

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00000	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/23/2016
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</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the hospice failed to ensure care followed the written plan of care for 3 of 11 patients (#2, #5, and #11) whose records were reviewed. Failure to follow the individualized plan of care had the potential to interfere with the ability of hospice staff to meet the needs of the patients.</p> <p>Patient #5 was a 63-year-old female admitted to the agency on 7/26/16, with a terminal diagnosis of COPD. She received SN, MSW, chaplain, and aide services. Her record for the certification period 7/26/16 to 10/23/16 was reviewed.</p> <p>Patient #5's POC for the certification period 7/26/16 to 10/23/16, signed by the medical director on 8/09/16, included orders for SN visits 1 time a week for 1 week, and 2 times a week for 12 weeks. SN visits were not completed as ordered for weeks 5 and 7 of the certification period, as follows:</p>	L 0543			

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	<p>Continue from page 1</p> <p>During week 3, 1 MSW visit was ordered, and no visit was completed.</p> <p>During week 7, 1 MSW visit was ordered, and no visit was completed.</p> <p>Patient #5's POC for the certification period 7/26/16 to 10/23/16, signed by the medical director on 8/09/16, included orders for aide visits 2 times a week for 12 weeks. Aide visits were not completed as ordered for weeks 3, 6, and 7 of the certification period, as follows.</p> <p>During week 3, 2 aide visits were ordered, and 1 visit was completed, on 8/12/16.</p> <p>During week 6, 2 aide visits were ordered, and 1 visit was completed, on 8/30/16.</p> <p>During week 7, 2 aide visits were ordered, and 1 visit was completed, on 9/06/16.</p> <p>During an interview on 10/28/16 at 1:30 PM, the DON reviewed the record and stated Patient #5 may have refused visits. She stated there was no documentation in her record of missed or refused visits. The DON confirmed visits were not completed as ordered.</p> <p>Patient #5 did not receive SN, MSW, and aide visits as ordered by the physician.</p>				

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	<p>Continue from page 2</p> <p>Patient #2 was a 94 year old female admitted to the agency on 6/09/16, with a terminal diagnosis of cerebrovascular disease. She received SN, MSW, chaplain, and aide services. Her record for the certification on periods 6/09/16 to 9/06/16, and 9/07/16 to 12/05/16, was reviewed.</p> <p>Patient #2's record included a physician's order dated 8/24/16, signed by the Medical Director on 8/31/16. The order included aide visits 2 times a week for 1 week, 3 times a week for 12 weeks, and 1 time a week for 1 week, effective 9/07/16. Aide visits were not completed as ordered for weeks 2, 3 and 7 of the certification periods, as follows:</p> <p>During week 2, 3 aide visits were ordered, and 2 were completed, on 9/12/16 and 9/16/16.</p> <p>During week 3, 3 aide visits were ordered, and 2 were completed, on 9/19/16 and 9/22/16.</p> <p>During week 7, 3 aide visits were ordered, and 2 were completed, on 10/18/16 and 10/21/16.</p> <p>During an interview on 10/28/16 at 12:40 PM, the PON reviewed Patient #21s record and stated the aide visits were not completed as ordered.</p> <p>Patient #2 did not receive aide visits as ordered by the physician.</p> <p>3. Patient #11 was a 72 year old male admitted to the agency on 12/12/15, with a terminal diagnosis of ESRD. He resided in a SNF, and received SN, MSW, chaplain, and aide services from the agency. His record for the certification period 12/12/15 to 3/10/16 was reviewed.</p>			

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	<p>Continue from page 3</p> <p>Patient #11's POC for the certification period 12/12/15 to 3/10/16, signed by the medical director on 12/23/15, included orders for SN visits 1 time a week for 1 week, 7 times a week for 1 week, and 2 times a week for 3 weeks. SN visits were not completed as ordered for week 2 of the certification period. During week 2, 7 SN visits were ordered, and 4 SN visits were completed on the following days:</p> <p>12/14/15 12/16/15 12/17/15 12/18/15</p> <p>During an interview on 10/28/16 at 2:15 PM, the DON reviewed the record and stated Patient #11 had 3 missed SN visits for week 2. She stated there was no documentation why the visits were not completed. She also stated there was no documentation if the doctor was notified of the Patient #11's missed SN visits.</p> <p>Patient # 11 did not receive SN visits as ordered by the physician.</p>				

Quality in Focus Training (QIF): Community Mental Health Centers

PLAN OF CORRECTION RESPONSES

TAG #	ACTION	TITLE OF RESPONSIBLE PERSON FOR THE PLAN OF CORRECTION IMPLEMENTATION	COMPLETION DATE
L543	<p>The agency will ensure that care follows the written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician, the patient or representative and the primary caregiver in accordance with the patient's needs.</p> <p>Action A comprehensive training of hospice staff occurred on November 21-22, 2016. This specialized education focused on plan of care development/maintenance and coordination of care. Interdisciplinary team meetings will be enhanced, and care conferences implemented as described below.</p> <p>Description: The interdisciplinary team will discuss at least every 15 days and more frequently if needed, the patient-specific plan of care in collaboration with the patient, patient representative and the attending physician. This includes, but is not limited to the qualifying diagnosis, medications, frequency of visits, psychosocial needs, spiritual needs, and caregiver/family needs. Every effort will be made to hold care conferences with the hospice team, patient and/or patient representatives, and facilities within 15 days of SOC and then 10 days prior to or 10 days after every recertification.</p>	<p>DON or designee and/or Administrator will be responsible for scheduling and chairing IDG meetings, monitoring the use of the quarterly QAPI medical monitoring audit tool and the SOC Audit Tool. MSW and/or Community Liaison will be responsible for scheduling Care Conferences.</p>	<p>Completion Date: Compliance date, December 16, 2016</p>

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	<p><u>Procedure:</u> MSW and/or Community Liaison will be responsible for arranging care conferences with family members, caregivers and/or facility staff to ensure that the hospice patient's plan of care is reviewed and updated according to patient's needs/desires. Scheduled care conferences and those needing to be scheduled, will be discussed at IDG to keep all staff informed. Care conference documentation will be reviewed by DON or designee for action item needs and distribution of information and will then be attached to the chart by medical records, Physician orders and calendaring of visits will be processed by Workflow Manager as part of the workflow process in the EMR.</p> <p><u>Monitoring/Tracking:</u> DON and/or Administrator will ensure that IDG is held per agency policy and State/Federal regulation to review and update the hospice plan of care in accordance with patient's needs and in collaboration with the patient, patient representative, and attending physician. DON or designee will also monitor the scheduling of care conferences by social services staff and use of Care Conference Agenda for documentation. The DON or designee will monitor the use of the SOC Audit Tool to ensure visit frequencies are accurate. The quarterly QAPI medical monitoring audit tool will be utilized to audit a minimum of 20% of active and discharged patients, reviewed quarterly and reported through agency QAPI reporting structure.</p>		