benefit period of 5/21/19 to 8/18/19 with a primary diagnosis of malignant neoplasm of adrenal gland, with difficulty in walking. SN visits ordered: 1 time per week times 13 weeks and 10 PRN visits for symptom management and death. SN orders: " Titrate medication dose for comfort per physician order. PEDS PORT HLM [pediatric portacath] access using Huber needle per sterile technique. Flush monthly with 10 milliliters of normal saline and 5 milliliters of heparin per protocol or MD order. RN [registered nurse] to administer CATHFLO [used to break up clots] for an occluded line per MD order... ". Volunteer visits ordered: 1 time per week times 13 weeks and 10 PRN for respite services.</p> <p>IDG (interdisciplinary group) Team Care Plan notes, dated 5/20/19, stated, "Volunteer services: utilize hospice volunteers to provide support and socializations - throughout care. Sit with patient. Provide companionship each visit".</p> <p>SN visits documented 1 visit per week and no PRN visits. The agency failed to evidence a need for 10 PRN visits. The agency also failed to evidence any volunteer visits were made during this benefit period or a need for 10 PRN visits.</p> <p>5. During an interview on 7/22/19 at 3:30 PM, employee D stated, "It looks like we need some education {regarding large number of PRN visits}". Donna stated that some of the newer nurses aren't sure about the amount of PRN visits to provide.</p>			

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L 0591 Bldg. 00	<p>418.64(b)(1) NURSING SERVICES</p> <p>(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.</p> <p>Based on record review and interview, the skilled nurse failed to ensure wound measurements and description of wounds were included in weekly assessments for 1 of 2 patients with wounds (#2); failed to include blood sugar levels were assessed during visits for 1 of 1 patient with diabetes included in the diagnoses (#15); and, failed to assess a portacath site for 1 of 2 patients with a portacath (#5) in a sample of 20 records reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy, revised 06/2019, titled, "Patient Assessment and Reassessment", stated that assessment and reassessment of the patient's physical condition and comfort level will be conducted by an RN (registered nurse). Team members will coordinate assessment and reassessment findings and resulting interventions with family/caregivers. 2. Record review of patient #2 included a plan of care with election date on 7/3/18 for the benefit period of 4/29/19 to 6/27/19 with diagnoses of nonrheumatic aortic stenosis (narrowing of the valve in the aorta, reducing blood flow to the body), atherosclerotic heart disease (narrowing of arteries close to the heart), hypertension, gastro-esophageal reflux disease, and hyperlipidemia. The patient was also noted to 	L 0591	L0591 The Hospice Administrator and Hospice Supervisors met with all hospice nurses and reviewed with them the requirement that "nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments." Practical examples of how this requirement was found to not be met were provided and nurses were asked to determine corrective measures that would meet the requirement. Nurses have been educated and reminded of the requirement to provide nursing services based on findings from patient assessment and/or established in the goals and interventions of the patient's plan of care. Nurses will begin to provide nursing care and services that meet the assessed needs of the patient and adhere to established time frames, goals, and interventions established in the patient's plan of care. 10% of all clinical records will be audited quarterly for evidence that the nursing services delivered met	08/23/2019	

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	<p>have a wound to the right heel.</p> <p>An updated care plan, dated 5/7/19, indicated skilled nursing (SN) for 1 time per week, then 2 times per week starting 6/17/19. "SN/PCG (patient care giver) to cleanse wound with soap and water 3x per week, apply calmoseptime (moisture barrier ointment) to wound bed and cover with optifoam, and wrap with kerlix 3x per week, and as needed for soiled dressing". Interventions: "Assess/ instruct patient/ caregiver on signs/ symptoms of infection, infection control measures ... measure wound first dressing change of the week ... assess wound size, stage, drainage, odor, wound bed, and periwound area...".</p> <p>The clinical record failed to evidence that the wound was assessed and/ or measured during the week of 4/29, 5/13, 5/28, 6/3, and 6/21/19.</p> <p>During an interview on 7/22/19 at 3:30 PM, employee D acknowledged that wound measurements were not completed.</p> <p>3. Record review of patient #5 included a POC with an election date on 2/20/19 for the benefit period of 5/21/19 to 8/18/19 with a primary diagnosis of malignant neoplasm of adrenal gland, with difficulty in walking. SN visits ordered: 1 time per week times 13 weeks and 10 PRN visits for symptom management and death. SN orders: " Titrate medication dose for comfort per physician order. PEDS PORT HLM [pediatric portacath] access using Huber needle per sterile technique. Flush monthly with 10 ml [milliliters] of normal saline and 5 ml of heparin per protocol or MD order. RN [registered nurse] to administer CATHFLO [used to break up clots] for an occluded line per MD order...".</p>		<p>the assessed needs of the patient and were in accordance to the established timeframes, goals, and interventions included in the patient's individualized plan of care.</p> <p>The Manager of Quality and Education will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>Hospice Nursing Supervisors were requested to review all active patient records to ensure all nursing needs of the patient were met as identified in the patient's initial, comprehensive, and ongoing assessments.</p>	

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	<p>SN visit notes, dated 5/22, 5/30, 6/12, 6/21, 6/28, and 7/5/19 failed to update an assessment of the port site.</p> <p>A SN visit, dated 7/10/19, described the port site location as "right thoracic".</p> <p>A SN visit, dated 7/17/19, described the port site location as "right subclavian upper chest".</p> <p>The SN failed to evidence updated port site assessments or to provide the correct location of the port when the port site was assessed, left versus right.</p> <p>4. Record review for patient #15, with an election date on 6/4/19 for the benefit period of 6/4/19 to 9/1/19, contained a POC and included the diagnoses of malignant neoplasm of the liver, malignant neoplasm of the prostate, and type 2 diabetes mellitus with diabetic chronic kidney disease. SN visits 1 time per week and 4 PRN for changes in condition.</p> <p>An initial comprehensive assessment, dated 6/4/19 and completed by a registered nurse, stated that the patient's past medical history included hyperglycemia (high blood sugar levels). A physical/metabolic assessment was completed and stated that metabolic symptoms included hyperglycemia, well controlled with diet and an oral diabetic agent.</p> <p>SN visits on 6/13, 6/19, 6/26, 7/3, 7/10, and 7/16 failed to evidence assessments of the patient's diabetes, diet, or blood glucose levels.</p> <p>During the daily conference on 7/22/19, employee D stated, "They {blood glucose levels} should have been documented on the visit {notes}".</p>			

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L 0615 Bldg. 00	<p>418.76(c)(1) COMPETENCY EVALUATION</p> <p>An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section.</p> <p>(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.</p> <p>Based on personnel file review and interview, the agency failed to ensure hospice aides completed competency evaluation for 2 of 4 home health aides in a sample of 25 employees reviewed. (Employees O and S)</p> <p>Findings include:</p> <p>Personnel file review of employee O, a home health aide with a date of hire on 1/18/16, failed to evidence documentation of a competency test.</p> <p>Personnel file review of employee S, a home health aide with a date of hire on 4/5/18, failed to evidence documentation of a competency test.</p> <p>During an interview on 7/24/19 at 10:40 AM, the administrator stated, "... if the agency hires an aide already licensed then we consider the license proof that the aide was competencied.... ". At 10:55 AM, the administrator stated that the agency did not keep competency skills testing in</p>	L 0615	L0615 The Hospice Administrator met with the Manager of Quality and Education and reviewed the onboarding competency content and documentation for each Hospice Aide currently employed by the agency. Evidence of onboarding skills demonstration for each Aide was confirmed. The practice of using only confirmation that an Aide is included on the Indiana State Home Health Aide Registry, as evidence that the Aide has demonstrated competence with the IAHHC Certified Home Health Aide/Personal Care Assistant Test content is discontinued. The agency will continue to require onboarding skills demonstration and will continue to confirm Aides are included on the State Registry, and in addition will	08/23/2019
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L 0619 Bldg. 00	<p>personnel records or at all.</p> <p>418.76(c)(5) COMPETENCY EVALUATION (5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met.</p> <p>Based on personnel file review and interview, the</p>	L 0619	<p>administer and maintain record of the IAHC Certified Home Health Aide/Personal Care Assistant Test and will educate and remediate onboarding Hospice Aides based on their performance on this exam. Current Hospice Aide team members found to be missing evidence that this test was administered at onboarding have completed the test and documentation of their completion of the test has been added to their education records.</p> <p>The exam has been added to the required onboarding education and skills demonstrations for Hospice Aides. An audit of HR records is established and evidence that the IAHC Certified Home Health Aide/Personal Care Assistant Test was administered, completed, passed and included in each Aide's HR record has been added to the established new hire HR audit.</p> <p>The Manager of Quality and Education will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.</p>	08/23/2019

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	<p>agency failed to ensure personnel records included a copy of competency evaluation results for 2 of 4 home health aides in a sample of 25 employees reviewed. (Employees O and S)</p> <p>Findings include:</p> <p>Personnel file review of employee O, a home health aide with a date of hire on 1/18/16, failed to evidence documentation of a competency test.</p> <p>Personnel file review of employee S, a home health aide with a date of hire on 4/5/18, failed to evidence documentation of a competency test.</p> <p>During an interview on 7/24/19 at 10:40 AM, the administrator stated, ".... if the agency hires an aide already licensed then we consider the license proof that the aide was competencied.... ". At 10:55 AM, the administrator stated that the agency did not keep competency skills testing in personnel records or at all.</p>		<p>and Education and reviewed the onboarding competency content and documentation for each Hospice Aide currently employed by the agency. Evidence of onboarding skills demonstration for each Aide was confirmed. The practice of using only confirmation that an Aide is included on the Indiana State Home Health Aide Registry, as evidence that the Aide has demonstrated competence with the IAHC Certified Home Health Aide/Personal Care Assistant Test content is discontinued. The agency will continue to require onboarding skills demonstration and will continue to confirm Aides are included on the State Registry, and in addition will administer and maintain record of the IAHC Certified Home Health Aide/Personal Care Assistant Test and will educate and remediate onboarding Hospice Aides based on their performance on this exam. Current Hospice Aide team members found to be missing evidence that this test was administered at onboarding have completed the test and documentation of their completion of the test has been added to their education records.</p> <p>The exam has been added to the required onboarding education and skills demonstrations for Hospice Aides. An audit of HR records is established and evidence that the</p>	

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

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			IAHHC Certified Home Health Aide/Personal Care Assistant Test was administered, completed, passed and included in each Aide's HR record has been added to the established new hire HR audit. The Manager of Quality and Education will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.		