This visit was for an initial hospice state licensure survey

Survey Dates: February 21-22

Facility ID# 014085

Census: 3 active, 2 discharged patients

Home visits: 2
Records reviewed: 5

418.54(c)(6)

CONTENT OF COMPREHENSIVE ASSESSMENT

[The comprehensive assessment must take into consideration the following factors:] (6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:

(i) Effectiveness of drug therapy
(ii) Drug side effects
(iii) Actual or potential drug interactions
(iv) Duplicate drug therapy
(v) Drug therapy currently associated with
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING 00
B. WING

NAME OF PROVIDER OR SUPPLIER
ADAPTIVE HOSPICE, INC
702 NORTH SHORE DRIVE, STE 201
JEFFERSONVILLE, IN 47130

SUMMARY STATEMENT OF DEFICIENCIES
Based on record review, and interview, the hospice failed to complete a comprehensive review of all the patient's medications for identification of effectiveness of drug therapy, drug side effects, actual or potential drug interactions, duplicate drug therapy or drugs currently associated with laboratory monitoring for 5 (#1-5) of 5 records reviewed.

Findings Include:

1. Clinical record #1 was reviewed 2/21/2017 and failed to show evidence of a comprehensive drug review.

2. Clinical record #2 was reviewed 2/21/2017 and failed to show evidence of a comprehensive drug review.

3. Clinical record #3 was reviewed 2/21/2017 and failed to show evidence of a comprehensive drug review.

4. Clinical record #4 was reviewed 2/22/2017 and failed to show evidence of a comprehensive drug review.

5. Clinical record #5 was reviewed 2/22/2017 and failed to show evidence of a comprehensive drug review.

The Executive Director will educate the RN to complete a full comprehensive medication review of all current medications for all current patients. Executive Director will educate RN and any future RN's to complete a full comprehensive medication review on all new medications ordered by a physician upon admission and with any new medication ordered or med change. Education will include: drug profile, allergies, effectiveness, actual or potential side effects, actual or potential drug interactions, duplicate drug therapy, the need for pharmacological or non-pharmacological interventions for pain and other symptom management as applicable to the patient. Every effort will be made by the RN to provide explanation and education to the patient regarding interactions and/or allergies when indicated. A drug classification sheet will also be presented and explained to each patient upon admission for the patient/caregiver to review and it will remain present in the patients home chart. All current medication records will be reviewed by the Executive Director to ensure that a comprehensive medication review

PROVIDER'S PLAN OF CORRECTION
03/20/2017

EDUCATION:
S0530
03/20/2017
6. The agency's policy titled, Adaptive Medication Profile Policy # 4-050.1, was reviewed on 2/22/2017. The policy stated, A drug regimen review will be performed by a registered nurse at the time of initial comprehensive assessment, when updates to the comprehensive assessment are performed, when care is resumed after the patient is placed on hold, and with the addition of a new medications. The review will identify: drug profile, effectiveness, actual or potential side effects, toxic effects, allergic reactions, immediate desired effects, unusual or unexpected effects changed in the patient's condition that contraindicates continued administration of the drug, drug related laboratory results actual or potential drug interactions, duplicate drug therapy, the need for pharmacological or non-pharmacological interventions for pain and other symptom management as applicable to the patient."

7. In an interview with the director of nursing on 2/22/2017 at 11:20 am, the director was unable to provide evidence the hospice had completed a medication review as a part of the comprehensive assessment for patients 1-5.

618.100(g)(2)

TRAINING

(2) A hospice must provide an initial has been completed by the RN. The Executive Director will review all future admissions by the RN to ensure that comprehensive medication review has been completed. Executive Director will audit 10% of patient's medication profiles to ensure that RN has completed a comprehensive medication review for any new medication or medication change. Contracted pharmacy, Procare will also do drug reviews on any new medication. The contracted pharmacist will contact the RN case manager to report interactions or allergy alerts.
orientation for each employee that addresses the employee's specific job duties.

Based on record review and interview, the hospice failed to complete an initial competency assessment and validation to address the the employees specific job duties for 1 (employee C) of 10 employee records reviewed.

1. The clinical record for employee C, a registered nurse, was reviewed 2/22/2017 at 10 am. An agency document titled Initial Competency Assessment Skills Checklist was located in the record. The checklist failed to show the preceptors initials for 27 of the required proficiencies for a registered nurse.

2. The hospice's policy titled, Competency Program Policy No 1-025.1, dated 9/29/2016 stated, The organization will establish and annually evaluate a group of specific skills related to patient care/service responsibilities and complexity of care provided by personnel. Competencies must be sucessfully demonstrated before organization personnel complete orientation...A preceptor will be assigned to each new staff member as a part of the orientation process, The preceptor will observe and deem proficient the indicated skills and core competencies."

S-0662 The Executive Director will educate all preceptors regarding competency completion requirements. The education will include a complete list of all required proficiencies for all clinicians and personnel, a list of evaluation methods and a recommended completion date. Once competency is validated by the preceptor as proficient, the preceptor will date and initial when completed. Each competency assessment completed will be reviewed by the Executive Director for accurate completion of required proficiencies prior to any personnel having patient contact. 10% of all personnel records will also be audited quarterly for evidence that competency assessments are accurate and complete. The Executive Director or designee will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.

02/23/2017
3. In a 2/22/2017 interview at 12:00 PM, the director of nursing was unable to provide additional information to validate the competency of employee C for those competency items which were incomplete.