

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 10/25/2012
NAME OF PROVIDER OR SUPPLIER Stone Valley Hospice			STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main, ST. Anywhere, US 47000		
(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	
L0543	<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.</p> <p>Based on clinical record review and interview, the hospice failed to ensure the Plan of Care (POC) was individualized to accommodate the patient's wishes for 1 (# 1) of 4 records reviewed of patients receiving hospice aide services with the potential to affect all patients of the hospice. The findings include:</p> <p>1. Clinical record #1, start of care (SOC) 5-8-12, evidenced a POC with goals and interventions dated 5-9-12 signed by the case manager, employee D, that identified the hospice was to provide hospice aide services related to functional limitations and safety. The initial and comprehensive nursing assessment completed 5-9-12 by employee D indicated the patient refused a hospice aide. The updated Interdisciplinary Team (IDT) summary and nursing assessments dated 7-6-12, 9-12-12, and 9-26-12 evidenced the</p>	L0543	<p>The Director of Nursing and Director of Support Services has in serviced all nursing and psychosocial staff that the RN Case Manger is responsible for coordinating the care of all patients and disciplines will be assigned appropriately per the RN Assessment. A discipline and frequency will not be assigned if not appropriate per the RN Assessment.</p> <p>25% of all clinical records will be audited monthly for evidence that the appropriate disciplines and frequencies are being used per the IDT Plan of Care.</p> <p>The Administrator, Director of Nursing Services, Director of Support Services will be responsible for monitoring these corrective actions to Ensure that this deficiency is corrected and will not reoccur.</p>	11/23/2012	

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	<p>patient was still declining a hospice aide. Signed IDT / physician orders on the plan of care for the same periods evidenced hospice aide visits were to be provided 1 to 3 times per week.</p> <p>3. On 10-25-12 at 3:30 PM, employee D, the case manager, indicated the patient had declined aide services and the orders for the aide services were a mistake on the POC.</p>				