

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2013
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NAME OF PROVIDER OR SUPPLIER  NEW HOPE HOSPICE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952
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S000000	<p>This visit was a hospice state re-licensure survey.</p> <p>Survey dates: 5/31/13 to 6/5/13</p> <p>Facility #:003966</p> <p>Medicaid # 200492790</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 354 RR w/HV: 3 RR w/o HV: 2</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>June 10, 2013</p>	S000000		

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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S000543	<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. Based on clinical record review, personnel file review, and interview, the hospice failed to ensure all hospice care and services furnished to patients followed an individualized written plan of care established by the hospice interdisciplinary group in 1 of 5 records reviewed with the potential to affect all the agencies patients. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1, election date and start of care 4/9/13, contained a document dated 4/18/13 signed by all members of the interdisciplinary group titled "Consolo IDG Comprehensive Assessment 04/18/2013 for [patient] at Office New Hope Marion" Page 18 of 31 states, "Hospice Aide Tasks Activated Tasks Activity Ambulation [yes], Assist with R.O.M./Exercise [yes] Dietary Diet [yes] (regular), Encourage Fluids [yes] Elimination Bathroom with Assistance [yes] Personal Care Assist with getting</p>	S000543	<p>This provider wishes this plan of correction be considered as our allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth or conclusion set for in the statement of deficiencies. This plan of correction is prepared and/or executed by the provision of the Federal and State laws. 1. An inservice was given to the nurses on June 10, 2013 regarding changes that need to be made on the aide plan of care. Written communication as well as verbal reinforcement was given to each nurse on June 17, 2013 and a reminder document given to them on June 20, 2013 regarding changes required for the aide plan of care. A meeting is to be held with the hospice aides on June 26 and 27, 2013 regarding following the plan of care, communication with the case manager, and documentation of changes/concerns. As per state surveyor suggestion, the words "per patient/caregiver request" will</p>	07/05/2013			

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	<p>dressed [yes], Brush hair [yes], Foot Care [yes], Linen change [yes], Nail care [yes], Oral Hygiene [yes], shampoo [yes], shave [yes], shower [yes], Skin Care [yes]."</p> <p>A. The document dated 4/8/13 through 4/12/13 titled "CHHA/CNA_Weekly Care Record" evidenced hospice aide visits were conducted on 4/10/13 that included "companion" as the only task performed at that visit by employee E.</p> <p>B. The document dated 4/22/13 through 4/26/13 titled "CHHA/CNA_Weekly Care Record" evidenced hospice aide visits were conducted by employee E on 4/22 and 4/24/13. The hospice aide failed to perform ordered tasks which included Range of Motion exercises and Encourage Fluids on 4/24/13 and documented "companion" as the only task performed on 4/26/13.</p> <p>C. The document dated 5/6/13 through 5/10/13 titled "CHHA/CNA_Weekly Care Record" evidenced hospice aide visits were conducted on 5/6, 5/8, and 5/10/13. The hospice aide, employee E failed to perform ordered tasks which included Range of Motion exercises and Encourage Fluids on 5/6 and 5/8/13 and documented</p>		<p>be added to the assigned tasks that the nurse does not expect the aide to complete each visit but have been placed on the plan of care to provide the patient/caregiver with choice. 2. Initially, all aide plans of care, documentation, and supervisory visits will be reviewed by July 5, 2013. Any noted deficiency will be brought to the attention of the appropriate staff member(s) and counseling will be provided as needed. Random weekly audits will be completed by the clinical director and designees x3 months and then quarterly x3. Results will be included in the QAPI monthly report. 3. Clinical Director or designees will be responsible for all reviews. 4. This deficiency will be corrected by July 5, 2013.</p>				

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	<p>"companion" as the only task performed on 5/10/13.</p> <p>2. Personnel file for employee E evidenced a document signed and dated 3/7/11 titled "Hospice Aide Job description" and states, "Key Accountabilities: ... 4. Meet all patient personal care needs as documented in the care plan each visit."</p> <p>3. On 6/4/13 at 12:20 PM, employee B indicated the aides should follow the plan of care and, if there is a change in care, then the case manager should be notified.</p>				

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S000626	<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. Based on clinical record review, personnel file review, and interview, the hospice failed to ensure the hospice aide provided services that were included in the plan of care in 1 of 5 records reviewed with the potential to affect all the agencies patients. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1, election date and start of care 4/9/13, contained a document dated 4/18/13 signed by all members of the interdisciplinary group titled "Consolo IDG Comprehensive Assessment 04/18/2013 for [patient] at Office New Hope Marion" Page 18 of 31 states, "Hospice Aide Tasks Activated Tasks Activity Ambulation [yes], Assist with R.O.M./Exercise [yes] Dietary Diet [yes] (regular), Encourage Fluids [yes] Elimination Bathroom with Assistance [yes] Personal Care Assist with getting dressed [yes], Brush hair [yes], Foot Care [yes], Linen change [yes], Nail care [yes], Oral Hygiene [yes], shampoo [yes], shave</p>	S000626	<p>1. An inservice was given to the nurses on June 10, 2013 regarding changes that need to be made on the aide plan of care. Written communication to each nurse as well as verbal reinforcement of needed changes to the aide plan of care was given on June 17, 2013 and a reminder was given via written documentation on June 20, 2013. A meeting is to be held with staff on June 26 and 27, 2013 regarding the plan of care, documentation, and communication with the case manager. As per state surveyor suggestion the words "per patient/caregiver request" will be added to the assigned tasks that the nurse does not expect to be completed each visit but have been placed on the plan of care to provide the patient/caregiver choice. 2. Initially, all aide plans of care, documentation, and supervisory visits will be reviewed by July 5, 2013. Any noted deficiency will be brought to the attention of the appropriate staff member(s) and counseling will be provided as needed. 3. Clinical</p>	07/05/2013			

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	<p>[yes], shower [yes], Skin Care [yes]."</p> <p>A. The document dated 4/8/13 through 4/12/13 titled "CHHA/CNA_Weekly Care Record" evidenced hospice aide visits were conducted on 4/10/13 that included "companion" as the only task performed at that visit by employee E.</p> <p>B. The document dated 4/22/13 through 4/26/13 titled "CHHA/CNA_Weekly Care Record" evidenced hospice aide visits were conducted by employee E on 4/22 and 4/24/13. The hospice aide failed to perform ordered tasks which included Range of Motion exercises and Encourage Fluids on 4/24/13 and documented "companion" as the only task performed on 4/26/13.</p> <p>C. The document dated 5/6/13 through 5/10/13 titled "CHHA/CNA_Weekly Care Record" evidenced hospice aide visits were conducted on 5/6, 5/8, and 5/10/13. The hospice aide, employee E failed to perform ordered tasks which included Range of Motion exercises and Encourage Fluids on 5/6 and 5/8/13 and documented "companion" as the only task performed on 5/10/13.</p>		Director and designees will be responsible for all reviews. 4. This deficiency will be corrected by July 5, 2013.		

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	<p>2. Personnel file for employee E evidenced a document signed and dated 3/7/11 titled "Hospice Aide Job description" and states, "Key Accountabilities: ... 4. Meet all patient personal care needs as documented in the care plan each visit."</p> <p>3. On 6/4/13 at 12:20 PM, employee B indicated the aides should follow the plan of care and, if there is a change in care, then the case manager should be notified.</p>			

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S000628	<p>418.76(g)(4) HOSPICE AIDE ASSIGNMENTS AND DUTIES</p> <p>(4) Hospice aides must report changes in the patient's medical, nursing, rehabilitative, and social needs to a registered nurse, as the changes relate to the plan of care and quality assessment and improvement activities. Hospice aides must also complete appropriate records in compliance with the hospice's policies and procedures. Based on clinical record, agency policy, and document review and interview, the hospice failed to ensure the hospice aide reported changes in the patient's medical, nursing, rehabilitative, and social needs to a registered nurse in 1 of 5 records reviewed with hospice aide services creating the potential to affect all the hospice patients. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 4/9/13, contained a document titled "CHHA/CNA-Weekly Care Record" that evidenced on 4/24/13, under the section titled "observation/comments", documentation from employee E (aide) that states, "[Patient] was short of breath today. Said [he/she] didn't sleep well." On the reverse side, under the section titled "Showers and Skin Evaluation" dated 4/24/13, the employee documents "Feet swollen." The record failed to evidence the observations documented by</p>	S000628	<p>1. Inservices will be presented to all staff on June 26 and 27, 2013 regarding reporting of patient changes/concerns to the case manager. 2 Chart audits will be conducted initially on all charts by July 5, 2013 to monitor for documentation of changes noted by the aide and any subsequent communication and visit made by the skilled nurse. Random audits will then be conducted weekly x3 months and then quarterly x3. Results will be included in the QAPI report monthly. 3. Clinical director and designees will be responsible to conduct the audits. 4. Deficiency will be corrected by July 5, 2013.</p>	07/05/2013	

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	<p>the hospice aide were reported to the registered nurse, case manager.</p> <p>The document titled "CHHA/CNA-Weekly Care Record" evidenced on 5/8/13, under the section titled "observation/comments", documentation from employee E that states, "[Patient] was having a hard time breathing today." The record failed to evidence the observations documented by the hospice aide were reported to the registered nurse, case manager.</p> <p>2. On 6/4/13 at 1:15 PM, employee B, director of nursing, indicated the aide should have reported the observations to the registered nurse and was unable to provide any documentation to support that it was.</p> <p>3. The undated agency policy titled "Home Health Aide Services" states, "Procedures: ... 6. The home health aide is required to report changes in the patient's medical, nursing, rehabilitative and social needs to the RN Case Manager."</p> <p>4. The agency job description titled "Hospice Aide Job Description" states, "Key Accountabilities: ... 5. All changes in the patient's condition during personal care will be reported to the case manager</p>				

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S000656	<p>418.100(f)(1)(i) HOSPICE MULTIPLE LOCATIONS If a hospice operates multiple locations, it must meet the following requirements: (1) Medicare approval. (i) All hospice multiple locations must be approved by Medicare before providing hospice care and services to Medicare patients. Based on document review and interview, the hospice failed to ensure additional sites were approved by the Centers for Medicare and Medicaid Services (CMS) prior to functioning as a multiple site for 1 of 1 hospice with the potential to affect all clients of the hospice receiving services from the Indianapolis location.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 5/31/13 at 9:54 AM, employee E, director of nursing, indicated the hospice had an additional site in Indianapolis, Indiana, that provided services to hospice patients. The hospice was unable to produce evidence supporting the approval for site operation.</li> <li>On 5/31/13 at 11:10 AM, employee F presented surveyor with a list of 16 patient names and indicated the list was for patients receiving services from the Indianapolis, Indiana, site location.</li> <li>On 5/31/13 at 11:15 AM, employee F presented a list of hospice staff employed</li> </ol>	S000656	<ol style="list-style-type: none"> <li>Pursuant to instructions received from CMS, New Hope Hospice submitted a new application to the ISDH for the approval of its Indianapolis location. New Hope Hospice ceased billing the Medicare program from its Indianapolis location on June 5, 2013. New Hope Hospice is certified for Medicare participation from its Marion, Indiana location. 2 New Hope Hospice's Executive Director will ensure that CMS approves its Indianapolis location before the Indianapolis location bills the Medicare program for hospice care and services to Medicare recipients. New Hope Hospice previously submitted an application for its Indianapolis location to the ISDH. This application was approved by the ISDH on January 29, 2008 and forwarded to CMS. CMS requested additional information. New Hope Hospice provided the requested information but CMS apparently did not receive it. 3. New Hope Hospice's Executive Director will ensure that CMS approves its Indianapolis location before the Indianapolis location</li> </ol>	07/05/2013	

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	<p>at the Indianapolis, Indiana, site location.</p> <p>4. On 6/3/13 at 10:25 AM, employee F presented a pamphlet which she indicated the hospice gives out to the public such as in doctor's offices. The literature listed 5600 West Bradbury Avenue, Indianapolis, Indiana, as a location providing services for this agency.</p> <p>5. A letter to the hospice, and copied to the Indiana State Department of Health, from CMS dated 1/14/2009 states, "The Indiana State Department of Health (ISDH) has notified us that your hospice wants to establish the office located at 5600 Bradbury Avenue, Indianapolis, IN 46241 as a multiple site location of your Marion hospice. Based upon our review of the information submitted to the ISDH, we regret to inform you that we must deny the Indianapolis multiple hospice site application for the following reason ..."</p>		<p>bills the Medicare program. 4. New Hope Hospice submitted a new application to the ISDH for approval of its Indianapolis location. New Hope Hospice's Executive Director will monitor the status of its application. New Hope Hospice anticipates that the ISDH will approve its application and forward it to CMS before July 5, 2013. New Hope Hospice anticipates that CMS will approve its Indianapolis location application by August 5, 2013.</p>		

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S000799	<p>418.116(a) MULTIPLE LOCATIONS Every hospice must comply with the requirements of §420.206 of this chapter regarding disclosure of ownership and control information. All hospice multiple locations must be approved by Medicare and licensed in accordance with State licensure laws, if applicable, before providing Medicare reimbursed services. Based on document review and interview, the hospice failed to ensure additional sites were approved by the Centers for Medicare and Medicaid Services (CMS) prior to functioning as a multiple site for 1 of 1 hospice with the potential to affect all clients of the hospice receiving services from the Indianapolis location.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 5/31/13 at 9:54 AM, employee E, director of nursing, indicated the hospice had an additional site in Indianapolis, Indiana, that provided services to hospice patients. The hospice was unable to produce evidence supporting the approval for site operation.</li> <li>On 5/31/13 at 11:10 AM, employee F presented surveyor with a list of 16 patient names and indicated the list was for patients receiving services from the Indianapolis, Indiana, site location.</li> <li>On 5/31/13 at 11:15 AM, employee F</li> </ol>	S000799	<ol style="list-style-type: none"> <li>Pursuant to instructions received from CMS, New Hope Hospice submitted a new application to the ISDH for the approval of its Indianapolis location. New Hope Hospice ceased billing the Medicare program from its Indianapolis location on June 5, 2013. New Hope Hospice is certified for Medicare participation from its Marion, Indiana location. 2 New Hope Hospice's Executive Director will ensure that CMS approves its Indianapolis location before the Indianapolis location bills the Medicare program for hospice care and services to Medicare recipients. New Hope Hospice previously submitted an application for its Indianapolis location to the ISDH. This application was approved by the ISDH on January 29, 2008 and forwarded to CMS. CMS requested additional information. New Hope Hospice provided the requested information but CMS apparently did not receive it. 3. New Hope Hospice's Executive Director will ensure that CMS approves its Indianapolis location</li> </ol>	07/05/2013			

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	<p>presented a list of hospice staff employed at the Indianapolis, Indiana, site location.</p> <p>4. On 6/3/13 at 10:25 AM, employee F presented a pamphlet which she indicated the hospice gives out to the public such as in doctor's offices. The literature listed 5600 West Bradbury Avenue, Indianapolis, Indiana, as a location providing services for this agency.</p> <p>5. A letter to the hospice, and copied to the Indiana State Department of Health, from CMS dated 1/14/2009 states, "The Indiana State Department of Health (ISDH) has notified us that your hospice wants to establish the office located at 5600 Bradbury Avenue, Indianapolis, IN 46241 as a multiple site location of your Marion hospice. Based upon our review of the information submitted to the ISDH, we regret to inform you that we must deny the Indianapolis multiple hospice site application for the following reason ..."</p>		<p>before the Indianapolis location bills the Medicare program. 4. New Hope Hospice submitted a new application to the ISDH for approval of its Indianapolis location. New Hope Hospice's Executive Director will monitor the status of its application. New Hope Hospice anticipates that the ISDH will approve its application and forward it to CMS before July 5, 2013. New Hope Hospice anticipates that CMS will approve its Indianapolis location application by August 5, 2013.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151587		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/05/2013	
NAME OF PROVIDER OR SUPPLIER  NEW HOPE HOSPICE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1385 N BALDWIN AVE MARION, IN 46952			
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S009997	<p>IC 16-28-13-4 Aide Registry Sec. 4(a) Except as provided in subsection (b), a person who:</p> <p>1) operates or administers a health care facility; or</p> <p>2) operates an entity in the business of contracting to provide nurse aides or other unlicensed employees for a health care facility;</p> <p>shall apply within three (3) business days from the date a person is employed as a nurse aide or other unlicensed employee for a copy of the person's state nurse aide registry report from the state department...</p> <p>b) A health care facility is not required to apply for the state nurse aide registry report ... required by subsection (a) if the health care facility contracts to use the services of a nurse aide or other unlicensed employee who is employed by an entity in the business of contracting to provide nurse aides or other unlicensed employees to health care facilities.</p> <p>Based on personnel file and job description review and interview, the hospice failed to ensure the Hospice Aides were entered on and in good standing on the State Aide Registry for 3 of 3 Hospice Aide files reviewed with the potential to affect all the agency's patient's that receive Hospice Aide services. (employees E, G, and H)</p> <p>Findings include:</p> <p>1. Personnel file E, date of hire 3/7/11, failed to evidence verification the</p>	S009997	<p>1. All current New Hope Hospice nurse aide files were reviewed. Applications were submitted to the Indiana State Department of Health for those aides with no evidence of Home Health/Hospice aide certification. New Hope Hospice verified on June 20, 2013 that applications were received and all nurse aides are now listed as Home Health Aides and certifications are current. Copies have been made and placed in each personnel file. 2. All new nurse aides hired by New Hope Hospice will have verification of current home</p>	06/20/2013			

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	<p>employee was entered on and in good standing on the state aide registry as a Home Health/Hospice Aide. A document titled "Indiana Online Licensing" states, "License Type: Certified Nurse Aide."</p> <p>2. Personnel file G, date of hire 12/12/12, failed to evidence verification the employee was entered on and in good standing on the state aide registry as a Home Health/Hospice Aide. A document titled "Indiana Online Licensing" states, "License Type: Certified Nurse Aide."</p> <p>3. Personnel file H, date of hire 4/8/11, failed to evidence verification the employee was entered on and in good standing on the state aide registry as a Home Health/Hospice Aide. A document titled "Indiana Online Licensing" states, "License Type: Certified Nurse Aide."</p> <p>4. On 6/5/13 at 1:20 PM, employee B indicated employees E, G, and H were Certified Nurses Aides.</p> <p>5. Agency job description titled "Hospice Aide Job Description" states, "Qualifications: Completion of high school or equivalency diploma. Graduate of Certified Nursing Assistant program with current HHA License."</p>		<p>health/hospice aide certification prior to the first day of employment. 3. Office/HR coordinator will verify that each new hire has a current Home Health/Hospice aide certification. A master list of certification expiration dates will be maintained by the Office/HR coordinator for all current hospice aides. The ISDH nurse aide registry will be checked prior to the expiration date of the current certification for each hospice aide. Any home health/hospice aide whose certification has expired will not be allowed to work in the capacity of a certified home health/hospice aide. 4. This deficiency has been corrected.</p>		

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