

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151567	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2014
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NAME OF PROVIDER OR SUPPLIER FAMILY HOSPICE & PALLIATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 108 SOUTH JEFFERSON STEET BERNE, IN 46711
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L000000	<p>This was a Hospice federal recertification and state license survey.</p> <p>Survey Dates: September 29- October 3, 2014.</p> <p>Facility Number: 010212</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 8, 2014</p>	L000000		
L000547	<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. Based on clinical record review, policy review, and interview, the hospice failed to ensure all visits were provided as ordered for 1 of 13 clinical records reviewed, creating the potential to affect all the hospice's 606 patients. (#10)</p>	L000547	<p>L547 The Team Coordinators created a checklist for RN Case Managers to include all responsibilities at Admission, Comprehensive Assessment and throughout hospice service. 10.14.14 Patient Care Director sent an e-mail alert with checklist</p>	11/06/2014

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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L000579	<p>Findings include</p> <ol style="list-style-type: none"> 1. Clinical record #10, start of care date 9/12/14, contained a Plan of Care dated 9/12/14 with orders for the Aide to start 9/14/14 with visits 5-6 times a week for 13 weeks. During the week of 9/21-9/27/14 only 4 visits were provided. 2. During interview on 10/3/14 at 12:10 PM, employee A indicated the Aide frequency was to be decreased to 3 times a week beginning 9/22/14 but the order was not written. 3. The hospice's undated policy titled "Plan of Care," #PFC.P20, states "2. The plan of care includes, but is not limited to: ... b. a detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs." <p>418.60(a) PREVENTION The hospice must follow accepted standards of practice to prevent the transmission of</p>				<p>attached to all RN Case Managers. 10.15.14 The Team Coordinators and Aide Coordinator will be instructed on how to access and utilize the AllScripts Visit Frequency Report beginning October 15, 2014. The Team Coordinators will review the Visit Frequency report weekly for over/under/met limits for the prior week beginning October 21, 2014. Team Coordinators will ensure orders are written for changes in established Visit Frequency. Team Coordinators and/or Aide Coordinator will ensure documentation is present for refused visits. Team Coordinators will retrain all RN Case Managers on responsibilities and revised checklist. To be completed by 11/6/14. QI Coordinator will audit 10% of the hospice's average daily census's clinical records quarterly for over/under/met visit frequencies with an expected 100% Met Threshold or a documented physician order for the over/under visit frequency. Begin the QI process review with October 1 and then quarterly in 2015. Patient Care Director 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>infections and communicable diseases, including the use of standard precautions. Based on observation, policy review, and interview, the hospice failed to ensure all staff followed infection control guidelines for 2 of 3 home visit observations, creating the potential to affect all the hospice's 606 patients. (#3 and 4)</p> <p>Findings include</p> <p>1. During home visit observation on 10/2/14 at 8:30 AM with patient #3, employee D, a hospice aide, was observed providing a bed bath to the patient. Employee D rinsed the patient's buttocks and rectal area and bowel movement remnants were present, placed wash cloth in dirty linens, then proceeded to wet a new wash cloth to rinse patient's back, and proceeded to dry and apply lotion to the patient's back. Employee D failed to change gloves and provide hand hygiene after having rinsed the patient's buttocks and rectal area and prior to wetting a clean wash cloth to rinse, dry, and lotion patient's back.</p> <p>At 9:45 AM, employee D provided perineal care to patient and then proceeded to dress patient in night gown. The aide removed and replaced nasal oxygen canula, brushed hair, and changed</p>	L000579	<p>L579 Proper hand hygiene will be demonstrated at the annual PERK DAY on October 23, 2014, for all staff who were employed prior to January 1, 2014. The Aide Coordinator will retrain all hospice aides on proper hand hygiene and bed bath technique. 11.06.14 Twice a year, hospice patients and families will be requested to assist in the evaluation of direct patient care staff's compliance with appropriate hand hygiene beginning November 1, 2014 and continuing through December 31, 2015. Results of staff compliance will be reviewed in quarterly QAPI meetings and will be utilized as a measurement tool on their annual review. Patient Care Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	11/06/2014

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	<p>patient's pillow case. Employee D failed to change gloves and perform hand hygiene after providing perineal care to patient.</p> <p>2. During interview on 10/2/14 at 1:00 PM, employee A indicated staff are to perform hand hygiene when changing gloves.</p> <p>3. During home visit observation on 10/2/14 at 12:15 PM with patient #4, employee F, a licensed practical nurse, was observed assessing the patient. Employee F checked patient's foley catheter, then removed protective gown and gloves, and donned new gloves. Employee F failed to perform hand hygiene prior to donning new gloves.</p> <p>4. The hospice's undated policy titled "Standard Precautions Hand Hygiene," no number, states "9. Upon removal of gloves or other personal protective equipment, the employee will perform hand hygiene."</p> <p>5. The hospice's undated protocol titled "Giving a Bed bath," #HH.04, states "20. Wash pt's perineal area, rinse and dry. 21. Apply lotions/skin barrier as needed. Change gloves. 22. Dress the pt."</p>						

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L000625	<p>418.76(g)(1) HOSPICE AIDE ASSIGNMENTS AND DUTIES (1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section. Based on clinical record review, policy review, and interview, the hospice failed to ensure the admission nurse completed a Hospice Aide (HA) task list for 1 of 8 clinical records receiving HA services reviewed, creating the potential to affect all the hospice's 606 patients. (#5)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. Clinical record #5, start of care date 9/12/14, failed to evidence a HA assignment sheet. 2. During interview on 10/2/14 at 1:40 PM, employee A indicated this chart did not have an aide task list. 3. The hospice's undated policy titled "Hospice Aide Services," #WE.H35, states "3. The RN Care Manager develops a written hospice aide plan of care that provides instructions to the hospice aide of the care to be provided." 	L000625	<p>L625 The Patient Care Director sent an e-mail on October 15, 2014, to all nurses regarding the completion of the Hospice Aide Task List per the <i>Protocol for Completion of Hospice Aide Task List</i>.</p> <p>The Team Coordinators will review Problems for all patients accepting of Hospice Aides to ensure the completion of the Hospice Aide Task List prior to Hospice Aide making a visit beginning the week of October 20, 2014.</p> <p>Patient Care Director and/or COO will re-train all nurses regarding the Hospice Aide Task List per the <i>Protocol for Completion of Hospice Aide Task List</i> at the November 5 & 6 Nurses' Meeting.</p> <p>QI Coordinator will audit 10% of the hospice's average daily census's clinical records quarterly for the completion of the Hospice Aide Task List with an expected 100% Threshold. Will begin the QI process review</p>	11/06/2014			

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			October 1, 2014 and continue quarterlythrough December 31, 2015. The Patient Care Director will ensure be responsible for monitoring these corrective actions to ensure that this deficiency is correctedand will not recur.		