

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

Printed: 10/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF EASTERN INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1178 FREMONT COURT SUITE 2 ELKHART, IN 46516		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health (IDOH) in accordance with 42 CFR §418.113. Survey Dates: 9/7, 9/8, 9/9, 9/10, 9/13, 9/14, 9/15, and 9/16/2021. Facility Number: 010002 Provider Number: 151561 Unduplicated Census: 169 Current Census: 36 At this Emergency Preparedness survey, Heart to Heart Hospice of Eastern Indiana LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR §418.113.	E 000			
L 000	INITIAL COMMENTS This was a State and Federal recertification survey for a hospice agency. Survey Dates: 9/7, 9/8, 9/9, 9/10, 9/13, 9/14, 9/15, and 9/16/2021. Facility Number: 010002 Unduplicated Skilled Census: 169 Current Census: 36 Heart to Heart Hospice of Eastern Indiana LLC was found out of compliance with Condition of Participation 42 CFR §418.54: Initial and Comprehensive Assessment of the Patient, and Condition of Participation 42 CFR §418.56:	L 000			

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 000	Continued From page 1 Interdisciplinary Group, Care Planning, and Coordination of Services.	L 000		
L 512	<p>RIGHTS OF THE PATIENT CFR(s): 418.52(c)(1)</p> <p>The patient has a right to the following: (1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;</p> <p>This Standard is not met as evidenced by: Based on observation, record review and interview, the agency failed to ensure all patients received effective pain management and/or symptom control for 4 of 15 records reviewed (#3, 5, 8, 9)</p> <p>Findings include:</p> <p>1. An agency policy revised 10/31/2019 titled "Patient Rights and Responsibilities" indicated "... Every patient ... has the right ... To receive effective pain management and symptom control"</p> <p>2. An agency policy revised 8/21/2015 titled "Medication Administration and Management" indicated "... Agency nurse will obtain physician's orders when administering medication ... The individual administering the medication ... is responsible for knowledge of ... usual dose ... The agency nurse will provide the policies and education on the management ... administration"</p> <p>3. Review of an agency policy revised 2/26/2021, titled "Interdisciplinary Group Roles and Responsibilities" indicated the "IDG</p>	L 512		

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L 512	<p>Continued From page 2</p> <p>[interdisciplinary group] ... will supervise the care and services including: A. Drugs ... evaluate pharmacotherapeutic effectiveness of symptom management outcomes"</p> <p>4. An agency policy revised 1/1/2020 titled "Pain Management" indicated "... guidelines for pain and symptom management ... will respect patient's right to receive effective pain management and symptom control ... patient's pain goal level will be assessed ... Determine if the patient is satisfied with the established goal and/or the current level of pain control ... Pain assessed to be at a level greater than the patient's goal level will include an appropriate intervention be performed by nursing staff ... staff will consider personal ... beliefs ... in educating patients regarding pain management ... Assess the patient's history of pain and its treatment"</p> <p>5. An agency policy revised 1/1/2020 titled "Patient Assessments" indicated assessments included (but not limited to) "... Evaluating the patient's physical, psychosocial and emotional status ... will conduct ... a patient-specific comprehensive assessment that identifies the patient's needs for hospice care and services ... ensure that the nursing needs of the patient are identified ... medications ... pain ... dyspnea [difficulty breathing] ... constipation ... skin integrity ... emotional distress ... support systems ... Characteristics of pain ... patient/family's goal for pain management and their satisfaction with the current level of pain control ... Care, treatment, services and frequency of services to be provided ... Additional information ,, to be used in planning care to meet the patient/family needs"</p> <p>6. Record review for patient #5 was completed on</p>	L 512		

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L 512	<p>Continued From page 3</p> <p>9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p> <p>A document dated 5/20/2021 titled "RN Hospice Start of Care" indicated the patient resided at long term care (LTC) facility B, the patient was unable to express her needs, pain was an active, continuous problem for the patient, and morphine (a narcotic pain medication) was initiated for pain relief.</p> <p>A document dated and signed by RN P on 5/21/2021 titled "SN [skilled nurse] Hospice Subsequent Visit" indicated morphine was administered over the past 24 hours by LTC facility B's nurses, LTC facility B's nurse didn't know how much morphine was administered, and agency RN P failed to confirm the amount or frequency the morphine was administered in order to determine the if the patient's pain management needs were met.</p> <p>During an interview on 9/15/2021 3:06 PM, Patient Care Manager (PCM) C confirmed it was not acceptable that the nurse did not know how much morphine was administered to the patient over the past 24 hours during her visit on 5/21/2021, and she expected the nurse to know what pain medications were given in the last 24 hours.</p> <p>7. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021 indicated the patient's primary diagnosis of chronic systolic and diastolic heart failure (the heart muscle doesn't pump blood as</p>	L 512		

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L 512	<p>Continued From page 4</p> <p>well as it should, which often causes shortness of breath), other diagnosis included (but not limited to) acute respiratory failure with hypoxia (not enough oxygen in the blood), and chronic obstructive pulmonary disease (COPD- a chronic inflammatory lung disease that causes obstructed airflow from the lungs). In the orders section, the document indicated "... Hospice nurse to assess effectiveness of cardiopulmonary symptom relief measures including oxygen treatment" The document failed to indicate oxygen (O2) was ordered for the patient.</p> <p>A document dated and signed by Heart to Heart Northern (H2HN) hospice agency RN R on 8/19/2021 titled "RN Hospice Start of Care" indicated the patient was short of breath, but failed to indicate oxygen was used for comfort, and indicated oxygen therapy was not initiated for treatment of shortness of breath. The document was then modified on 8/20/2021 by H2HN hospice agency RN PCM X, which indicated oxygen therapy was initiated for treatment of shortness of breath.</p> <p>During an interview on 9/13/2021 at 2:29 PM, H2HN RN R indicated the patient was not on oxygen, and she wasn't sure why that answer was changed.</p> <p>A document dated 8/20/2021 titled "SN Hospice Subsequent Visit" indicated the nurse "... reinforced use of supplemental O2 as prescribed by the physician"</p> <p>A document dated 9/3/2021 titled "SN Hospice Subsequent Visit" indicated the patient had difficulty breathing with exertion.</p> <p>A document dated 9/7/2021 titled "SN Hospice</p>	L 512			

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L 512	<p>Continued From page 5</p> <p>Subsequent Visit" indicated the patient had difficulty breathing with exertion, and no oxygen equipment was in the patient's home.</p> <p>During a home visit on 9/9/2021 at 10:05 AM, no O2 or equipment was observed.</p> <p>During an interview on 9/13/2021 at 1:45 PM, family indicated she would like to have O2 in the home for her mother's comfort.</p> <p>A document dated 9/14/2021 titled "Client Coordination Note Report" indicated family requested O2 for increased shortness of breath.</p> <p>During an interview on 9/15/2021 at 6:01 PM, RN PCM C indicated O2 would be delivered to the patient's home tonight (9/15/2021) between 8:00 - 8:30 PM.</p> <p>8. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient was short of breath, O2 was prescribed, and failed to indicate if the patient was using supplemental oxygen during the assessment, O2 saturation (O2 sat-how much oxygen is being carried in the blood) was assessed, how much O2 was used, how frequently, or what method of administration was used. Additionally, the patient had pain, and failed to indicate the patient's acceptable level of pain was assessed.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the start of care document dated 8/12/2021 failed to indicate O2 sat was assessed, how much O2 was used, how</p>	L 512		

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L 512	<p>Continued From page 6</p> <p>frequently, or what method of administration was utilized.</p> <p>A document dated 8/13/2021 titled "SN Hospice Subsequent Visit" indicated O2 was used at night as needed (PRN) for relief of difficulty breathing or anxiety, and the nurse set it up and instructed family on use.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the plan of care indicated O2 was prescribed at 2 liters daily, not "at night as needed", there was no clear order for use of the O2, and it was not indicated in the visit note the family understood the O2 teaching.</p> <p>A document dated 8/16/2021 titled "SN Hospice Subsequent Visit" indicated in the goals section: "... Pain is currently managed at a level acceptable to patient" however, the patient indicated she was in constant pain, rated at a "2" (on a pain scale 0-10, with 0 = no pain, and 10 = worst pain ever), and her pain goal was "0".</p> <p>A document dated 8/19/2021 titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" indicated the following O2 sat levels assessed by the nurse: 8/13/2021: > (greater than) 92% on room air, 8/15/2021: 93% on room air, 8/16/2021: 88% on room air, 8/17/2021: 93% on room air, 8/18/2021: 88% on room air, and 8/19/2021: 87% on room air. The document also indicated oxygen was ordered to be administrated at 2 liters per minute (LPM) daily for shortness of breath.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the O2 sat levels documented on the IDG report were low, there was an order for the use of oxygen, and the nurse should have</p>	L 512		

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L 512	<p>Continued From page 7</p> <p>educated on the use of oxygen for symptom control of shortness of breath.</p> <p>A document dated 8/23/2021 titled "SN Hospice Subsequent Visit" indicated in the patient was in constant abdominal pain, the patient described her pain as sharp abdominal pain "knives stabbing" her, with intermittent back pain, and she also used heat for pain relief.</p> <p>A document dated 8/24/2021 titled "SN Hospice Subsequent Visit" indicated the patient reported her appetite was poor and her stomach felt like sharp knives stabbed her every time she ate.</p> <p>During an interview on 9/16/2021 at 2:31 PM PCM C confirmed the patient's description of pain was not reflective of the low number reported (2), and the nurse should have looked into it further for additional interventions.</p> <p>9. Record review for patient #3 was completed on 9/7/2021, election date of 4/20/2021 for benefit period 7/28/2021 - 10/25/2021, which indicated a terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and progressive loss of functioning).</p> <p>A home visit observation was completed on 9/8/2021 at 10:00 AM, at Long Term Care (LTC) Facility A. The patient reported a pain score of 11 (on a 0-10 pain scale, with 0 = no pain, and 10 = worst pain ever), and that pain disrupted his sleep and daily routine. He identified a pain goal of 5 or less.</p> <p>Review of a document dated 7/4/2021, titled "Hospice Recertification Plan of Care Update," evidenced an order for the hospice nurse to monitor pain and report ineffective pain control to</p>	L 512			

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L 512	<p>Continued From page 8</p> <p>the physician. Additionally, the document included a goal that the pain level would be acceptable to the patient.</p> <p>Review of a document dated 7/13/2021, titled "RN Hospice Recert [recertification] Assessment included a pain assessment. This assessment evidenced patient was uncomfortable due to pain, had constant pain, rated pain a 10 and a pain goal of 2.</p> <p>Review of physician order in the electronic medical record dated 7/30/2021, by Medical Director B, indicated to increase morphine (pain medication) dosage. The medical record failed to evidence a pain medication adjustment after 7/30/2021.</p> <p>Review of the patient's electronic medical record (EMR) on 9/16/2021 at 9:15 AM, indicated on 7/21/2021, the patient's pain score was 10 (on a 0-10 pain scale, with 0 = no pain, and 10 = worst pain ever), and it would be discussed in IDG (interdisciplinary group), as well as requesting the facility nurse (FN) to give "as needed" (PRN) pain medication; on 7/23/2021, pain was reported as a 10, he had just taken morphine, and the physician was notified; on 7/26/2021: pain score 10, due for pain medication (med), MD notified; on 8/2/2021, pain was reported as a 10, will discuss, asked facility nurse (FN) to give as needed (PRN) pain medication; on 8/6/2021, pain was reported as 10, MD notified; on 8/9/2021, pain was reported as 10, due for scheduled pain med; on 8/15/2021, pain was reported as 10, patient got pain meds, continue to monitor for pain; on 8/16/2021, pain was reported as moderate, 3 PRN pain meds in last 24 hours; on 8/20/2021, pain was reported as 10, discuss in IDG, RN requested PRN be given as none had been given;</p>	L 512			

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L 512	<p>Continued From page 9</p> <p>on 8/25/2021, pain was reported as 10, discuss in IDG, FN to give PRN; 8/27/2021, pain was reported as 7, discuss in IDG, FN to give PRN; on 8/29/2021, pain was reported as 2; on 8/30/2021, pain was reported as 3; on 9/1/2021, pain was reported as 10, discuss in IDG, FN to give PRN; on 9/3/21, pain was reported as 10, discuss in IDG, FN to give PRN; on 9/8/2021, pain was reported as 10, will discuss in IDG, FN to give PRN morphine, MD notified; on 9/9/2021, pain was reported as 10, will discuss in IDG, FN to give PRN; 9/13/2021, pain was reported as 10, PRN dose given which reduced pain to tolerable level; on 9/15/2021, pain was reported as 10, FN to give PRN morphine, discuss in IDG.</p> <p>Review of LTC facility A's document (not part of the agency's clinical record) titled "Medication Administration History 08/09/2021 - 09/08/2021," indicated pain was rated as 8 on 8/9/2021; on 8/10/2021, pain was listed as "no complaints"; on 8/11/2021, pain was 7; on 8/12/2021, pain was 10; on 8/13/2021, pain was 6; on 8/14/2021, pain was 7; on 8/15/2021, pain was 7; on 8/16/2021, pain was 7; on 8/17/2021, pain was 6; on 8/18/2021, pain was 5; on 8/19/2021 pain was 0; on 8/20/2021, pain was 5; on 8/21/2021, pain was 0; on 8/22/2021, pain was 0; on 8/23/2021, pain was 8; on 8/24/2021, pain was 7; on 8/25/2021, pain was 7; on 8/26/2021, pain was 9; on 8/27/2021, pain was 9; on 8/28/2021, pain was 8; on 8/29/2021, pain was 8; on 8/30/2021, pain was 5; on 8/31/2021, pain was 0; on 9/1/2021, pain was 6; on 9/2/2021, pain was 8; on 9/3/2021, pain was 7; on 9/4/2021, pain was 8; on 9/5/2021, pain was 6; on 9/6/2021. Pain was 4; on 9/7/2021, pain was 3; and on 9/8/2021, pain was 9.</p> <p>Review of documents titled "Hospice IDG [interdisciplinary group] Comprehensive</p>	L 512			

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L 512	Continued From page 10 Assessment and Plan of Care Update Report[s]," dated 7/15/2021, 7/29/2021, 8/15/2021, 8/26/2021, and 9/9/2021. All reports identified uncontrolled pain as a problem. The documents dated 7/29/2021, 8/15/2021, 08/26/2021, and 9/9/2021, all identified a team goal of "...getting pain under control."	L 512		
L 520	INITIAL & COMPREHENSIVE ASSESSMENT OF PATIENT CFR(s): 418.54 This Condition is not met as evidenced by: Based on observation, record review and interview, the agency failed to ensure all patient/caregivers' current physical statuses was assessed to determine the patient/caregivers' needs (L524); failed to ensure the patient's medication profile included all prescription, over-the-counter drugs, and/or herbal remedies the patient was currently taking (L530); failed to ensure updates of the comprehensive assessment considered changes that took place since the previous assessment, included information on the patient's progress toward desired outcomes, and the patient's response to care provided (L533); and failed to ensure all patients' comprehensive assessments included data elements that allowed for measurement of outcomes (L534). This practice had the potential to affect all agency patients. The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 42 CFR §418.54 Initial and Comprehensive Assessment of the Patient.	L 520		
L 524	CONTENT OF COMPREHENSIVE	L 524		

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L 524	<p>Continued From page 11 ASSESSMENT CFR(s): 418.54(c)</p> <p>The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, registered nurse (RN)/patient care manager (PCM) C failed to ensure all patient/caregivers' current physical statuses was assessed to determine the patient/caregivers' needs for 9 of 15 records reviewed (#4, 5, 6, 7, 8, 9, 10, 14, 15).</p> <p>Findings include:</p> <p>1. An agency policy revised 1/1/2020 titled "Patient Assessments" indicated assessments included (but not limited to) "... Evaluating the patient's physical, psychosocial and emotional status ... will conduct ... a patient-specific comprehensive assessment that identifies the patient's needs for hospice care and services ... ensure that the nursing needs of the patient are identified in the patient's initial ... comprehensive ... and updated assessments ... includes ... Current medical conditions ... medications ... pain ... dyspnea [difficulty breathing] ... constipation ... skin integrity ... emotional distress ... support systems ... Characteristics of pain ... patient/family's goal for pain management and their satisfaction with the current level of pain control ... Care, treatment, services and</p>	L 524			

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L 524	<p>Continued From page 12 frequency of services to be provided ... Additional information ,, to be used in planning care to meet the patient/family needs"</p> <p>2. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p> <p>A document dated 5/20/2021 titled "RN Hospice Start of Care" indicated the patient resided at long term care (LTC) facility B, the patient was unable to express her needs, pain was an active, continuous problem for the patient, and morphine (a narcotic pain medication) was initiated for pain relief.</p> <p>A document dated and signed by RN P on 5/21/2021 titled "SN [skilled nurse] Hospice Subsequent Visit" indicated morphine was administered over the past 24 hours by LTC facility B's nurses, LTC facility B's nurse didn't know how much morphine was administered, and agency RN P failed to confirm the amount or frequency the morphine was administered in order to determine the if the patient's pain management needs were met.</p> <p>During an interview on 9/15/2021 3:06 PM, Patient Care Manager (PCM) C confirmed it was not acceptable that the nurse did not know how much morphine was administered to the patient over the past 24 hours during her visit on 5/21/2021, and she expected the nurse to know what pain medications were given in the last 24 hours.</p> <p>3. Record review for patient #6 was completed on 9/15/2021, hospice election date 8/3/2021, for election period 8/3/2021 - 10/31/2021.</p>	L 524			

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L 524	<p>Continued From page 13</p> <p>A document dated 8/3/2021 titled "RN Hospice Start of Care" indicated the patient received general inpatient care (GIP) at hospital D, and had no wounds.</p> <p>Documents dated 8/4/2021, 8/5/2021, and 8/6/2021 titled "SN-GIP - SN - General Inpatient [visit]" indicated the patient had no wounds.</p> <p>A document dated 8/6/2021 titled "Hospice Physician Order" indicated a verbal order was received on 8/7/2021 at 12:53 PM to assess wounds on coccyx (tailbone) and do wound care as needed.</p> <p>An additional document dated 8/6/2021 titled "SN-GIP - SN - General Inpatient" indicated (an additional visit was made) hospital D's nurse reported the patient had water-filled blisters and a rash to his groin area, a pressure ulcer (a wound caused by prolonged pressure on the skin) on his coccyx, the dressing wouldn't stay on, and when removed, the adhesive on the dressing tore his skin. The document indicated RN Q assessed the patient, indicated he had various water-filled blisters and two stage 2 (partial-thickness skin loss, which would also include intact or ruptured blisters) pressure ulcers on his bottom, failed to indicate the appearance, measurements, presence of drainage, or signs/symptoms of infection of the wounds, or the appearance of the surrounding skin. The document also indicated RN Q did not assess the wounds.</p> <p>Documents dated 8/7/2021, 8/8/2021, 8/9/2021, 8/10/2021, 8/11/2021, 8/12/2021, and 8/13/2021 titled "SN-GIP - SN - General Inpatient" indicated the patient's wounds were not assessed.</p> <p>A document dated 8/14/2021 titled "RN Hospice</p>	L 524		

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L 524	<p>Continued From page 14</p> <p>Discharge from Agency" (comprehensive assessment) indicated wounds remained, but were not assessed, and the agency nurse was supposed to assess the patient's wounds weekly.</p> <p>During an interview on 9/15/2021 at 3:26 PM, RN/PCM C confirmed no wound assessments were made by agency nurses, and it was the agency's responsibility to do so.</p> <p>4. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated the patient resided at assisted living facility (ALF) E, and took a daily laxative for constipation.</p> <p>A document dated 7/20/2021 titled "SN Hospice Subsequent Visit" indicated the patient's last bowel movement (BM) was 7/20/2021. Additional documents with the same title dated 7/27/2021, 7/30/2021, 8/3/2021, and 8/6/2021 indicated the nurse did not assess for the patient's last BM.</p> <p>A document dated 8/10/2021 titled "SN Hospice Subsequent Visit" indicated the patient's last BM was 8/10/2021.</p> <p>Documents dated 8/17/2021, 8/24/2021 titled "SN Hospice Subsequent Visit" indicated ALF E staff did not track the patient's last BM, and indicated the nurse did not assess the for patient's last BM.</p> <p>A document dated 8/31/2021 titled "SN Hospice Subsequent Visit" indicated the nurse did not assess for the patient's last BM.</p>	L 524			

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L 524	<p>Continued From page 15</p> <p>A document dated 9/7/2021 titled "SN Hospice Subsequent Visit" indicated ALF E staff did not track the patient's last BM, and indicated the nurse did not assess for the patient's last BM.</p> <p>During an interview on 9/15/2021 at 3:35 PM, RN/PCM C confirmed the nurses should have assessed for the patient's last BM as part of their assessment.</p> <p>5. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A document dated 8/26/2021 titled "SN Hospice Subsequent Visit" indicated a new wound to the patient's right great toe, skin was clipped when nail was clipped, the nurse applied pressure to stop the bleeding, applied medihoney (anti-bacterial gel) and gauze dressing with pressure to area (per physician order received 8/26/2021).</p> <p>Documents dated 9/1/2021, 9/3/2021, 9/7/2021 titled "SN Hospice Subsequent Visit" failed to indicate the toe wound was assessed or if it was resolved.</p> <p>During a home visit observation on 9/9/2021 at 10:25 AM, there were no observable wounds present on the patient's feet.</p> <p>During an interview on 9/15/2021 at 3:40 PM, RN/PCM C confirmed the patient's assessments were not accurate.</p> <p>6. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p>	L 524			

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L 524	<p>Continued From page 16</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient used oxygen, wounds were to be assessed by the hospice nurse weekly, the patient had a stage 4 pressure injury (full thickness wound from un-relieved pressure) with bone exposed on her tailbone area, two shin skin tears on both legs, an internal vaginal wound, an unstageable wound in the vagina. The document indicated the nurse assessed the tailbone wound, but failed to indicate the other wounds were assessed, and failed to indicate oxygen saturation (how much oxygen is being carried in the blood) was assessed, how much oxygen was used, how frequently, or what method of administration was used, and did not assess the patient's acceptable level of pain.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the start of care document failed to indicate oxygen saturation was assessed, how much oxygen was used, how frequently, or what method of administration was assessed, nurse did not assess patient pain goal, it was not acceptable to write "okay" for pain severity, tailbone wound was assessed, no other wounds were assessed, and all other nursing visits for the election period reviewed failed to indicate assessments were completed on the lower extremities or vaginal wound.</p> <p>7. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021, for election period 8/25/2021 - 11/22/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/25/2021 - 11/22/2021 indicated the patient resided at LTC facility F, and was on a regular diet without restrictions.</p>	L 524		

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L 524	Continued From page 17 A document dated 8/25/2021 titled "RN Hospice Start of Care" indicated the patient was offered and took sips of water during the visit, and LTC F's nurse reported the patient had a surgical wound on the outside of the left lower leg, and a skin tear to the inside of the left lower leg. The document also indicated the agency nurse did not assess the wounds. A document dated 8/26/2021, titled "SN Hospice Subsequent Visit" indicated the wounds were not assessed by the nurse. A document dated 8/30/2021, titled "SN Hospice Subsequent Visit" indicated the wounds assessed as "healed" by the nurse. A document dated 9/2/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, they were left "open to air", they were not assessed by the nurse, and LTC facility F's nurse reported the patient wanted to get out of bed, requested a broda chair (tilt-in-space positioning chairs which prevents skin breakdown), the patient had difficulty swallowing, and they may start crushing medications. The document also indicated the nurse ordered a broda chair, and would require a hoyer lift (a mechanical lift to transfer a patient) for transfers. A document dated 9/2/2021 titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update" indicated the patient had a surgical wound and skin tear, agency nurse was to perform wound care 3 times per week, and failed to indicate the current condition of the patient's wounds.	L 524		

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L 524	<p>Continued From page 18</p> <p>A document dated 9/3/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, they were not assessed by the nurse, and failed to indicate a follow up assessment was completed for the report of difficulty swallowing during the nursing visit made on 9/2/2021.</p> <p>A document dated 9/9/2021, titled "SN Hospice Subsequent Visit" indicated the patient still needed a hoier lift, had a skin tear and surgical wound, they were "healing well", they were not assessed by the nurse, and failed to indicate a follow up assessment was completed for the report of difficulty swallowing during the nursing visit made on 9/2/2021.</p> <p>A document dated 9/10/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, they were not assessed by the nurse, and failed to indicate a follow up assessment was completed for the report of difficulty swallowing during the nursing visit made on 9/2/2021.</p> <p>A document dated 9/13/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, the inner left calf was swollen and red, no other assessment details were documented, and failed to indicate a follow up assessment was completed for the report of difficulty swallowing during the nursing visit made on 9/2/2021.</p> <p>8. During an interview on 9/16/2021 at 1:40 PM, the administrator and RN/PCM C indicated the comprehensive assessments were not completed thoroughly, and they were not patient specific.</p> <p>9. Record review for patient #4 was completed on 9/15/2021, election date of 5/25/2021 for</p>	L 524			

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L 524	<p>Continued From page 19</p> <p>benefit period 8/23/2021 - 11/20/2021, with a terminal diagnosis of heart failure (heart not pumping blood as well as it should).</p> <p>Review of a document dated 9/14/2021, titled "SN [skilled nurse] Hospice Subsequent Visit" was completed by Person CC. The assessment indicated patient had a skin tear. In the wound section of the assessment, the nurse documented wound care for pressure ulcers.</p> <p>Review of documents "SN Hospice Subsequent Visit," dated 8/26/2021, 9/1/2021, 9/3/2021, 9/8/2021, and 9/10/2021, completed by RN P, all indicated the patient had two pressure ulcers.</p> <p>Review of an agency document titled "Clinical - Wounds - Patient Detail," received from Administrator A on 9/7/2021 indicated the patient had two elbow wounds, both pressure ulcers.</p> <p>During an interview on 9/15/2021, at 10:50 AM, Clinical Manager C confirmed patient did not have a skin tear and the nurse was expected to know the difference between a skin tear and a pressure ulcer. Clinical Manager C also confirmed the nurse was expected to recognize the discrepancy in documentation of a skin tear versus pressure ulcers.</p> <p>10. Record review for patient #14 was completed on 9/10/2021, election date 8/29/2021, for benefit period 8/29/2021 - 11/26/2021, with a terminal diagnosis of metabolic encephalopathy (brain damage most often resulting in coma).</p> <p>Review of a document dated 7/28/2021, titled "RN Hospice Start of Care," (comprehensive assessment) indicated the patient had a PEG (Percutaneous Endoscopic Gastrostomy) also</p>	L 524			

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L 524	<p>Continued From page 20 known as a feeding tube) and use of an interpreter enhanced communication when an interpreter was not used.</p> <p>During an interview on 9/10/2021 at 2:09 PM, Patient Care Manager C confirmed the assessment was incorrect has the patient did not have any tube.</p> <p>11. Record review for patient #15 was completed on 9/10/2021, election date of 5/12/2021 for benefit period 8/10/2021 - 10/8/2021, with a terminal diagnosis of rectal cancer.</p> <p>Review of a document dated 9/3/2021, titled "SN Hospice Subsequent Visit," completed by RN E failed to evidence documentation of a wound on the skin assessment. RN E documented the skin assessment as "Pale, Poor Turgor [skin elasticity], Dry, Diaphoretic [abnormally sweaty], Cool."</p> <p>Review of a document dated 9/7/2021, titled "SN Hospice Subsequent Visit," completed by Person C failed to evidence documentation of a wound on the skin assessment. Person C documented the skin assessment as "Pale, Poor Turgor, Dry, Cool."</p> <p>Review of a document provided by LTC facility M (not part of the agency's clinical record) printed on 9/16/2021, titled "Wound Management Detail Report," evidenced a wound on the patient's left heel. The wound was identified on 8/31/2021 and was labeled a possible deep tissue injury (injury to the tissue below the skin's surface).</p> <p>Review of a document provided by LTC facility M (not part of the agency's clinical record), titled "Treatments Administration History: 09/01/2021 - 09/16/2021," indicated an order for wound care</p>	L 524			

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L 524	Continued From page 21 for the left heel. The order indicated a start date of 09/03/2021. Review of a document dated 9/3/2021, titled "SN Hospice Subsequent Visit," completed by RN E failed to evidence documentation of a wound on the skin assessment. RN E documented the skin assessment as "Pale, Poor Turgor [skin elasticity], Dry, Diaphoretic [abnormally sweaty], Cool." Review of a document dated 9/7/2021, titled "SN Hospice Subsequent Visit," completed by Person C failed to evidence documentation of a wound on the skin assessment. Person C documented the skin assessment as "Pale, Poor Turgor, Dry, Cool." 12. During an interview on 9/10/2021 at 10:17 AM, Patient Care Manager C confirmed the nurse was expected to know the location of wounds.	L 524			
L 530	CONTENT OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(c)(6) [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 laboratory monitoring.	L 530			

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L 530	<p>Continued From page 22</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, the registered nurse failed to ensure the patient's medication profile included all prescription, over-the-counter drugs, and/or herbal remedies the patient was currently taking for 7 of 15 records reviewed (#2, 3, 5, 7, 8, 9, 10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy revised 1/1/2020 titled "Patient Assessments" indicated assessments included (but not limited to) "... registered nurse ... will conduct ... a patient-specific comprehensive assessment that identifies ... medications ... prescription and over-the-counter drugs, herbal remedies, bowel regimen and other alternative treatments that could affect drug therapy, including ... Any non pharmacological interventions" 2. An agency policy revised 8/21/2015 titled "Medication Administration and Management" indicated "... To ensure competent and safe medication management ... and to maintain a current medication list for each patient ... orders specify ... dose ... route ... frequency" 3. Record review for patient #2 was completed on 9/15/2021, hospice election date 4/27/2021, for election period 4/27/2021 - 6/25/2021. <p>A document titled "Hospice Certification and Plan of Care" for election period 4/27/2021 - 6/25/2021 indicated "... O2 [oxygen] - Oxygen ... [dose] ... 5 Liter ... [route] ... Oxygen ... [frequency] ... Continuous" The order failed to indicate the correct route, which was inhalation.</p>	L 530			

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L 530	<p>Continued From page 23</p> <p>4. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 5/20/2021 - 8/17/2021 indicated "... Hospice nurse to assess effectiveness of cardiopulmonary symptom relief measures including oxygen treatment" The document failed to indicate O2 was on the medication list with dose, route and frequency, or in the order section of the plan of care with dose, route and frequency.</p> <p>5. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated "... Hospice nurse to assess effectiveness of cardiopulmonary symptom relief measures including oxygen treatment" The document failed to indicate O2 was on the medication list with dose, route and frequency, or in the order section of the plan of care with dose, route and frequency.</p> <p>6. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021 indicated "... Hospice nurse to assess effectiveness of cardiopulmonary symptom relief measures including oxygen treatment" The document failed to indicate O2 was on the medication list with dose, route and frequency, or in the order section of the plan of care with dose,</p>	L 530			

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L 530	<p>Continued From page 24 route and frequency.</p> <p>7. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/12/2021 - 11/9/2021 indicated "... O2 - Oxygen ... [dose] ... 2 Liter ... [route] ... Oxygen ... [frequency] ... Daily" The order failed to indicate the correct route, which was inhalation, or the actual frequency.</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient used oxygen, and failed to indicate how much oxygen was used, how frequently, or what method of administration was used.</p> <p>A document dated 8/13/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a new prescription for miralax (taken for constipation).</p> <p>A document dated 8/16/2021, titled "SN Hospice Subsequent Visit" indicated the patient took tylenol for pain.</p> <p>A document dated 8/17/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain.</p> <p>A document dated 8/23/2021, titled "SN Hospice Subsequent Visit" indicated the patient took colace for constipation, and used medihoney (a medicated gel) for treatment on a wound.</p> <p>A document dated 8/27/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain.</p>	L 530		

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L 530	<p>Continued From page 25</p> <p>A document dated 9/3/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain.</p> <p>A document dated 9/10/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain, the patient took 25 mg (milligrams) of benadryl for itchiness, and the nurse instructed the patient on use.</p> <p>A document dated 9/13/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain.</p> <p>8. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021, for election period 8/25/2021 - 11/22/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/25/2021 - 11/22/2021 indicated "... Hospice nurse to instruct in safe use of oxygen and monitor its effectiveness" The document failed to indicate oxygen O2 was on the medication list with dose, route and frequency, or in the order section of the plan of care with dose, route and frequency.</p> <p>A document dated and signed by Heart to Heart Northern (H2HN) PCM X and by the agency medical director on 9/2/2021 titled "Hospice CTI [certificate of terminal illness]" indicated "... She [patient] has dyspnea [difficulty breathing] with minimal exertion and is still needing oxygen"</p> <p>9. During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed O2 orders were not specific, and should include how oxygen was delivered (such as mask or nasal canula), frequency (such as continuous or as needed), and correct oxygen route was inhalation; and confirmed miralax,</p>	L 530		

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L 530	Continued From page 26 tylenol, medihoney, and benadryl were not on the patient's medication profile for patient #9 10. Record review for patient #3 was completed on 9/7/2021, 4/20/2021 for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and progressive loss of functioning). Review of a medication list signed by Patient Care Manager C on 7/18/2021 indicated two orders for cephalexin (an antibiotic) 500 MG (milligrams) capsule. One order was a start date of 6/13/2021 and no stop date, for one capsule every 12 hours, for a urinary tract infection. The second order was for one capsule 3 times daily, to be taken 7/15/2021 - 7/22/2021, for a urinary tract infection. The agency failed to review medications for duplicate therapy. During an interview on 9/10/2021 at 10:50 AM, Patient Care Manager C confirmed the cephalexin started on 6/13/2021 and lacked a stop date.	L 530		
L 533	UPDATE OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(d) The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.	L 533		

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L 533	<p>Continued From page 27</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, the agency's interdisciplinary group (IDG) failed to ensure updates of the comprehensive assessment considered changes that took place since the previous assessment, included information on the patient's progress toward desired outcomes, and the patient's response to care provided for 4 of 15 clinical records reviewed (#5, 7, 8, 9).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy revised 2/26/2021 titled "Interdisciplinary Group Roles and Responsibilities" indicated "... The IDG will update the comprehensive assessment ... and will note the patient's progress toward outcomes and goals" 2. An agency policy revised 1/1/2020 titled "Patient Assessments" indicated "... Updates to the comprehensive assessment will be accomplished by the IDG ... to include ... changes that have taken place since the initial assessment or last comprehensive assessment, including the patient's progress toward desired outcome, as well the patient's response to care" 3. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021. <p>A document dated 5/24/2021 titled "SN [skilled nurse] Hospice Unattended Death" indicated upon arrival for visit, long term care (LTC) facility B staff informed agency nurse the patient passed away on 5/23/2021 at 10:40 PM.</p>	L 533			

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L 533	<p>Continued From page 28</p> <p>A document dated 5/27/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" indicated the reason for the meeting was a "new admission". The document indicated the patient date/time of death was 5/23/2021 at 10:40 PM, but included future plans for treatment and services for the next two weeks, and indicated patient/caregiver was in agreement with the plan of care.</p> <p>4. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021.</p> <p>A document dated 7/19/2021 titled "RN Hospice Start of Care" indicated the patient had moderate pain, difficulty breathing with exertion, was short of breath, disoriented, cognitively impaired, frequency and contact with family/friends was unknown, and the plan of care was discussed with assisted living facility (ALF) E's nurse.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated the patient resided at assisted living facility (ALF) E, received oxygen as a cardiopulmonary symptom relief, and goals included (but not limited to) patient will verbalize /demonstrate reduction or relief of cardiopulmonary symptoms, and patient/caregiver verbalizes understanding of anorexia/dehydration in the terminal patient and caregiver demonstrates offering, but not forcing food/fluids to the patient.</p> <p>A document dated 7/29/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" indicated the reason for the meeting was a "new admission". The document failed to indicate information on the patient's</p>	L 533		

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L 533	<p>Continued From page 29</p> <p>progress toward desired outcomes, and the patient's response to care provided since the admission comprehensive assessment was completed.</p> <p>5. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A document with an effective date 8/20/2021 titled "Aide Care Plan Report" approved by Heart to Heart Northern (H2HN) PCM X indicated the patient needed assistance of 2 people for transfers.</p> <p>A home visit was observed on 9/9/2021 at 10:25 AM, with H2HN home health aide (HHA) W present, family reported she bought a gait belt because it was very difficult to transfer the patient, last night (9/8/2021) during a transfer, the patient was too heavy, was lowered to the floor, and she texted the nurse this morning (9/9/2021) to let her know. Review of the home folder evidenced a document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021 which indicated family declined volunteer services. Family indicated she was never offered volunteer services, she was very overwhelmed, would greatly appreciate some help, and would like to have someone able to stay for a couple of hours twice weekly so she could attend to another family member's medical needs, and no one else was available. During this time, H2HN HHA W submitted a document to the surveyors titled "Aide Care Plan Report", approved by PCM C, with an effective date 9/8/2021, which indicated the patient needed assistance of 1 person for transfers.</p> <p>A document dated 9/9/2021 for a HHA visit made</p>	L 533			

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L 533	<p>Continued From page 30</p> <p>from 10:21 AM - 11:42 AM indicated the patient sustained a fall, and the nurse was notified.</p> <p>An agency IDG meeting was observed on 9/9/2021 at 1:15 PM for patient #8, the patient's fall was not reported, and PCM C indicated the patient's daughter called and requested volunteer services 1 hour per week.</p> <p>A document dated 9/9/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" was reviewed. The medical director meeting summary section indicated the patient had not had any falls, one HHA visit was declined due to a holiday, the volunteer coordinator section indicated volunteer services were not requested, and the patient/caregiver agreed with the plan of care.</p> <p>During an interview on 9/9/2021 at 2:12 PM, family indicated she spoke with someone from the agency today about volunteer services, they were going into a meeting, and someone would get back to her. When queried, she indicated she would like the volunteer services on Mondays and Thursdays from 2:10 PM - 4:20 PM, so she could resume picking up her daughter from school and take her to therapy, she had to cancel the therapy since the patient moved in with her, she would really like to meet her daughter's needs, and her husband could be there by 4:20 PM to relieve the volunteer. During this time, she also indicated she never knew there were meetings about her mother's care and treatment, and she would like to be involved.</p> <p>During an interview on 9/10/2021 at 11:05 AM, PCM C indicated family called her yesterday and asked about volunteer services, for about maybe an hour or two per week, lowering a patient to the</p>	L 533		

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L 533	<p>Continued From page 31</p> <p>ground was not considered a fall, families were all aware of IDG meetings and when they had them, and if there was anything special, they did a care conference, During this time, the administrator indicated "... Sometimes I think the families don't understand."</p> <p>During an interview on 9/13/2021 at 12:56 PM, family indicated she declined a HHA visit once on a Friday, because she waited all day, no one called, she was going to go out for a bit after her husband and daughter got home, and they finally called and said they'd be there around 7:00 PM. She further indicated she declined the visit because she wouldn't be there, and her husband wouldn't know what to do, and she never canceled a HHA visit due to a holiday.</p> <p>6. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient had a stage 4 pressure injury (full thickness wound from un-relieved pressure) with bone exposed on her tailbone area, two skin tears on both legs (shins), an internal vaginal wound, an unstageable wound in the vagina, an indwelling catheter (a tube inserted into the bladder to drain urine), and the patient's place of worship was church J.</p> <p>A document signed by attending physician K on 8/24/2021 titled "Hospice Certification and Plan of Care" indicated (but not limited to) nursing visits were ordered daily, and indicated "... Goals: ... Pain will be managed at a level acceptable to the patient ... Anxiety/agitation is minimized/controlled ... Patient/Caregiver understands/demonstrates proper ... [wound] ... care and skin integrity</p>	L 533		

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L 533	<p>Continued From page 32 management"</p> <p>A document dated 8/13/2021 titled "SW [social worker] Hospice Initial Evaluation" indicated "... Made referral for volunteer services for companionship ... collaborated with IDT [interdisciplinary team]"</p> <p>A document dated 8/13/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a new prescription for miralax (taken for constipation).</p> <p>A document dated 8/17/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain.</p> <p>A document dated 8/19/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" was reviewed. In the section titled "Current Meeting Summary", the pastoral/counselor section indicated the patient had no church affiliation, and failed to indicate progress toward measurable goals, or patient response to services already provided. The registered nurse section indicated the patient had pain, multiple wounds, no missed nursing visits occurred since admission (8/12/2021), there were no new or changed medications, and failed to indicate no nursing visit was made on 8/14/2021, the medications that were added since admission, the patient's progress toward desired outcomes, or the patient's response to care provided. The social worker section indicated family was looking for more in home support, did not want to use other home care agencies, the social worker encouraged them to reach out to church and ask friends and family for recommendations, and failed to indicate volunteer services was referred (8/13/2021). The volunteer section indicated volunteer services wasn't</p>	L 533			

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L 533	<p>Continued From page 33 requested, and the family was aware and accepted the plan of care.</p> <p>A document dated 9/2/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" indicated volunteer services wasn't requested, and failed to indicate the social worker followed up on family request for more in home support, the patient's progress toward desired outcomes, or the patient's response to care provided.</p> <p>During an interview on 9/16/2021 at 2:31 PM, RN/PCM C confirmed the Hospice IDG Comprehensive Assessment and Plan of Care Update Report on 8/19/2021 failed to indicate the new medications, wound care orders, the patient's progress toward desired outcomes, the patient's response to care, and indicated the volunteer documentation that a volunteer wasn't requested was an error, and the patient did not receive volunteer services.</p> <p>7. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021, for election period 8/25/2021 - 11/22/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/25/2021 - 11/22/2021 indicated the patient resided at LTC facility F, goals included (but not limited to) "... Pain will be managed at a level acceptable to the patient ... patient/caregiver verbalizes understanding of anorexia/dehydration in the terminal patient and caregiver demonstrates offering, but not forcing food/fluids to the patient.</p> <p>A document dated 8/25/2021 titled "RN Hospice Start of Care" indicated the patient was offered and took sips of water during the visit, and LTC</p>	L 533			

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L 533	<p>Continued From page 34</p> <p>F's nurse reported the patient had a surgical wound on the outside of the left lower leg, and a skin tear to the inside of the left lower leg. The document indicated the agency nurse did not assess the wounds, or the patient's tolerance to swallowing water.</p> <p>A document dated 8/30/2021, titled "SN Hospice Subsequent Visit" indicated the wounds assessed as "healed" by the nurse.</p> <p>A document dated 9/2/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, they were left "open to air", they were not assessed by the nurse, and LTC facility F's nurse reported the patient wanted to get out of bed, requested a broda chair (tilt-in-space positioning chairs which prevents skin breakdown), the patient had difficulty swallowing, and they may start crushing medications. The document also indicated the nurse ordered a broda chair, and would require a hoyer lift (a mechanical lift to transfer a patient) for transfers.</p> <p>A document dated 9/2/2021 titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update" indicated the patient had a surgical wound and skin tear, failed to indicate the current condition of the patient's wounds or current treatment, failed to indicate the patient's desire to get out of bed, or the report of difficulty swallowing, or any interventions to address it.</p> <p>8. During an interview on 9/8/2021 at 2:52 PM, H2H corporate area clinical manager (ACM) G indicated all nursing visits were considered comprehensive assessments.</p>	L 533			
L 534	PATIENT OUTCOME MEASURES	L 534			

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L 534	<p>Continued From page 35 CFR(s): 418.54(e)(1)</p> <p>(1) The comprehensive assessment must include data elements that allow for measurement of outcomes. The hospice must measure and document data in the same way for all patients. The data elements must take into consideration aspects of care related to hospice and palliation.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the registered nurse (RN) failed to ensure all patients' comprehensive assessments included data elements that allowed for measurement of outcomes for 7 of 15 records reviewed (#2, 5, 6, 7, 8, 9, 10).</p> <p>Findings include:</p> <p>1. An agency policy revised 1/1/2020 titled "Patient Assessments" indicated assessments included (but not limited to) "... a patient-specific comprehensive assessment that identifies the patient's needs for hospice care and services ... The agency's ... registered nurse will use a standardized assessment tool to document assessment baseline data for review of symptoms and to collect required Medicare data on patient level measures ... ensure that the nursing needs of the patient are identified in the patient's initial ... comprehensive ... and updated assessments ... includes ... Current medical conditions ... medications ... pain ... dyspnea [difficulty breathing] ... constipation ... skin integrity ... emotional distress ... support systems ... Characteristics of pain ... patient/family's goal for pain management and their satisfaction with the current level of pain control ... Care, treatment, services and frequency of services to be provided ... Additional</p>	L 534		

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L 534	<p>Continued From page 36</p> <p>information ,, to be used in planning care to meet the patient/family needs ... Data elements that allow for measurement of patient outcomes"</p> <p>2. An agency policy revised 11/2020 titled "Pain Management" indicated "... Pain intensity ratings will be recorded using a pain scale ... Pain will be assessed as part of every patient contact"</p> <p>3. A National Center for Biotechnology Information (NCBI) web-based reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978178/ titled "Pain Assessment in Non-Communicative Adult Palliative Care Patients" indicated "... Palliative care patients who have pain are often unable to self-report their pain placing them at increased risk for under-recognized and under-treated pain. Use of appropriate pain assessment tools significantly enhances the likelihood of effective pain management and improved pain-related outcomes"</p> <p>3. Record review for patient #2 was completed on 9/15/2021, hospice election date 4/27/2021, for election period 4/27/2021 - 6/25/2021.</p> <p>A document dated 5/20/2021 titled "RN Hospice Recert Assessment" indicated the patient had a 1 cm (centimeter) MAC (mid-upper arm circumference) loss in one month (a measurement to assess nutritional status), but failed to indicate it was assessed during the comprehensive assessment conducted on 5/20/2021 to obtain data for measurable outcomes.</p> <p>4. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p>	L 534			

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L 534	Continued From page 37 A document dated 5/20/2021 titled "RN Hospice Start of Care" indicated the patient resided at long term care (LTC) facility B, the patient was unresponsive and unable to express her needs, pain was an active, continuous problem for the patient, and morphine (a narcotic pain medication) was initiated for pain relief. The document also indicated "... The patient's pain severity was : ... moderate ... Type of standardized pain tool used: ... Staff observation ... Patient's pain severity ... OK ... All of the time ..." The document failed to indicate a standardized tool was used to assess the unresponsive patient's pain and the severity of the pain to obtain data for measurable outcomes. A document dated and signed by RN P on 5/21/2021 titled "SN [skilled nurse] Hospice Subsequent Visit" indicated the patient reported no pain, no standardized pain assessment was completed for an unresponsive patient, indicated morphine was administered over the past 24 hours by LTC facility B's nurses, LTC facility B's nurse didn't know how much morphine was administered, and agency RN P failed to confirm the amount or frequency the morphine was administered to obtain data for measurable outcomes. During an interview on 9/15/2021 at 3:06 PM, Patient Care Manager (PCM) C confirmed it was not acceptable that the nurse did not know how much morphine was administered to the patient over the past 24 hours during her visit on 5/21/2021. During an interview on 9/15/2021 at 2:31 PM, PCM C indicated it wasn't acceptable to document "OK" for patient's pain severity.	L 534			

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L 534	<p>Continued From page 38</p> <p>5. Record review for patient #6 was completed on 9/15/2021, hospice election date 8/3/2021, for election period 8/3/2021 - 10/31/2021.</p> <p>A document dated 8/3/2021 titled "RN Hospice Start of Care" indicated the patient received general inpatient care (GIP) at hospital D, and had no wounds.</p> <p>Documents dated 8/4/2021, 8/5/2021, and 8/6/2021 titled "SN-GIP - SN - General Inpatient [visit]" indicated the patient had no wounds.</p> <p>A document dated 8/6/2021 titled "Hospice Physician Order" indicated a verbal order was received on 8/7/2021 at 12:53 PM to assess wounds on coccyx (tailbone) and do wound care as needed.</p> <p>An additional document dated 8/6/2021 titled "SN-GIP - SN - General Inpatient" (an additional visit was made) indicated hospital D's nurse reported the patient had water-filled blisters and a rash to his groin area, a pressure ulcer (a wound caused by prolonged pressure on the skin) on his coccyx, the dressing wouldn't stay on, and when removed, the adhesive on the dressing tore his skin, and failed to indicate the nurse performed an objective wound assessment (the appearance, measurements, presence of drainage, or signs/symptoms of infection of the wounds, or the appearance of the surrounding skin) to obtain data for measurable outcomes.</p> <p>Documents dated 8/7/2021, 8/8/2021, 8/9/2021, 8/10/2021, 8/11/2021, 8/12/2021, and 8/13/2021 titled "SN-GIP - SN - General Inpatient" indicated the patient's wounds were not assessed.</p>	L 534		

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L 534	<p>Continued From page 39</p> <p>A document dated 8/14/2021 titled "RN Hospice Discharge from Agency" (comprehensive assessment) indicated wounds remained, but were not assessed.</p> <p>During an interview on 9/15/2021 at 3:26 PM, RN/PCM C confirmed no wound assessments were made by agency nurses, and it was the agency's responsibility to do so.</p> <p>6. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021.</p> <p>A document dated 7/19/2021 and signed by the medical director on 7/29/2021 titled " ... [physician order] ... Hospice CTI [certificate of terminal illness] indicated "... Patient has gone from eating 100% of meals ... to only eating 25 to 50% of meals ... lost 47 pounds in the last 4 months ... patient is not able to express her needs"</p> <p>A document dated 7/19/2021 titled "RN Hospice Start of Care" indicated "... The patient's pain severity was : ... moderate ... Type of standardized pain tool used: ... Staff observation ... Patient's pain severity ... OK ... Nutritional Risk Level ... continue to observe for nutritional needs" The document failed to evidence the nurse assessed the patient's baseline MAC or pain was assessed with a standardized tool to obtain data for measurable outcomes.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated (but not limited to) the patient resided at assisted living facility (ALF) E, was on a regular diet, and took a daily laxative for constipation.</p> <p>Documents dated 7/27/2021, 7/30/2021,</p>	L 534		

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L 534	<p>Continued From page 40</p> <p>8/3/2021, and 8/6/2021, and 8/31/2021 titled "SN Hospice Subsequent Visit" indicated the nurse did not assess for the patient's last BM.</p> <p>Documents dated 8/17/2021, 8/24/2021, and 9/7/2021 titled "SN Hospice Subsequent Visit" indicated ALF E staff did not track the patient's last BM, and indicated the nurse did not assess the for patient's last BM.</p> <p>During an interview on 9/15/2021 at 3:35 PM, RN/PCM C confirmed the nurses should have assessed for the patient's last BM as part of their assessments.</p> <p>7. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A document dated 8/26/2021 titled "SN Hospice Subsequent Visit" indicated a new wound to the patient's right great toe, and failed to indicate the nurse performed an objective wound assessment to obtain data for measurable outcomes.</p> <p>Documents dated 9/1/2021, 9/3/2021, 9/7/2021 titled "SN Hospice Subsequent Visit" failed to indicate the toe wound was assessed.</p> <p>During an interview on 9/15/2021 at 3:40 PM, RN/PCM C confirmed the patient's assessments were not accurate.</p> <p>8. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient used oxygen, wounds were to be assessed by the hospice</p>	L 534			

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L 534	<p>Continued From page 41</p> <p>nurse weekly, the patient had a stage 4 pressure injury (full thickness wound from un-relieved pressure) with bone exposed on her tailbone area, two shin skin tears on both legs, an internal vaginal wound, an unstageable wound in the vagina. The document indicated the nurse assessed the tailbone wound, but failed to indicate the other wounds were assessed, and failed to indicate oxygen saturation (how much oxygen is being carried in the blood) was assessed, how much oxygen was used, how frequently, or what method of administration was used, and did not assess the patient's acceptable level of pain.</p> <p>A document dated 8/23/2021 titled "SN Hospice Subsequent Visit" indicated the patient rated her pain level a "2" (0-10 pain scale, with 0= no pain and 10= worst pain ever), and described her pain as "sharp, stabbing pain".</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the start of care document failed to indicate oxygen saturation was assessed, how much oxygen was used, how frequently, or what method of administration was assessed, nurse did not assess patient pain goal, it was not acceptable to write "okay" for pain severity, tailbone wound was assessed- but no other wounds were assessed, all other nursing visits for the election period reviewed failed to indicate assessments were completed on the lower extremities or vaginal wound, and the patient's conflicting description of pain versus patient's numeric pain level reported should have been addressed to obtain data for measurable outcomes.</p> <p>9. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021,</p>	L 534			

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L 534	<p>Continued From page 42 for election period 8/25/2021 - 11/22/2021.</p> <p>A document dated 8/25/2021 titled "RN Hospice Start of Care" indicated the patient was offered and took sips of water during the visit, and LTC F's nurse reported the patient had a surgical wound on the outside of the left lower leg, and a skin tear to the inside of the left lower leg. The document also indicated the agency nurse did not assess the wounds, or assessment of the patient's tolerance to the sips of water.</p> <p>A document dated 8/26/2021, titled "SN Hospice Subsequent Visit" indicated the wounds were not assessed by the nurse.</p> <p>A document dated 9/2/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, they were not assessed by the nurse, and LTC facility F's nurse reported the patient had difficulty swallowing, and they may start crushing medications. The document failed to indicate the nurse assessed the patient's ability to swallow fluids.</p> <p>A document dated 9/9/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, they were "healing well", they were not assessed by the nurse, and failed to indicate a follow up assessment was completed for the report of difficulty swallowing during a nursing visit made on 9/2/2021.</p> <p>A document dated 9/13/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a skin tear and surgical wound, the inner left calf was swollen and red, no other assessment details were documented, and failed to indicate a follow up assessment was completed for the report of difficulty swallowing during the nursing visit made</p>	L 534			

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L 534	Continued From page 43 on 9/2/2021. During an interview on 9/16/2021 at 1:40 PM, the administrator and RN/PCM C indicated the comprehensive assessments were not completed thoroughly, and they were not patient specific. 10. During an interview on 9/8/2021 at 2:52 PM, H2H (corporate level) ACM (area clinical manager) G indicated all nursing visits were considered comprehensive assessments. 11. During an interview on 9/15/2021 at 3:06 PM, H2H ACM G indicated "... we can't control what the facilities [LTC] do", and PCM C indicated that was unacceptable.	L 534		
L 536	IDG, CARE PLANNING, COORDINATION OF SERVICES CFR(s): 418.56 This Condition is not met as evidenced by: Based on observation, record review, and interview, the interdisciplinary group (IDG) failed to ensure all patients' plans of care included the hospice services necessary to meet the patient and family-specific needs (L538); the interdisciplinary group (IDG) failed to ensure all patients' plans of care were individualized and included patient/family specific goals and/or interventions (L545); failed to ensure all patients' plans of care included interventions to manage pain and/or symptoms (L546); failed to ensure all patients' plans of care included measurable outcomes to meet the needs of the patient (L548); and failed to ensure all patients' plans of care included all drugs and treatment necessary to meet the needs of the patient (L549). This practice had the potential to affect all agency	L 536		

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L 536	Continued From page 44 patients.	L 536		
L 538	<p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of Participation 42 CFR §418.56: Interdisciplinary Group, Care Planning, and Coordination of Services.</p> <p>IDG, CARE PLANNING, COORDINATION OF SERVICES CFR(s): 418.56</p> <p>The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, the interdisciplinary group (IDG) failed to ensure all patients' plans of care included the hospice services necessary to meet the patient and family-specific needs for 2 of 15 records reviewed (#8, 9).</p> <p>Findings include:</p> <p>1. An agency policy revised 1/1/2020 titled "Plan of Care Process" indicated "... Purpose ... To ensure that the care provided is in accordance with the written Plan of Care (POC) ... to meet the patient and family's needs ... based on ... the initial ... and updated comprehensive assessments ... will include all services necessary ... A revised POC will include information from the patient's updated comprehensive assessment"</p> <p>2. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for</p>	L 538		

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L 538	<p>Continued From page 45 election period 8/19/2021 - 11/16/2021.</p> <p>A home visit was observed on 9/9/2021 at 10:25 AM. Family reported she bought a gait belt right after the patient came home because it was very difficult to transfer the patient, last night (9/8/2021) during a transfer, the patient was too heavy, was lowered to the floor, and she texted the nurse this morning (9/9/2021) to let her know. During this time, the home folder was reviewed, which included (but not limited to) a document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021. The document indicated family declined volunteer services, and failed to indicate the patient transferred with use of a gait belt. Family indicated she was never offered volunteer services, she was very overwhelmed, and would greatly appreciate some help.</p> <p>A document dated 8/26/2021 titled "SN Hospice Subsequent Visit" indicated family reported patient was not bearing weight well, and transferring her was difficult.</p> <p>A document dated 9/9/2021 for a HHA visit made from 10:21 AM - 11:42 AM indicated the patient sustained a fall, and the nurse was notified.</p> <p>An agency IDG meeting was observed on 9/9/2021 at 1:15 PM, the patient's fall was not reported, and PCM C indicated the patient's daughter called and requested volunteer services 1 hour per week.</p> <p>A document dated 9/9/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" was reviewed. The medical director meeting summary section indicated the patient had not had any falls, the volunteer</p>	L 538			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF EASTERN INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1178 FREMONT COURT SUITE 2 ELKHART, IN 46516		
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L 538	<p>Continued From page 46</p> <p>coordinator section indicated volunteer services were not requested, a HHA visit was canceled due to a holiday -per family request, and the patient/caregiver agreed with the plan of care.</p> <p>During an interview on 9/9/2021 at 2:12 PM, family indicated she would like the volunteer services on Mondays and Thursdays from 2:10 PM - 4:20 PM, and indicated she never knew there were meetings about her mother's care and treatment, and she would like to be involved.</p> <p>During an interview on 9/10/2021 at 11:05 AM, PCM C indicated family called her yesterday and asked about volunteer services, for about maybe an hour or two per week, lowering a patient to the ground was not considered a fall, families were all aware of IDG meetings and when they had them, and if there was anything special, they did a care conference, During this time, the administrator indicated "... Sometimes I think the families don't understand."</p> <p>During an interview on 9/13/2021 at 12:56 PM, family indicated she declined a HHA visit once on a Friday, because she waited all day, no one called, she was going to go out for a bit after her husband and daughter got home, and they finally called and said they'd be there around 7:00 PM. She further indicated she declined the visit because she wouldn't be there, and her husband wouldn't know what to do, and she never canceled a HHA visit due to a holiday.</p> <p>During an interview on 9/15/2021 at 3:40 PM, PCM C confirmed that referral for physical therapy (PT) training for transferring with gait belt would have been appropriate, family was not offered involvement with IDG, the volunteer made a visit on 9/13/2021, and the order was for only</p>	L 538			

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L 538	<p>Continued From page 47 one visit.</p> <p>3. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document signed by attending physician K on 8/24/2021 titled "Hospice Certification and Plan of Care" for election period 8/12/2021 - 11/9/2021 indicated (but not limited to) volunteer services were declined.</p> <p>A document dated 8/13/2021 titled "SW [social worker] Hospice Initial Evaluation" indicated "... Made referral for volunteer services for companionship ... collaborated with IDT [interdisciplinary team]"</p> <p>A document dated 8/19/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" was reviewed. In the section titled "Current Meeting Summary", the social worker section indicated family was looking for more in home support, did not want to use other home care agencies, the social worker encouraged them to reach out to church and ask friends and family for recommendations, and failed to indicate volunteer services was referred on 8/13/2021. The volunteer section indicated volunteer services wasn't requested, and the family was aware and accepted the plan of care.</p> <p>A document dated 9/2/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" indicated volunteer services wasn't requested, and failed to indicate the social worker followed up on family request for more in home support.</p> <p>During an interview on 9/16/2021 at 2:31 PM,</p>	L 538			

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L 538	Continued From page 48 RN/PCM C confirmed documentation on the IDG reports should not have indicated volunteer services was declined, and the patient did not receive volunteer services.	L 538		
L 545	<p>CONTENT OF PLAN OF CARE CFR(s): 418.56(c)</p> <p>The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, the interdisciplinary group (IDG) failed to ensure all patients' plans of care were individualized and included patient/family specific goals and/or interventions for 7 of 15 records reviewed (#2, 5, 6, 7, 8, 9, 10).</p> <p>Findings include:</p> <p>1. An agency policy revised 1/1/2020 titled "Plan of Care Process" indicated "... The hospice will develop an individualized written POC [plan of care] for each patient. The POC must reflect patient and family goals and interventions"</p> <p>2. Record review for patient #2 was completed on 9/15/2021, hospice election date 4/27/2021, for election period 4/27/2021 - 6/25/2021.</p> <p>A document dated 7/29/2021 titled "Hospice IDG</p>	L 545		

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L 545	<p>Continued From page 49</p> <p>[interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" indicated (but not limited to) the patient had an indwelling urinary catheter, was dependent on continuous oxygen, had difficulty breathing with minimal activity, was a current smoker, sustained a skin tear on 7/15/2021, started an antibiotic for urinary tract infection (UTI) on 7/25/2021, and a history of medication mis-use and 2 warnings to take medications as prescribed. The document failed to identify patient specific interventions for urinary catheter care/management, smoking cessation, use of oxygen while smoking and risks/precautions, wound care/treatment, infection prevention, signs/symptoms of UTI, methods to improve medication compliance, or any patient/family specific goals and interventions.</p> <p>3. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 5/20/2021 - 8/17/2021 indicated (but not limited to) the patient resided at long term care (LTC) facility B, she was an actively dying patient, and she was comatose (a state of deep unconsciousness); interventions included (but not limited to) "... Hospice nurse to assess effectiveness of cardiopulmonary symptom relief measures including oxygen treatment ... assess current degree of depression and provide ... interventions ... to enhance the patient's well being ... assess sleep patterns and instruct in measures to improve rest ... assessment of patient's risk for self directed violence" Additionally, the document failed to indicate the family's specific goals.</p> <p>A document dated 5/24/2021 titled "SN [skilled</p>	L 545		

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L 545	<p>Continued From page 50</p> <p>nurse] Hospice Unattended Death" indicated upon arrival for visit, LTC facility B staff informed agency nurse the patient passed away on 5/23/2021 at 10:40 PM.</p> <p>A document dated 5/27/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" indicated the reason for the meeting was a "new admission". The document indicated the patient date/time of death was 5/23/2021 at 10:40 PM, but included future plans for treatment and services for the next two weeks, and indicated patient/caregiver was in agreement with the plan of care. Review of the section titled "Current Meeting Summary", the spiritual counselor/chaplain (SCC) indicated the plan for the next 2 weeks was to visit the patient 2 times per week in person, changes since last IDG meeting: none. The registered nurse (RN) section indicated the plan for the next 2 weeks was daily nursing visits, (goals) patient would receive scheduled comfort medications, and would not exhibit physical signs of distress.</p> <p>An additional document dated 5/27/2021 titled "Hospice IDG Comprehensive Assessment and Plan of Care Update Report" indicated the reason for the meeting was a "death at home", and the last IDG meeting was 5/27/2021. The document indicated the patient date/time of death was 5/23/2021 at 10:40 PM, changes since last IDG meeting included "... Patient is deceased"</p> <p>4. Record review for patient #6 was completed on 9/15/2021, hospice election date 8/3/2021, for election period 8/3/2021 - 10/31/2021.</p> <p>A document dated 8/3/2021 titled "RN Hospice Start of Care" indicated the patient received general inpatient care (GIP) at hospital D due to</p>	L 545		

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L 545	<p>Continued From page 51</p> <p>uncontrolled pain and anxiety, had a size 16french/5cc (cubic centimeter) indwelling urinary catheter, bowel incontinence, took no nutrition or fluids by mouth (NPO), had Diabetes, nonverbal, unresponsive, opened his eyes for pain or touch, and had no wounds.</p> <p>A document dated 8/4/2021 titled "SN-GIP - SN - General Inpatient [visit]" indicated the patient had a PICC line in his left upper arm (a type of long catheter that is inserted through a small vein, often in the arm, into a larger vein in the body, used when intravenous treatment is required over a long period), and the patient used oxygen.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/3/2021 - 10/31/2021 failed to indicate the patient was diabetic, received GIP care due to uncontrolled pain and anxiety, foley catheter size, PICC line care/management, oxygen use and indications, or family specific goals.</p> <p>5. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021.</p> <p>A document dated 7/19/2021 titled "RN Hospice Start of Care" indicated (but not limited to) the patient lost 47 pounds in 4 months, was diabetic, had difficulty breathing with exertion, was short of breath, at risk for falls, experienced dizziness, and used a rollator walker (wheels on all of the legs) with another person for assist.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated the patient resided at assisted living facility (ALF) E, took a daily laxative for constipation, took warfarin (a blood</p>	L 545			

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L 545	<p>Continued From page 52</p> <p>thinner/anticoagulant which required lab monitoring) daily, and received oxygen for respiratory symptom relief. The document failed to indicate oxygen dose, method of administration, or frequency, who monitored/managed the patient's anticoagulant laboratory values and frequency of blood tests, the patient was diabetic, required another person for walking with a rollator walker, interventions to increase nutritional intake, or patient/family specific goals.</p> <p>6. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A home visit was observed on 9/9/2021 at 10:25 AM. Observed Heart to Heart North (H2HN) home health aide (HHA) W transfer the patient from the bed to a wheelchair with the use of a gait belt. No oxygen was present in the home. Family indicated she bought the gait belt and used it since the day the patient got home.</p> <p>A document dated 7/19/2021 titled "RN Hospice Start of Care" indicated the patient smoked cigarettes, had continuous pain, was short of breath, required the head of the bed to be elevated for relief, drank 2 cans of ensure (nutritional supplement) daily, was at risk for falling, experienced anxiety, used oxygen, and she currently took an antibiotic for UTI.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021 indicated the patient was on "complete bedrest" and used oxygen. The document failed to indicate the patient's accepted pain level, the dose and frequency of oxygen use, the head of the bed should be elevated, the</p>	L 545			

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L 545	<p>Continued From page 53</p> <p>patient smoked, risks associated with smoking and oxygen use, she was not bedbound, interventions/education for UTI, fall precautions or interventions for preventing falls, interventions to reduce anxiety, or the use of the gait belt.</p> <p>During an interview on 9/15/2021 at 3:39 PM, PCM C confirmed interventions to prevent falls, nutritional supplements, specific oxygen orders, smoking status, UTI status and interventions, interventions to reduce anxiety, and patient pain goal should all be on the plan of care.</p> <p>7. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient had a stage 4 pressure injury (full thickness wound from un-relieved pressure) with bone exposed on her tailbone area, two skin tears on both legs (shins), an internal vaginal wound, an unstageable wound in the vagina, and an indwelling urinary catheter (a tube inserted into the bladder to drain urine).</p> <p>A document titled "Hospice Certification and Plan of Care" failed to indicate the patient's preferred pain level, the patient had a stage 4 pressure injury with bone exposed on her tailbone area, two skin tears on both legs (shins), an internal vaginal wound, an unstageable wound in the vagina, or treatment orders for the wounds. The document also failed to indicate the size of the indwelling urinary catheter, or treatment orders for the management of the catheter.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the patient's preferred pain level was not on the POC, the POC was not</p>	L 545		

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L 545	<p>Continued From page 54</p> <p>individualized, it had no wound treatment orders, and had no patient/family specific goals or interventions related to the wounds or catheter care.</p> <p>8. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021, for election period 8/25/2021 - 11/22/2021.</p> <p>A document dated 8/25/2021 titled "RN Hospice Start of Care" indicated the patient had a surgical wound on the outside of the left lower leg, and a skin tear to the inside of the left lower leg.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/25/2021 - 11/22/2021 failed to indicate the presence of the skin tear to the inside of the left lower leg, interventions to treat the wound, and failed to indicate patient/family specific goals or interventions.</p> <p>9. During an interview on 9/16/2021 at 3:40 PM the administrator and PCM confirmed the plans of care were not patient-specific or individualized, they were missing treatment orders, and patient/caregiver goals and preferences were missing.</p> <p>10. Record review for patient #3 was completed on 9/7/2021, election date 3/20/2021, for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and progressive loss of functioning). The agency failed to ensure the plan of care contained goals and interventions based on the comprehensive assessment findings related to accurate wound locations and treatments needed.</p> <p>Review of a document dated 7/4/2021, titled</p>	L 545		

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L 545	<p>Continued From page 55</p> <p>"Hospice Recertification and Plan of Care Update," indicated the patient had 3 skin wounds. Two on the coccyx (tailbone) and one on the right ischial tuberosity (sit bone).</p> <p>Review of a document dated 7/13/2021, titled RN Hospice Recert [recertification] Assessment," identified 3 skin wounds. One on the coccyx, one on the upper right buttock, and one on the right heel.</p> <p>Review of an agency document titled "Clinical - Wounds - Patient Detail," received from Administrator A on 9/7/2021. The document evidenced patient had 2 coccyx wounds and 1 upper buttock wound.</p> <p>During an interview on 9/10/2021, at 10:17 AM Patient Care Manager C confirmed the nurse was expected to know the location of the wounds.</p> <p>Review of a document dated 7/4/2021, titled "Hospice Recertification and Plan of Care Update," indicated the patient had an indwelling catheter. The plan of care failed to evidence the size of the catheter and the frequency to change the catheter. The same document indicated a goal that included the use of an interpreter.</p> <p>During an interview on 9/8/2021 at 9:30 AM, RN E confirmed patient # 3 did not require an interpreter.</p> <p>During an interview on 9/10/2021 at 10:50 AM, Patient Care Manager C confirmed the plan of care failed to evidence patient specific interventions.</p> <p>11. Record review for patient #12 was completed on 9/14/2021, election date of 8/14/2021, for benefit period 8/14/2021 - 11/11/21, with a terminal diagnosis of heart failure (heart not pumping blood as well as it should). The plan of</p>	L 545			

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

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L 545	<p>Continued From page 56</p> <p>care failed to be individualized to reflect accurate aide needs.</p> <p>12. Review of a document with an effective date of 8/14/2021, titled "Aide Care Plan Report" indicated personal care assistance with tasks such as showering, hair and skin care, shaving, and dressing.</p> <p>13. Review of documents titled "Aide Hospice Visit" dated 8/17/2021, 8/19/2021, 9/3/2021, 9/8/2021 indicated the patient declined all care. Notes dated 8/27/2021 and 9/1/2021 indicated patient declined most care. The note on 9/3/2021 indicated patient did most tasks himself.</p> <p>During an interview on 9/10/2021 at 1:07 PM, Patient Care Manager C confirmed the interventions should have been updated to reflect the patient's current needs.</p> <p>14. Record review for patient #14 was completed on 9/10/2021, for benefit period 8/29/2021 - 11/26/2021, with a terminal diagnosis of metabolic encephalopathy (brain damage most often resulting in coma).</p> <p>Review of a document for certification period 8/29/2021 - 11/26/2021, titled "Hospice Certification and Plan of Care" indicated the need for oxygen safety measures. The patient does not use oxygen.</p> <p>During an interview on 9/10/2021 at 10:37 AM, Patient Care Manager C confirmed the plan of care was not individualized.</p> <p>15. During an interview on 9/14/2021, at 1:45 PM, Medical Director B confirmed goals should be individualized to the patient.</p>	L 545			

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L 546 L 546	Continued From page 57 CONTENT OF PLAN OF CARE CFR(s): 418.56(c)(1) [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (1) Interventions to manage pain and symptoms. This Standard is not met as evidenced by: Based on observation, record review, and interview, the interdisciplinary group (IDG) failed to ensure all patients' plans of care included interventions to manage pain and/or symptoms for 7 of 15 records reviewed (#2, 5, 6, 7, 8, 9, 10). Findings include: 1. An agency policy revised 1/1/2020 titled "Plan of Care Process" indicated "... The POC [plan of care] includes ... Interventions to manage pain and symptoms and identified issues/problems" 2. Record review for patient #2 was completed on 9/15/2021, hospice election date 4/27/2021, for election period 4/27/2021 - 6/25/2021. A document dated 8/11/2021 titled "RN [registered nurse] Hospice Recert Assessment" indicated the patient had constant severe pain, anxiety, he was a current smoker, he was short of breath all the time, and he used 3-5 liters of oxygen continuously. A document titled "Hospice Certification and Plan of Care" for election period 4/27/2021 - 6/25/2021 failed to indicate patient specific interventions to mitigate pain, anxiety, smoking, or constant	L 546 L 546		

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L 546	<p>Continued From page 58 shortness of breath.</p> <p>A document dated 7/29/2021 titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update Report" indicated (but not limited to) the patient had ongoing pain, anxiety, was dependent on continuous oxygen, had difficulty breathing with minimal activity, and was a current smoker. The document failed to identify interventions for managing pain, anxiety, smoking cessation, use of oxygen while smoking and risks/precautions, or interventions to reduce episodes of shortness of breath.</p> <p>3. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p> <p>A document dated 5/20/2021 titled "RN Hospice Start of Care" indicated the patient was short of breath at rest, she had labored breathing, her lungs were coarse (indicating presence of fluid), she made "gurgling" sounds, was observed by the nurse to be in constant pain, and she was comatose (a state of deep unconsciousness).</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 5/20/2021 - 8/17/2021 indicated (but not limited to) the patient resided at long term care (LTC) facility B, she was an actively dying patient, and she was comatose; the document failed to indicate patient specific interventions to mitigate pain, shortness of breath, excessive secretions, and care of a comatose patient.</p> <p>4. Record review for patient #6 was completed on 9/15/2021, hospice election date 8/3/2021, for election period 8/3/2021 - 10/31/2021.</p>	L 546		

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L 546	Continued From page 59 A document dated 8/3/2021 titled "RN Hospice Start of Care" indicated the patient received general inpatient care (GIP) at hospital D due to uncontrolled pain and anxiety, was nonverbal, unresponsive, and opened his eyes for pain or touch. A document titled "Hospice Certification and Plan of Care" for election period 8/3/2021 - 10/31/2021 failed to indicate the patient received GIP care due to uncontrolled pain and anxiety, or patient specific interventions to mitigate pain and anxiety. 5. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021. A document dated 7/19/2021 titled "RN Hospice Start of Care" indicated the patient lost 47 pounds in 4 months, had pain, had difficulty breathing with exertion, was short of breath, and experienced dizziness. A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated the patient resided at assisted living facility (ALF) E, took a daily laxative for constipation, and received oxygen for respiratory symptom relief. The document failed to indicate patient specific interventions to mitigate increased nutritional intake, reduce constipation, reduction/management of pain, or methods to manage/reduce shortness of breath. 6. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021. A document dated 7/19/2021 titled "RN Hospice	L 546			

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L 546	<p>Continued From page 60</p> <p>Start of Care" indicated the patient smoked cigarettes, had continuous pain, was short of breath, required the head of the bed to be elevated for relief, drank 2 cans of ensure (nutritional supplement) daily, was at risk for falling, experienced anxiety, used oxygen, and she currently took an antibiotic for UTI.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021 was reviewed. The document failed to indicate patient specific interventions to mitigate pain, shortness of breath, pain, increasing nutritional intake, the head of the bed should be elevated, smoking cessation, risks associated with smoking and oxygen use, or reduction/management of anxiety.</p> <p>During an interview on 9/15/2021 at 3:39 PM, PCM C confirmed interventions for nutritional supplements, interventions to reduce anxiety, and patient pain should all be on the plan of care.</p> <p>7. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p> <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient had constant pain, was short of breath, required the head of the bed to be elevated to relieve shortness of breath, had complex wounds, and had a 33-pound weight loss in the past 2 months.</p> <p>A document titled "Hospice Certification and Plan of Care" failed to indicate patient specific interventions to mitigate pain, shortness of breath, methods to increase nutritional intake, elevation of the head of the bed, and wound care/treatment for all wounds identified on the</p>	L 546			

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L 546	<p>Continued From page 61 admission comprehensive assessment.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C the plan of care was not individualized, it had no wound treatment orders, and had no patient specific interventions for pain management, elevation of head of the bed, or respiratory symptom management.</p> <p>8. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021, for election period 8/25/2021 - 11/22/2021.</p> <p>A document dated 8/25/2021 titled "RN Hospice Start of Care" indicated the patient was recently involved in a motor vehicle accident and sustained multiple injuries including (but not limited to) a fractured sternum (breastbone) and ribs, had difficulty breathing at rest, pain that required increasing doses of major pain medications more than briefly, required continuous oxygen, had a surgical wound on the outside of the left lower leg, and a skin tear to the inside of the left lower leg.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/25/2021 - 11/22/2021 failed to indicate patient specific interventions to mitigate severe pain, shortness of breath at rest, the presence of the skin tear to the inside of the left lower leg or interventions to treat the wound, oxygen use and specific orders for dose, method of delivery or frequency, or care of a patient with fractures.</p> <p>9. During an interview on 9/16/2021 at 3:40 PM the administrator and PCM C confirmed the plans of care were not patient-specific or individualized, they were missing treatment orders, and the electronic medical record (EMR) had "plug and</p>	L 546			

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L 546	Continued From page 62 play" entries for interventions, and they were not patient specific.	L 546		
L 548	<p>CONTENT OF PLAN OF CARE CFR(s): 418.56(c)(3)</p> <p>[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (3) Measurable outcomes anticipated from implementing and coordinating the plan of care.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the interdisciplinary group (IDG) failed to ensure all patients' plans of care included measurable outcomes to meet the needs of the patient for 13 of 15 records reviewed (#1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14).</p> <p>Findings include:</p> <p>1. An agency policy revised 1/1/2020 titled "Plan of Care Process" indicated "... The POC [plan of care] includes ... Measurable outcomes anticipated from implementing and coordinating the plan of care"</p> <p>2. Record review for patient #2 was completed on 9/15/2021, hospice election date 4/27/2021, for election period 4/27/2021 - 6/25/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 4/27/2021 - 6/25/2021 indicated goals included (but not limited to) "... Pain will be managed at a level acceptable to the patient ... Reduction or relief of cardiopulmonary [heart/lung] symptoms"</p>	L 548		

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L 548	<p>Continued From page 63</p> <p>3. Record review for patient #5 was completed on 9/15/2021, hospice election date 5/20/2021, for election period 5/20/2021 - 8/17/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 5/20/2021 - 8/17/2021 indicated goals included (but not limited to) "... Pain will be managed at a level acceptable to the patient ... Reduction or relief of cardiopulmonary symptoms ...anxiety/agitation is minimized/controlled"</p> <p>A physician's order document dated 5/21/2021 titled "Hospice Add-On" indicated chaplain goals included "... Patient will have safety needs met ... will express an increased sense of closure and peacefulness at the end of life ... Caregiver(s) will experience a sense of accomplishments at having supported the dying person ... Patient/Caregiver will feel relief from spiritual concerns"</p> <p>A physician's order document dated 5/21/2021 titled "Hospice Add-On" indicated social worker goals included "... Patient/Caregiver will express an increased sense of closure and peacefulness at the end of life ... Caregiver(s) will experience a sense of accomplishments at having supported the dying person"</p> <p>4. Record review for patient #6 was completed on 9/15/2021, hospice election date 8/3/2021, for election period 8/3/2021 - 10/31/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/3/2021 - 10/31/2021 indicated goals included (but not limited to) "... Pain will be managed at a level acceptable to the patient ... medications will be managed</p>	L 548		

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L 548	<p>Continued From page 64</p> <p>appropriately as evidenced by symptom control"</p> <p>A physician's order document dated 8/4/2021 titled "Hospice Add-On" indicated chaplain goals included "... Patient will have safety needs met ... will express an increased sense of closure and peacefulness at the end of life ... Caregiver(s) will experience a sense of accomplishments at having supported the dying person ... Patient/Caregiver will feel relief from spiritual concerns"</p> <p>A physician's order document dated 8/4/2021 titled "Hospice Add-On" indicated social worker goals included "... Patient/Caregiver will express an increased sense of closure and peacefulness at the end of life ... Caregiver(s) will experience a sense of accomplishments at having supported the dying person"</p> <p>5. Record review for patient #7 was completed on 9/15/2021, hospice election date 7/19/2021, for election period 7/19/2021 - 10/16/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 7/19/2021 - 10/16/2021 indicated goals included (but not limited to) "... Medications will be managed appropriately as evidenced by symptom control ... Reduction or relief of cardiopulmonary symptoms"</p> <p>A physician's order document dated 7/22/2021 titled "Hospice Add-On" indicated chaplain goals included "... Patient will have safety needs met ... Patient/Caregiver will feel relief from spiritual concerns"</p> <p>A physician's order document dated 7/21/2021</p>	L 548		

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L 548	<p>Continued From page 65</p> <p>titled "Hospice Add-On" indicated social worker goals included "... Patient/Caregiver will have decreased fear/anxiety regarding death and dying process"</p> <p>6. Record review for patient #8 was completed on 9/15/2021, hospice election date 8/19/2021, for election period 8/19/2021 - 11/16/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/19/2021 - 11/16/2021 indicated goals included (but not limited to) "... Pain will be managed at a level acceptable to the patient ... Reduction or relief of cardiopulmonary symptoms ... anxiety/agitation is minimized/controlled ... medications will be managed appropriately as evidenced by symptom control"</p> <p>A physician's order document dated 8/23/2021 titled "Hospice Add-On" indicated chaplain goals included "... Patient will have safety needs met ... Patient/Caregiver will feel relief from spiritual concerns"</p> <p>A physician's order document dated 8/23/2021 titled "Hospice Add-On" indicated social worker goals included "... Patient/Caregiver will have decreased fear/anxiety regarding death and dying process"</p> <p>During an interview on 9/15/2021 at 3:39 PM, PCM C confirmed interventions for nutritional supplements, interventions to reduce anxiety, and patient pain should all be on the plan of care.</p> <p>7. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021.</p>	L 548		

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L 548	<p>Continued From page 66</p> <p>A document titled "Hospice Certification and Plan of Care" indicated goals included (but not limited to) "... Pain will be managed at a level acceptable to the patient ... anxiety/agitation is minimized/controlled ... Reduction or relief of cardiopulmonary symptoms"</p> <p>A physician's order document dated 8/13/2021 titled "Hospice Add-On" indicated chaplain goals included "... Patient will have safety needs met ... Patient/Caregiver will feel relief from spiritual concerns"</p> <p>A physician's order document dated 7/21/2021 titled "Hospice Add-On" indicated social worker goals included "... Patient/Caregiver will have decreased fear/anxiety regarding death and dying process ... Patient/Caregiver will express an increased sense of closure and peacefulness at the end of life ... Caregiver(s) will experience a sense of accomplishments at having supported the dying person"</p> <p>8. Record review for patient #10 was completed on 9/15/2021, hospice election date 8/25/2021, for election period 8/25/2021 - 11/22/2021.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/25/2021 - 11/22/2021 indicated goals included (but not limited to) "... Medications will be managed appropriately as evidenced by symptom control ... exhibits signs of symptom reduction or relief ... Pain will be managed at a level acceptable to the patient ... Pain will be controlled"</p> <p>A physician's order document dated 8/27/2021 titled "Hospice Add-On" indicated chaplain goals included "... Patient will have safety needs met ...</p>	L 548			

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L 548	<p>Continued From page 67</p> <p>Patient/Caregiver will feel relief from spiritual concerns"</p> <p>A physician's order document dated 8/27/2021 titled "Hospice Add-On" indicated social worker goals included "... Patient/Caregiver will have decreased fear/anxiety regarding death and dying process"</p> <p>9. During an interview On 9/14/2021 at 1:45 PM, the medical director indicated she needed more measurable outcomes, over what time frame, wanted them quantifiable (measured as a quantity), and added the example that if a patient slept more, she wanted to know how much more over how long of a timeframe.</p> <p>10. During an interview on 9/16/2021 at 3:40 PM the administrator and PCM C confirmed the plans of care goals were not measurable.</p> <p>11. Record review for patient #1 was completed on 9/7/2021, election date of 7/28/2021, for benefit period 7/28/2021 - 10/25/2021, with a terminal diagnosis of senile degeneration of the brain.</p> <p>Review of a document with a start of care date of 7/28/2021, titled "Hospice Certification and Plan of Care" indicated of goal that patient's needs would be met.</p> <p>During an interview on 9/10/2021 at 10:37 AM, Patient Care Manager C confirmed that was not a measurable goal.</p> <p>12. Record review for patient #3 was completed on 9/7/2021, election date of 4/20/2021, for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary</p>	L 548		

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L 548	<p>Continued From page 68 movements and progressive loss of functioning).</p> <p>Review of a document dated 7/4/2021, titled "Hospice Recertification and Plan of Care Update," indicated a goal that patient's neurologic status would be addressed appropriately.</p> <p>During an interview on 9/10/2021 at 10:50 AM, Patient Care Manager C confirmed this was a computer-generated plan of care goal and the nurse did not adjust it for the patient.</p> <p>13. Record review for patient #11 was completed on 9/13/2021, election date of 7/24/2021, for benefit period 7/24/2021 - 10/21/2021, with terminal diagnosis of prostate cancer.</p> <p>Review of a document for certification period 7/24/2021 - 10/21/2021, titled "Hospice Certification and Plan of Care" indicated of goal of decreased fear/anxiety regarding death and dying process.</p> <p>During an interview on 9/10/2021 at 2:26 PM, Patient Care Manager C confirmed that was not a measurable goal.</p> <p>14. Record review for patient #12 was completed on 9/14/2021, election date of 8/14/2021, for benefit period 8/14/2021 - 11/11/21, with a terminal diagnosis of heart failure (heart not pumping blood as well as it should).</p> <p>Review of a document dated 8/14/2021, titled "Hospice Certification and Plan of Care," indicated a goal of " ... managing cardiopulmonary symptoms within constraints of the disease."</p> <p>During an interview on 9/10/2021 at 1:07 PM, Person G indicated this was somewhat measurable.</p>	L 548			

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L 548	Continued From page 69 15. Record review for patient #13 was completed on 9/14/2021, election date 8/10/2021, for certification period 8/10/2021 - 11/7/2021, with a terminal diagnosis of hypertensive heart disease (heart problems related to long term high blood pressure). Review of a document dated 8/10/2021, titled "Hospice Certification and Plan of Care," evidenced a goal that "...anxiety/agitation ... minimized/controlled ... understanding of its effects/origin/treatment." During an interview on 9/10/2021 at 1:49 PM, Patient Care Manager confirmed this was not a measurable or patient specific goal. 16. Record review for patient #14 was completed on 9/10/2021, election date of 8/29/2021, for benefit period 8/29/2021 - 11/26/2021, with a terminal diagnosis of metabolic encephalopathy (brain damage most often resulting in coma). Review of a document for certification period 8/29/2021 - 11/26/2021, titled "Hospice Certification and Plan of Care" indicated of goal of patient needs would be met. During an interview on 9/10/2021 at 10:37 AM, Patient Care Manager C confirmed that was not a measurable goal. 17. During an interview on 9/14/2021, at 1:45 PM, Medical Director B confirmed goals should be measurable.	L 548			
L 549	CONTENT OF PLAN OF CARE CFR(s): 418.56(c)(4) [The plan of care must include all services	L 549			

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L 549	<p>Continued From page 70 necessary for the palliation and management of the terminal illness and related conditions, including the following:] (4) Drugs and treatment necessary to meet the needs of the patient.</p> <p>This Standard is not met as evidenced by: Based on observation, record review, and interview, the interdisciplinary group (IDG) failed to ensure all patients' plans of care included all drugs and treatment necessary to meet the needs of the patient for 2 of 15 records reviewed (#3, 9).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An agency policy revised 1/1/2020 titled "Plan of Care Process" indicated "... Drug profile ... including ... all ... prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy ... The POC [plan of care] includes ... drugs and treatment necessary to meet the needs of the patient" 2. Record review for patient #9 was completed on 9/16/2021, hospice election date 8/12/2021, for election period 8/12/2021 - 11/9/2021. <p>A document dated 8/12/2021 titled "RN Hospice Start of Care" indicated the patient had a stage 4 pressure injury (full thickness wound from un-relieved pressure) with bone exposed on her tailbone area, two shin skin tears on both legs, an internal vaginal wound, an unstageable wound in the vagina.</p> <p>A document dated 8/13/2021, titled "SN Hospice Subsequent Visit" indicated the patient had a new</p>	L 549			

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L 549	<p>Continued From page 71 prescription for miralax (taken for constipation).</p> <p>A document dated 8/17/2021, titled "SN Hospice Subsequent Visit" indicated the patient took extra strength tylenol for pain.</p> <p>A document dated 8/23/2021, titled "SN Hospice Subsequent Visit" indicated the patient took colace for constipation, and used medihoney (a medicated gel) for treatment on a wound.</p> <p>A document dated 9/10/2021, titled "SN Hospice Subsequent Visit" indicated the patient took 25 mg (milligrams) of benadryl for itchiness.</p> <p>A document titled "Hospice Certification and Plan of Care" for election period 8/12/2021 - 11/9/2021 failed to indicate the Miralax, extra strength Tylenol, colace, medihoney, Benadryl, and all wound car treatments were on the plan of care.</p> <p>During an interview on 9/16/2021 at 2:31 PM, PCM C confirmed the Miralax, extra strength Tylenol, colace, medihoney, Benadryl, and all wound car treatments were not on the plan of care.</p> <p>3. Record review for patient #3 was completed on 9/7/2021, election date 4/20/2021, for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and progressive loss of functioning).</p> <p>A home observation was completed on 9/8/2021 at 10:00 AM, at LTC facility A. RN E performed wound care to the right heel using normal saline to cleanse and applied skin prep (a liquid film-forming dressing that forms a protective film to help reduce friction) and later indicated she did not know the current wound care orders for the</p>	L 549			

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L 549	Continued From page 72 heel wound. During the provision of wound care, RN E and LTC facility RN L discussed the current wound care orders, and both indicated they did not know. Review of a document dated 8/26/2021, titled "Hospice IDG [interdisciplinary group] Comprehensive Assessment and Plan of Care Update" failed to evidence wound care orders for a the right heel wound. During an interview on 9/10/2021 at 10:17 AM, Person G confirmed the nurse should have coordinated with the facility to verify the current wound care orders.	L 549			
L 555	COORDINATION OF SERVICES CFR(s): 418.56(e)(2) [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (2) Ensure that the care and services are provided in accordance with the plan of care. This Standard is not met as evidenced by: Based on record review and interview, the hospice failed to ensure that services were provided in accordance with the plan of care for 2 of 15 records review (#3, 13). Findings include: 1. Record review for patient #3 was completed on 9/7/2021, election date 4/20/2021, for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and progressive loss of functioning).	L 555			

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L 555	Continued From page 73 A home observation was completed on 9/8/2021 at 10:00 AM, at LTC facility A. RN E performed wound care to coccyx, right ischium (sit bone). After wound care was completed, RN E indicated she did not know the current wound care orders (despite just performing wound care). Afterward the facility nurse told her the current wound treatment. During an interview at 11:13 AM on 9/8/2021, RN E confirmed there were no hospice wound care orders. 2. Record review for patient #13 was completed on 9/14/2021, election date of 8/10/2021, for certification period 8/10/2021 - 11/7/2021, with a terminal diagnosis of hypertensive heart disease (heart problems related to long term high blood pressure). Review of a document dated 8/10/2021, titled "Hospice Certification and Plan of Care" indicated an order to teach about oxygen safety. Review of a document dated 8/31/2021, titled "SN [skilled nurse] Hospice Subsequent Visit" indicated patient had a fall on 8/30/2021 because she got tangled up in the oxygen tubing. The document failed to evidence teaching about oxygen safety. During an interview on 9/10/2021 at 1:49 PM, Patient Care Manager C confirmed there was no documentation of fall precautions or teaching on oxygen safety. She also confirmed there was no teaching on the 9/2/2021 visit. Person G confirmed oxygen safety should include fall precautions related to the oxygen tubing.	L 555			
L 588	CORE SERVICES	L 588			

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L 588	<p>Continued From page 74 CFR(s): 418.64</p> <p>A hospice must routinely provide substantially all core services directly by hospice employees. These services must be provided in a manner consistent with acceptable standards of practice. These services include nursing services, medical social services, and counseling. The hospice may contract for physician services as specified in paragraph (a) of this section.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the agency failed to ensure all core nursing services were routinely and directly provided by its own employees.</p> <p>Findings include:</p> <p>1. An agency policy revised 8/1/2010 titled "Personnel Classifications and Back-Up Coverage" Indicated "... Agency will routinely provide substantially all core services directly by hospice employees. However, an agency may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of patients under ... other non-routine circumstances ... Circumstances under which an agency may enter into a written arrangement for the provision of core services include ... Unanticipated periods of high patient loads ... Staffing shortages due to illness, or other short-term temporary situations ... Temporary travel of a patient outside of the agency's service area"</p> <p>2. During an interview with the business office manager (BOM) K on 9/10/2021 at 12:00 PM, a sample of employee records and the document titled "Eastern Indiana Phone List" were reviewed. BOM K confirmed the "Eastern Indiana Phone</p>	L 588			

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L 588	<p>Continued From page 75</p> <p>List" was a complete list of all agency employees, anyone not on the list was not a direct agency employee, the agency shared staff with Entity H, those staff members wouldn't be on the employee list, and that's how they've always done it. When queried, she also indicated it was routine practice, there were no unusual circumstances that required the use of outside staff, and the H2H agencies shared (but not limited to) admission nurses, triage nurses, on-call staff, and corporate staff. Additionally, she confirmed the agency's alternate patient care manager (PCM) was an employee of entity H (person X).</p> <p>3. During the entrance to the agency on 9/7/2021 at 10:00 AM, framed documents were observed in the agency's lobby. A document with Heart to Heart Hospice letterhead titled "Delegation of Authority" indicated "... [PCM C] ... Patient Care Manager (PCM)/Supervising Nurse is designated to carry out the day-to-day clinical operations to include oversight of the management of all clinical components for this agency. In the absence of the Patient Care Manager (PCM)/Supervising Nurse, ... [person X] ... is designated as the Alternate Supervising Nurse"</p> <p>4. A document received on 9/7/2021 titled "Eastern Indiana Phone List" included names and contact information for 15 agency employees.</p> <p>5. A document received on 9/14/2021 at 1:37 PM titled "Agency Visits Report" included 16 patients' visit schedules with visits made by all disciplines (out of current census 36) for date range 7/28/2021 - 9/14/2021. The document indicated 23 of 78 nursing visits (29%) were made by H2HN nurses.</p> <p>6. During an interview on 9/10/2021 at 10:17 AM,</p>	L 588			

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L 588	<p>Continued From page 76</p> <p>when queried, PCM C indicated the list of agency employees was already submitted.</p> <p>7. During an interview on 9/13/2021 at 2:29 PM, when queried if H2HN RN R was an agency employee, BOM K indicated "... She is under our northern [H2HN] license"</p> <p>8. During an interview on 9/13/2021 at 2:50 PM, H2HN RN R indicated she was primarily an admission nurse, they had 4 locations- Elkhart, Valparaiso, Mishawaka, and Logansport, they just opened the Logansport office, and she primarily saw patients for the Mishawaka and Elkhart offices.</p> <p>9. During an interview on 9/14/2021 at 2:44 PM, the document "Agency Visits Report" for date range 7/28/2021 - 9/14/2021 was reviewed with BOM K, who confirmed 5 agency nurses and 12 non-agency nurses provided the nursing visits during that date range, and indicated again that this was how it was always done, and nothing extraordinary caused the use of other H2H staff.</p> <p>10. Review of an agency document dated and signed by the agency administrator A 2/26/2021, on behalf of both agencies, titled "Professional Services Contract Agreement Between Heart to Heart Hospice of Northern Indiana, LLC [Entity H] and Heart to Heart Hospice of Eastern Indiana, LLC [H2HE]" indicated H2HN hospice agency provided (but not limited to) social worker and nursing services, including registered nurses (RNs) and licensed practical nurses (LPNs) to the agency being surveyed, and agency administrator A was the administrator for both agencies.</p> <p>11. Review of an agency document dated and signed by the agency administrator A 3/5/2021,</p>	L 588		

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L 588	<p>Continued From page 77</p> <p>on behalf of both agencies, titled "Professional Services Contract Agreement Between Heart to Heart Hospice of Northwest Indiana, LLC [Entity I] and Heart to Heart Hospice of Eastern Indiana, LLC" indicated Entity I hospice agency provided (but not limited to) social worker and nursing services, including RNs and LPNs to the agency being surveyed, and agency administrator A was the administrator for both agencies.</p> <p>12. Review of an agency document dated and signed by administrator A 2/26/2021, and an illegible signature dated 3/3/2021 on behalf of Heart to Heart Hospice of Northeast Indiana, LLC (Entity N), titled "Professional Services Contract Agreement Between Heart to Heart Hospice of Northeast Indiana, LLC and Heart to Heart Hospice of Eastern Indiana, LLC" indicated Entity N hospice agency provided (but not limited to) social worker and nursing services, including RNs and LPNs to the agency being surveyed.</p> <p>13. Record review for patient #1 was completed on 9/7/2021, election date 7/28/2021, for benefit period 7/28/2021 - 10/25/2021, with a terminal diagnosis of senile degeneration of the brain.</p> <p>Review of a document dated 7/28/2021, titled "RN Hospice Start of Care" evidenced a visit completed by Person R.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager confirmed Person R is not an employee of Heart to Heart Hospice of Eastern Indiana.</p> <p>14. Record review for patient #3 was completed on 9/7/2021, election date 4/20/2021, for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and</p>	L 588		

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L 588	<p>Continued From page 78 progressive loss of functioning).</p> <p>Review of a document dated 8/1/2021, titled "SN On Call PRN Visit" evidenced a visit completed by Person JJ.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager Person HH was not an employee of Heart to Heart Hospice of Eastern Indiana.</p> <p>15. Record review for patient #4 was completed on 9/15/2021, election date of 5/25/2021, benefit period 8/23/2021 - 11/20/2021, with a terminal diagnosis of heart failure (heart not pumping blood as well as it should).</p> <p>Review of a document dated 9/14/2021, titled "SN Hospice Subsequent Visit," evidenced a visit completed by Person CC.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager Person HH was not an employee of Heart to Heart Hospice of Eastern Indiana.</p> <p>16. Record review for patient #11 was completed on 9/13/2021, election date of 7/24/2021, for benefit period 7/24/2021 - 10/21/2021, with a terminal diagnosis of prostate cancer.</p> <p>Review of a document dated 7/24/2021, titled "RN Hospice Start of Care" evidenced a visit completed by Person JJ.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager confirmed Person JJ. was not an employee of Heart to Heart Hospice of Eastern Indiana.</p> <p>17. Record review for patient #13 was completed on 9/14/2021, election date of 8/10/2021, for</p>	L 588			

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L 588	<p>Continued From page 79</p> <p>certification period 8/10/2021 - 11/7/2021, with a terminal diagnosis of hypertensive heart disease (heart problems related to long term high blood pressure).</p> <p>Review of a document titled "Hospice Certification and Plan of Care" dated 8/10/202, evidenced a visit completed by Person R.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager confirmed Person R was not an employee of Heart to Heart Hospice of Eastern Indiana.</p> <p>18. Record review for patient #14 was completed on 9/10/2021, election date of 8/29/2021, for benefit period 8/29/2021 - 11/26/2021, with a terminal diagnosis of metabolic encephalopathy (brain damage most often resulting in coma).</p> <p>Review of a document dated 8/29/2021, titled "RN Hospice Start of Care" evidenced a visit completed by Person V.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager confirmed Person V was not an employee of Heart to Heart Hospice of Eastern Indiana.</p> <p>19. Record review for patient #15 was completed on 9/10/2021, election date of 5/12/2021, for benefit period 8/10/2021 - 10/8/2021, with a terminal diagnosis of rectal cancer.</p> <p>Review of a document dated 8/27/2021, titled "SN Hospice Subsequent Visit" evidenced a visit completed by Person U.</p> <p>During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager confirmed Person U</p>	L 588			

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L 588	Continued From page 80 was not an employee of Heart to Heart Hospice of Eastern Indiana. Review of a document dated 9/7/2021, titled "SN Hospice Subsequent Visit" evidenced a visit completed by Person C. During an interview on 9/14/2021 at 2:44 PM, the Business Office Manager confirmed Person C was not an employee of Heart to Heart Hospice of Eastern Indiana. 20. During an interview on 9/15/2021, at 10:25 AM, with Person G confirmed Person QQ provided on call services for the entire state of Indiana and was not an employee of Heart to Heart Hospice of Eastern Indiana.	L 588			
L 762	PROFESSIONAL MANAGEMENT CFR(s): 418.112(b) The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation, and make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility according to §418.100 and §418.108. This Standard is not met as evidenced by: Based on observation, record review and interview, the agency failed to maintain overall medical management, as detailed in the plan of care for 1 of 1 patients who received a home visit in a Long Term Care facility (#3). Findings include: Review of a document dated 12/1/2020, titled	L 762			

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L 762	<p>Continued From page 81</p> <p>"Hospice Services Agreement" indicated an agreement with LTC facility A. The "Terms and Conditions ... 1.2 Plan of Care," indicated the plan of care would be a collaboration with " ... Hospice IDT [Interdisciplinary team], the facility staff, the patient, and the physician. Section 1.3(a) indicated the hospice was responsible for the " ... medical direction and management of the ... patient". Section 1.33(d) indicated the hospice would maintain professional management responsibility/coordination of Facility services and ensure services are furnished in a safe, timely, and effective manner, according to the Plan of Care."</p> <p>Record review for patient #3 was completed on 9/7/2021, election date 3/20/2021, for benefit period 7/28/2021 - 10/25/2021, with terminal diagnosis of Parkinson's Disease (a brain deterioration causing involuntary movements and progressive loss of functioning).</p> <p>A home visit observation was completed on 9/8/2021 at 10:00 AM, at Long Term Care (LTC) Facility A. The patient reported a pain score of 11 (on a 0-10 pain scale, with 0 = no pain, and 10 = worst pain ever), and that pain disrupted his sleep and daily routine. He identified a pain goal of 5 or less.</p> <p>Review of documents titled "Hospice IDG {interdisciplinary group} Comprehensive Assessment and Plan of Care Update Report" dated 7/15/2021, 7/29/2021, 8/15/2021, 8/26/2021, and 9/9/2021 indicated patient #3 continued to experience uncontrolled pain.</p> <p>During an interview on 9/10/2021 at 10:50 AM, Patient Care Manager C indicated patient #3's pain was not managed, and the facility did not</p>	L 762		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2021
NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF EASTERN INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 1178 FREMONT COURT SUITE 2 ELKHART, IN 46516		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
L 762	Continued From page 82 allow the hospice to increase the pain medication dosage unless there were a number of as needed pain medications taken. The agency failed to evidence the professional and medical management of patient #3. During an interview on 9/14/2021, at 1:45 PM, Medical Director B confirmed the agency had difficulty with LTC facility A, as facility nurses did not give PRN (as needed) pain medications.	L 762			