

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151524	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2015
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NAME OF PROVIDER OR SUPPLIER REID HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 REID PKWY STE 125 RICHMOND, IN 47374
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 was a hospice state relicensure and federal recertification survey</p> <p>Survey Dates: Aug 4, 2015 - Aug 6, 2015</p> <p>Facility ID 006532</p> <p>Medicaid Vendor ID 200143100A</p> <p>Clinical Records Reviewed 13 Home Visits 3</p> <p>12 Month Unduplicated Admissions: 359 Active Census: 35</p> <p>QA; LD, R.N.</p>	L 0000		
L 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, clinical record and agency policy review the hospice agency failed to include medical supplies and</p>	L 0550	<p>Reid Hospice Plan of Correction</p> <p>1. Correction of deficient practice for each client cited in the</p>	09/18/2015

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 90 days 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 14 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>appliances in the plan of care for 4 of 13 (records 1,3,4 and 6) clinical records reviewed.</p> <p>Findings:</p> <p>1. Clinical record #1, the patient has a start of care and hospice benefit election date 6/8/2012 with a diagnosis dementia. During a nursing visit observation on August 5, 2015 with employee A, a registered nurse (RN), it was indicated that the hospice provided thicket (a thickening agent for oral fluids) for the patient. The plan of care failed to include thicket.</p> <p>2. Clinical record #3, the patient has a start of care and hospice benefit election date 8/12/2014 with a diagnosis basal cell carcinoma. A nursing comprehensive assessment completed at admission states the patient's gait is "steady with device". The plan of care dated 8/12/2014, failed to indicate the type of device used by the patient for ambulation.</p> <p>3. Clinical record #4, the patient has a start of care and hospice benefit election date 11/7/2014 with a diagnosis renal disease. During a home visit observation on August 5th 2015 at 11:30 AM, the patient was observed and assisted by employee F, an RN, to ambulate with a</p>		<p>deficiency:</p> <p>Clinical record #1 Plan of care update to include thicket on 9/2/2015</p> <p>Clinical record#3 Plan of care update to include wheeled walker for ambulation on 9/2/2015</p> <p>Clinical record#4 Plan of care update to include rolling walker for ambulation on 9/1/2015</p> <p>Clinical record#6 Plan of care update to include rollator walker for ambulation on 9/2/2015</p> <p>2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice:</p> <p>All patient's Plan of Care where reviewed at the IDG meeting and updated as needed to assure that all Medical Supplies and appliances currently in use to meet the needs of the patient are in the Plan of care.</p> <p>3. Describes Steps or systemic changes the facility has made or will make to ensure the deficient practice does not recur:</p>		

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	<p>rolling walker. The plan of care dated 11/7/2014 failed to include a rolling walker.</p> <p>4. Clinical record #6, the patient has a start of care and hospice benefit election date 2/16/2015 with a diagnosis lymphoma. A nursing comprehensive assessment completed on 2/6/2015 states the patient's gait is "unsteady with device". The plan of care dated 2/16/2015, failed to indicate the type of device used by the patient for ambulation.</p> <p>5. An agency policy effective date November 19, 2008 states " The Plan of Care must include the following:...medical supplies and appliances.</p>		<p>In-service held on Plan of Care on 9/2/2015 given by Kathy Macdonald Oncology Service Line Quality Manager for all Hospice RNs, Social Workers, Chaplains and Hospice Director. Individuals who were not at the in-service will receive individual instructions to be completed no later than 9/11/2015.</p> <p>The PowerPoint on Plan of Care will be part of the orientation for all new hospice employees effective 9/3/2015.</p> <p>4. Describe how the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>Oncology Service line Quality Manager will audit 100% of hospice charts monthly through December 2015. If continued deficiencies are noted with the plan of care re-education of individuals will be done within 2 weeks of each audit. Ten percent of charts will be audited monthly through 2016 to ensure compliance.</p>	