

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2022
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NAME OF PROVIDER OR SUPPLIER HEART TO HEART HOSPICE OF CENTRAL INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP COD 1385 N BALDWIN AVE MARION, IN 46952
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L 0000 Bldg. 00	<p>This was a Federal Post Condition revisit of a hospice recertification and complaint survey.</p> <p>Survey Date: 1/5/22</p> <p>Facility Number: 003966</p> <p>Provider Number: 151587</p> <p>Unduplicated admissions past 12 months: 613 Current home patients: 47 Current facility patients: 72</p> <p>Quality review completed by area 2 on 1/10/22.</p>	L 0000		
L 0524 Bldg. 00	<p>418.54(c) CONTENT OF COMPREHENSIVE ASSESSMENT</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>Based on observation, record review, and interview, the hospice failed to ensure the Registered Nurse failed to assess the patient's pain level and medications, as part of the comprehensive assessment, for 1 of 1 home visit observations (#1).</p> <p>Findings include:</p> <p>A document titled "Patient Assessments," indicated " ...The comprehensive assessment will</p>	L 0524	<p>The Executive Director will be responsible to help ensure that the comprehensive assessment identifies the physical, psychosocial, emotional, and spiritual needs related to the terminal illness, to promote the hospice patient's well- being, comfort, and dignity throughout the dying process.</p> <p>Date the deficiency will be</p>	02/09/2022

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>identify physical, psychosocial, emotional, and spiritual needs related to terminal illness that will be addressed in order to promote the patient's well-being, comfort, and dignity throughout the dying process ... A comprehensive pain assessment based on accepted clinical standards of practice will include ... history of pain and its treatment ... characteristics of pain ... intensity ... descriptors ... patterns ... location and radiation of pain ... frequency ... timing ... duration ... impact of pain ... factors such as activities, care, or treatment that precipitate or exacerbate pain ... strategies and factors to reduce pain ... additional symptoms associated with pain ...nausea ... pain ... current medications"</p> <p>The clinical record of Patient #1 was reviewed on 1/5/22 at 10:30 AM and indicated a hospice election date of 4/21/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 1/6/22 at 12:00 PM with Patient #1, Registered Nurse B was observed completing wound care. The nurse failed to assess the patient's pain and medications during the visit.</p> <p>During an interview on 1/5/22 at 3:00 PM, when asked if pain and the patient's medications should be assessed during a comprehensive assessment, Administrator A indicated "Yes."</p>		<p>corrected 02/09/2022</p> <p>The Area Clinical Manager (ACM) and/or Patient Care Manager (PCM) will in-service all nursing staff within 30 days on Policy PE.1 Patient Assessments related to assessment of pain/symptoms, to include characteristics of pain/symptoms, such as: intensity of pain/symptoms, utilization of a standardized scale, descriptors of pain/symptoms, patterns of pain/symptoms, location and radiation of pain/symptoms, frequency of pain/symptoms, timing and duration of pain/symptoms, impact of pain/symptoms on quality of life, factors such as activities, care or treatment that precipitate or exacerbate pain/symptoms, strategies and factors that reduce pain/symptoms, amount of medication needed and additional symptoms associated with pain/symptoms. All nursing staff will have a supervisory visit 1:1 within 60 days with the Area Clinical Manager (ACM) and/or Patient Care Manager (PCM) to ensure that the comprehensive assessment and reassessment of patient needs identified, to include but not limited to pain/symptoms such as intensity of</p>	

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			<p>pain/symptoms, utilization of a standardized scale, descriptors of pain/symptoms, patterns of pain/symptoms, location and radiation of pain/symptoms, frequency of pain/symptoms, timing and duration of pain/symptoms, impact of pain/symptoms on quality of life, factors such as activities, care or treatment that precipitate or exacerbate pain/symptoms, strategies and factors that reduce pain/symptoms, amount of medication needed and additional symptoms associated with pain/symptoms.</p> <p>Monitoring will include a 100% audit by the Area Clinical Manager (ACM) or designee of all active patients and all new admissions to ensure all comprehensive assessments and reassessments address any pain needs. When 100% compliance has been met for 3 consecutive months, the Area Clinical Manager (ACM)/designee will audit 10% of all records quarterly. 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>	

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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 employees followed agency infection control policies and procedures and standard precautions for 1 of 1 home visit observations (#1).</p> <p>Findings include:</p> <p>A policy titled "Infection Control Program," indicated " ...The Agency's infection control program will be based on the following criteria ... Current federal, state, and local laws and regulations ... The Infection Control Program will include ... Implementing appropriate preventative procedures ... implementing appropriate measures to control infection ... Management will be responsible for coordinating all activities related to the Infection Control Program"</p> <p>A policy titled "Hand Hygiene," indicated " ...All Agency staff providing patient/client care will observe proper hand hygiene techniques ... if hands are not visibly soiled, staff may use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below ... Alternatively, staff may wash hands with an antimicrobial soap and water in all clinical situations described below ...</p>	L 0579	<p>==== b====></p> <p>==== b====></p> <p>b====></p> <p>/b></p> <p>/b</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 to the QAPI committee and reported to the Governing Body annually. 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>	02/09/2022

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S 0000 Bldg. 00	<p>Decontaminate hands after contact with patient's/client's intact skin, even when gloves are worn ... Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled ... Decontaminate hands if moving from a contaminated body site to a clean body site during patient/client care ... Decontaminate hands after contact with inanimate objects [including medical equipment] in the immediate vicinity of the patient/client"</p> <p>The clinical record of Patient #1 was reviewed on 1/5/22 at 10:30 AM and indicated a hospice election date of 4/21/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 1/6/22 at 12:00 PM with Patient #1, Registered Nurse B was observed completing wound care. The nurse was observed not completing hand hygiene between glove changes four times. During the same home visit, Certified Nurse Aide C was observed completing a bath and feeding the patient. The aide was observed putting socks on the patient and then proceeded to feed the same patient, without completing hand hygiene.</p> <p>During an interview on 1/5/22 at 3:00 PM, when asked if staff should complete hand hygiene when changing gloves, and at any other appropriate times, Administrator A indicated "Yes."</p> <p>This was a state revisit of a hospice re-licensure and complaint survey.</p>	S 0000		

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S 0524 Bldg. 00	<p>Survey Date: 1/5/22</p> <p>Facility Number: 003966</p> <p>Provider Number: 151587</p> <p>Unduplicated admissions past 12 months: 613 Current home patients: 47 Current facility patients: 72</p> <p>Quality review completed by area 2 on 1/10/22.</p> <p>418.54(c) CONTENT OF COMPREHENSIVE ASSESSMENT 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>	S 0524	<p>The Executive Director will be responsible to help ensure that the comprehensive assessment identifies the physical, psychosocial, emotional, and spiritual needs related to the terminal illness, to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.</p> <p>Date the deficiency will be corrected 02/09/2022</p> <p>The Area Clinical Manager (ACM) and/or Patient Care Manager (PCM) will in-service all nursing staff within 30 days on Policy PE.1 Patient Assessments related to</p>	02/09/2022

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	<p>body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled ... Decontaminate hands if moving from a contaminated body site to a clean body site during patient/client care ... Decontaminate hands after contact with inanimate objects [including medical equipment] in the immediate vicinity of the patient/client"</p> <p>The clinical record of Patient #1 was reviewed on 1/5/22 at 10:30 AM and indicated a hospice election date of 4/21/21 with a primary diagnosis of cerebral atherosclerosis (thickening and hardening of the walls of the arteries in the brain).</p> <p>During a home visit on 1/6/22 at 12:00 PM with Patient #1, Registered Nurse B was observed completing wound care. The nurse was observed not completing hand hygiene between glove changes four times. During the same home visit, Certified Nurse Aide C was observed completing a bath and feeding the patient. The aide was observed putting socks on the patient and then proceeded to feed the same patient, without completing hand hygiene.</p> <p>During an interview on 1/5/22 at 3:00 PM, when asked if staff should complete hand hygiene when changing gloves, and at any other appropriate times, Administrator A indicated "Yes."</p>		<p>hand washing policy and the use of hand sanitizer used in accordance with infection control policies and procedures to include, when removing gloves or providing wound care or other treatments.</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 to the QAPI committee and reported to the Governing Body annually. 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>	