

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151503	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2015
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NAME OF PROVIDER OR SUPPLIER VISITING NURSE & HOSPICE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5910 HOMESTEAD RD FORT WAYNE, IN 46814
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L 000 Bldg. 00	<p>This was a state hospice complaint investigation. Unsubstantiated; Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Complaint # IC00154111 - Unsubstantiated: Lack of Sufficiient Evidence. An unrelated deficiency is cited.</p> <p>Survey Date: February 3 and 4, 2015</p> <p>Facility Number: 005120</p> <p>Medicaid Number: 200141410A</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Visiting Nurse and Hospice Home is in compliance with IC 16-25-3 and the Conditions of Participation 42 CFR 418.52: Patient Rights and 418.56: Interdisciplinary Group, Care Planning, and Coordination of Services as related to this complaint.</p> <p>Quality Review :Joyce Elder, MSN, BSN, RN February 5, 2015</p>	L 000		
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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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L 547 Bldg. 00	<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 3 clinical records reviewed, creating the potential to affect all the hospice's patients. (#1)</p> <p>Findings include</p> <p>1. Clinical record #1, start of care date 1/2/15, contained a hospice team care plan dated for certification period beginning 1/2/15 with orders for skilled nurse (SN) 3 times a week for 1 week, 2 times a week for 13 weeks, 5 as needed PRN visits for condition change, Medical Social Services 1 time a month for 1 month, 2-3 times a month for 3 months, Hospice Aide (HA) 2 times a week for 13 weeks, and Spiritual Care 1 time a month for 1 month and 2-3 times a month for 3 months. This patient had a diagnosis of End Stage Renal Disease, and was in a skilled nursing facility (SNF).</p>			L 547	<p>L547: Laura Maher, Director of Clinical Service is responsible in overseeing the education provided to Home care Staff which is due March 6, 2015 This education is titled, Visiting Nurse Training on Visit Frequency, and includes: *Each discipline's responsibility with visit frequencies and the communication of such needs The disciplines include: admission nurse; RN case manager; Coordinator of Home Health Aides, continuous care and therapy services; social worker; spiritual care; music therapy; and phone nurse *Documentation of Missed Visits which are due to a staff reason and documentation for Visit Cancellations which are due to a patient reason. Laura Maher, Director of Clinical Services, is responsible in overseeing the process which has been put into place to prevent missing ordered visits. This process had been put into place on 2/9/2015 and includes: *Central Scheduler checks every disciplines visit</p>		03/06/2015

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	<p>A. The record failed to evidence a second SN visit was provided on 1/9/15, and failed to evidence the HA provided any visits as of 1/2/15.</p> <p>B. On 2/3/15 at 1:07 PM, employee A indicated there is not a reason in the chart for the missed aide visits, and the missed nurse visit on 1/9 was due to a scheduling error.</p> <p>C. The record evidenced there were phone calls on 1/10/15 from the SNF concerning liquid medications on 1/10/15 to the on-call nurse and on 1/11/15 concerning patient having increased pain.</p> <p>D. During interview on 2/3/15 at 1:15 PM, employee A indicated that missed visit notification to the physician should happen on the week they are missed, and employee A just saw these missed visits yesterday while doing a chart audit.</p> <p>2. The hospice's undated policy titled "Missed Visit- Staff Reason- RN must enter as an order," not numbered, states "The simplest: Document all pertinent details in a clinical note, including: the date and type of visit that was missed, make sure to connect the clinical note to the staff member who is recording the</p>		<p>frequency calendar each week. The South Team visit frequencies are checked on Monday and the North Team visit frequencies are checked on Tuesday. *Central Scheduler reviews the current weeks schedule to see that visit frequencies have been properly scheduled. *Central Scheduler will notify the department head or designee for any discrepancies found for further follow-up with staff involved *Staff involved will schedule the necessary visits to ensure patient needs are met through the correct visit frequency.</p>	

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	missed visit, Type in the missed visit information including discipline, date of visit(s) missed."				