

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2021
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NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF EASTERN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP COD 1178 FREMONT COURT SUITE 2 ELKHART, IN 46516
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L 0000 Bldg. 00	<p>This was a revisit for a federal hospice recertification survey conducted on 9/16/21.</p> <p>September 7, 8, 9, 10, 13, 14, 15, and 16, 2021</p> <p>Survey dates: November 8, 9, and 10, 2021</p> <p>Facility ID: 010002</p> <p>Provider ID: 151561</p> <p>During this survey, 2 of 2 Conditions were corrected, 12 Standards were corrected, and 1 Standard was re-cited. 1 new standard was cited.</p>	L 0000		
L 0550 Bldg. 00	<p>418.56(c)(5) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (5) Medical supplies and appliances necessary to meet the needs of the patient. Based on observation, record review and interview, the agency failed to ensure all durable medical equipment was included in the plan of care for 2 of 3 records reviewed (#1, 3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of a policy titled "Care Planning Process" indicated " ... medical supplies and equipment ..." are required on the plan of care. Observed a nursing visit with patient number 1 on 11/9/2021 at 9:00 am. The patient had a motorized wheelchair, a hospital bed, a specialty 	L 0550	<p>The Executive Director will be responsible to help ensure this standard has been met ensuring that the all durable medical equipment will be included on the patient's plan of care. The Executive Director (ED) and Patient Care Manager (PCM) educated all RNCMs on 11/10/2021 and 11/11/2021 Policy TX .06 "Plan of Care Process" indicating the plan of care will be individualized to meet all needs of the patient including, but not</p>	12/15/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>mattress, and a shower chair with wheels in the home.</p> <p>3. Record review for patient #1 was completed on 11/8/2021, election date 8/12/2021 and benefit period dates of 8/12/2021 - 11/9/2021, with a terminal diagnosis of metabolic encephalopathy (brain damage most often resulting in coma).</p> <p>Review of a document titled "Hospice Certification and Plan of Care" for benefit period 8/12/2021 - 11/9/2021, indicated the patient had no medical equipment.</p> <p>During an interview on 11/9/2021 at 4:00 pm, the patient care manager confirmed patient had medical equipment in the home.</p> <p>4. Record review for patient # 3 was completed on 11/8/2021, for election date 6/17/2021 and benefit period dates 9/15/2021 - 12/13/2021, with a terminal diagnosis of cancer of the large intestine.</p> <p>Review of a document titled "Hospice POC [plan of care] Report" with a print date of 11/9/2021 failed to indicate the use of medical equipment.</p> <p>Review of an order numbered 714815 dated 6/23/2021, indicated the patient used a Hoyer lift (a mechanical device with a sling to move a patient) for transfers.</p> <p>Review of a document titled "Aide Care Plan Report" with an effective date of 6/25/2021, indicated the use of a Hoyer lift each visit.</p> <p>During an interview on 11/9/2021 at 4:00 pm, the patient care manager confirmed patient required the use of a Hoyer lift.</p>		<p>limited to, durable medical equipment.</p> <p>The Area Clinical manager (ACM) or designee will audit 100% of active patient records and all new admissions for the next 3 months to ensure that all durable medical equipment is included on the individualized plan of care.</p> <p>Ongoing the Area Clinical Manager (ACM) or designee will audit 10% through the QAPI process.</p> <p>Trends identified during these audits will be reviewed in QAPI no less than quarterly and the plan of correction and/or training will be updated as indicated to ensure sustained improvement.</p> <p>/bthe> /bthe> /bthe> /btrends> ="" b=""> ="" b=""> ="" b=""> ="" b=""> ="" b=""> ="" b=""> ="" b=""> ="" b=""> ="" b=""></p>	

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L 0579 Bldg. 00	<p>418.60(a) PREVENTION</p> <p>The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. Based on observation, record review, and interview, the hospice failed to ensure all staff followed infection control practices for 1 of 1 home visits observed (#1).</p> <p>Findings include:</p> <p>Review of an agency policy dated 11/01/2020 titled "Hand Hygiene" indicated " ... practice proper hand hygiene techniques in the prevention and spread of infection per CDC guidelines ... if hands are not visibly soiled, staff may use an alcohol-based hand rub ... in the clinical situations described ... after removing gloves"</p> <p>Review of the CDC web page reference, https://www.cdc.gov/handhygiene/providers/gui/deline.html stated "... Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications ... Immediately after glove removal"</p> <p>During a home visit on 11/9/2021 at 9:30 AM, RN (registered nurse) B was observed completing an assessment of and providing wound care to patient #1. RN B failed to wash hands or use hand sanitizer in between glove changes, as follows:</p> <p>RN B was observed donning gloves, removed vaginal fistula (an abnormal opening that connects vagina to another organ) dressing and cleaned wound. Removed gloves. Rolled patient to left side. Applied gloves. Removed dressing to</p>	L 0579	<p>The Executive Director will be responsible to help ensure this standard has been met ensuring that the all staff will practice proper hand hygiene techniques in the prevention and spread of infection.</p> <p>The Executive Director (ED) and Patient Care Manager (PCM) educated all staff on 11/11/2021 IC.03 "Hand Hygiene" indicate the practice of proper hand washing or use of hand sanitizer after removing gloves. 1:1 competencies with each RNCM that is providing wound care to multiple wound sites to ensure hand washing is occurring or the use of hand sanitizer when removing gloves will be completed by 12/15/2021.</p> <p>Monitoring will be completed by a review of competencies completed on all new hires for 3 months or until 100%, compliance has been met. Results will be reported the QAPI committee and reported to the Governing Body annually.</p>	12/15/2021

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

PRINTED: 12/06/2021
FORM APPROVED
OMB NO. 0938-039

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	<p>coccyx (tailbone) and cleaned wound. Applied clean dressings. RN B failed to wash hands or use hand sanitizer after removing gloves.</p> <p>During an interview on 11/9/2021 at 3:45 PM, when asked if staff should wash hands or use hand sanitizer after removing gloves, patient care manager indicated yes.</p>				