

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151602	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER NIGHTINGALE HOSPICE CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1036 S RANGELINE RD CARMEL, IN 46032
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S 000 Bldg. 00	<p>This was a hospice State complaint investigation survey.</p> <p>Complaint #: IN00163382; Substantiated, state deficiencies related to the complaint are cited. Unrelated deficiencies are also cited.</p> <p>Survey Date: 2-23-15</p> <p>Medicaid Vendor #: 200911100</p> <p>Surveyors: Vicki Harmon, RN, PHNS Team Leader Linda Dubak, RN, PHNS Ingrid Miller, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 2, 2015</p>	S 000		
S 516 Bldg. 00	<p>418.52(c)(5) RIGHTS OF THE PATIENT [The patient has a right to the following:] (5) Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.</p> <p>6. On 2-23-15, a complaint investigation survey was being conducted at</p>	S 516	<p>1 How will the deficiency be corrected? The lease with the Crown Point office space has been terminated</p>	04/21/2015

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>Nightingale Hospice in Carmel, Indiana. At 1:16 PM, an e-mail was received from Surveyor 2 with an attachment. The attachment was a document with the date 11-19-14 at the top with the Nightingale Hospice logo on the left side. The document included 7 patient names with a registered nurse's name (employee G), a date, and a place for comments that included diagnoses. An e-mail from the PHNSS (Public Health Nurse Surveyor Supervisor) was received at 3:15 PM indicating the document was obtained by Surveyor 2 from a Nightingale office in Crown Point, Indiana. An e-mail received at 3:22 PM evidenced no one was in the office and the door was "open/unlocked."</p> <p>7. An e-mail was received from the PHNSS on 2-23-15 at 2:38 PM with instructions to obtain a list of discharged patients from the Carmel Nightingale Hospice and compare the names on the discharge list to names on the document obtained by Surveyor 2.</p> <p>A list of discharged Nightingale hospice patients for the last 6 months was requested and received on 2-23-15 at 3:35 PM. The list of discharged patients included 4 of the names (patients numbered 2, 4, 6, and 7) found on the document obtained by Surveyor 2 from</p>		<p>All documents have been removed from the office space</p> <p>2 How will the deficiency be prevented from recurring? An inservice will be given to all staff regarding HIPPA compliance regulations An Inservice will also be given on patients rights The lease for this office space in Crown Point will not be renewed in the future</p> <p>3 Who is responsible? The Executive Director</p> <p>4 By what date? 04/21/2015</p>				

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S 673 Bldg. 00	<p>the unlocked, unattended Crown Point, Indiana office.</p> <p>8. An e-mail was received on 2-25-15 at 9:10 AM from the PHNSS with a directive from the supervisor and the Division of Acute Care Director to cite this deficiency related to the findings in Crown Point, Indiana. The e-mail states, "I [the PHNSS] discussed the Crown Point location with [the Division of Acute Care Director] and together we have decided to cite L 516 and L 680 for all complaints."</p> <p>418.104(a)(2) CONTENT [Each patient's record must include the following:] (2) Signed copies of the notice of patient rights in accordance with §418.52 and election statement in accordance with §418.24.</p> <p>Based on admission packet review and interview, the hospice failed to ensure the election form included the specific name of the hospice and the name of the attending physician creating the potential to affect all of the hospice's 20 current patients.</p> <p>The findings include:</p>	S 673	<p>1 How will the deficiency be corrected? The Notice of Election forms will be updated to include the name of the attending Physician and the specific name of the Hospice providing the service All new patient records will contain the new updated Notice of election 2 How will the deficiency be prevented from recurring? Continuing education</p>	04/21/2015

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	<p>1. The admission packet provided to patients at the time of admission to the hospice was reviewed on 2-23-15 at 11:00 AM from the Director of Medical Records. The Director indicated the forms in the packet were provided to patients at the time of admission to the hospice.</p> <p>2 The admission packet included an "Explanation & Election Of Hospice Benefits" form. The form included the name "Nightingale Hospice" in the upper left hand corner. The form failed to evidence the name of the attending physician.</p> <p>3. Per an email from the Public Health Nurse Surveyor Supervisor (PHNSS), on 2-26-15 at 9:47 AM, the election form is not in compliance. The e-mail states, "I do need for you to cite the election statement and the citation I sent you where CMS indicated this was to be cited. Legal reviewed an election statement of theirs and agreed this is not clear who the patient is electing to provide hospice care, the election statement does not contain the name of the attending physician, which is a required element of the election statement."</p>				<p>for regulatory updates will be provided for Administrative staff to ensure compliance an inservice was given to all admission field staff on the updated form. 25% of all Start of Care admission consents will be audited for 90 days to ensure ongoing compliance and will be continued until 100% compliance is obtained 3 Who is responsible? The Executive Director 4 By what date? 04/21/2015</p>		

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S 680 Bldg. 00	<p>418.104(c) PROTECTION OF INFORMATION The clinical record, its contents and the information contained therein must be safeguarded against loss or unauthorized use. The hospice must be in compliance with the Department's rules regarding personal health information as set out at 45 CFR parts 160 and 164.</p> <p>6. On 2-23-15, a complaint investigation survey was being conducted at Nightingale Hospice in Carmel, Indiana. At 1:16 PM, an e-mail was received from Surveyor 2 with an attachment. The attachment was a document with the date 11-19-14 at the top with the Nightingale Hospice logo on the left side. The document included 7 patient names with a registered nurse's name (employee G), a date, and a place for comments that included diagnoses. An e-mail from the PHNSS (Public Health Nurse Surveyor Supervisor) was received at 3:15 PM indicating the document was obtained by Surveyor 2 from a Nightingale office in Crown Point, Indiana. An e-mail received at 3:22 PM evidenced no one was in the office and the door was "open/unlocked."</p>	S 680	<p>1 How will the deficiency be corrected? The lease with the Crown Point office space has been terminated All documents have been removed from the office space 2 How will the deficiency be prevented from recurring? An inservice will be given to all staff regarding HIPPA compliance regulations An Inservice will also be given on patients rights The lease for this office space in Crown Point will not be renewed in the future 3 Who is responsible? The Executive Director 4 By what date? 04/21/2015</p>	04/21/2015

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

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