

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2017	
NAME OF PROVIDER OR SUPPLIER Stone Valley Hospice				STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main ST Anywhere, US 77000			
(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 0543 Bldg. 00	<p>418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire. Based on record review and interview, the agency failed to ensure the IDG followed the plan of care in 4 of 12 records reviewed. (#8, 10, 11, and 13)</p> <p>Findings include:</p> <p>1. Clinical record number 8, Election date of 10/26/16, was reviewed. The clinical record evidenced that the patient was receiving skilled nursing visits 2 times a week for 1 week, 3 times a week for 1 week, then 2 times a week thereafter during the 10/26/16 to 01/23/17 benefit period. The initial and subsequent plans of care failed to evidence prn (as needed) skilled nursing visits.</p> <p>A. Review of the skilled nursing visit notes, the skilled nurse made 4 visits between the week of 11/20/16 to 11/26/16, 3 visits between 12/11/16 to 12/17/16 and 12/18/16 to 12/24/16 and failed to provide 2 skilled nurse visits between the week of 12/04/16 to 12/10/16. Skilled nursing failed to follow the plan of care.</p> <p>2. An "Interdisciplinary Hospice Communication -Other" form dated 11/23/16, indicated an 18 French Foley</p>	L 0543	<p>Education 1) The administrator/designee will educate the IDG and all staff that care must follow an individualized written plan of care established by the IDG in collaboration with the attending MD, primary caregiver in accordance with the patient's needs including but not limited to visits provided in accordance with the plan of care. 2) The administrator/designee will educate the IDG and all staff that documentation of offering alternate days are found when patients decline visits.</p> <p>Monitor 1) The administrator/ designee will review 100% of all missed visit documentation to ensure that alternate dates are offered for declined visits and orders on POC for any PRN visits made and visit documentation of focus of PRN visit weekly x 4; then 15 records every other week x 2; then 15 records monthly x 2 months. Ongoing monitoring will be incorporated into quarterly CRR and incorporated into QAPI and reported to Governing Body.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2017	
NAME OF PROVIDER OR SUPPLIER Stone Valley Hospice				STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main ST Anywhere, US 77000			
(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			
	<p>catheter had been anchored. The clinical record failed to evidence an order for the extra skilled nursing visit.</p> <p>2. An "Interdisciplinary Hospice Communication - Other" form dated 12/23/16, indicated the patient's Foley catheter had not been draining urine for the past 6 hours, the hospice nurse made a visit and attempted to flush the catheter but was unsuccessful. The note continued to indicate that the hospice nurse replaced the Foley catheter. The clinical record failed to evidence an order for the extra skilled nursing visit.</p> <p>2. Clinical record number 9, Election date 07/23/16, was reviewed. The clinical record evidence that the patient was receiving skilled nursing visits and home health aide visits twice a week during the 10/21/16 to 11/18/17 episode.</p> <p>A. A form titled "Visit Frequency Variance Note" dated 11/25/16, indicated the patient refused a visit for 11/24/16, which was Thanksgiving. The note failed to evidence if the nurse offered alternate days for the second visit. The nurse failed to follow the plan of care.</p> <p>B. A form titled "Visit Frequency Variance Note" dated 12/23/16, indicated the date of variance was for Monday</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/23/2017
NAME OF PROVIDER OR SUPPLIER Stone Valley Hospice			STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main ST Anywhere, US 77000		
(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	
	<p>12/26/16 and the comments indicated the visit was canceled due to the holiday.</p> <p>The note failed to evidence if the nurse offered alternate days for the second visit. The nurse failed to follow the plan of care.</p> <p>C. A form titled "Visit Frequency Variance Note" dated 12/29/16, indicated the date of variance was for Monday 01/02/17 and the comments indicated the facility declined visit due to the holiday. The note failed to evidence if the nurse offered alternate days for the second visit. The nurse failed to follow the plan of care.</p> <p>D. The clinical record failed to evidence two skilled nursing visits between the week of 12/04/16 to 12/10/16.</p> <p>E. The clinical record failed to evidence two home health aide visits between the weeks of 12/18/16 to 12/24/16, 12/25/16 to 12/31/16, and 01/01/17 to 01/07/17.</p> <p>3. Clinical record number 10, Election date of 02/16/14, was reviewed. The clinical record evidenced that the patient was receiving skilled nursing visits twice a week during the 10/16/16 to 12/14/16 episode.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER Stone Valley Hospice	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main ST Anywhere, US 77000
--	---

(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
	<p>A. A form titled "Visit Frequency Variance Note" dated 11/21/16, indicated the second nursing visit of the week was scheduled to 11/24/16, which was Thanksgiving, and the patient declined a visit on the holiday. The note failed to evidence if the nurse offered alternate days for the second visit. The nurse failed to follow the plan of care.</p> <p>B. A form titled "Visit Frequency Variance Note" dated 12/22/16, indicated the patient did not want a visit on Monday 12/26/16. The note failed to evidence if the nurse offered alternate days for the second visit. The nurse failed to follow the plan of care.</p> <p>C. A form titled "Visit Frequency Variance Note" dated 12/29/16, indicated the patient did not want a visit on Monday 01/02/17. The note failed to evidence if the nurse offered alternate days for the second visit. The nurse failed to follow the plan of care.</p>			