

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 06/08/2016	
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	<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 record review and interview, the skilled nurse failed to ensure wound treatments orders were followed per the plan of care for 1 of 5 records reviewed for wound care in a sample of 5. (#17) Findings include:</p> <p>1. The clinical record for patient number 17, SOC (start of care) 05/27/16, had a plan of care for the certification period of 05/27/16 to 08/24/16, with orders for wound treatment to the right upper arm. The treatment order indicated to cleanse the area with soap and water, pat dry, apply Vaseline gauze followed by gauze pad, secure with Eco fix tape, and to change the dressing every 2 to 3 days and (prn) as needed.</p>	L 0543	<p>The deficiency, "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" will be corrected by ensuring compliance with L543 by the following:</p> <p>1.The Agency's Wound Care Policy was updated to reflect the following additions:</p> <p style="padding-left: 40px;">a. Documentation in the EMR by the nurse will describe the appearance of the wound at each dressing change by the RN or designee as stated in the wound care policy.</p> <p style="padding-left: 40px;">b. Documentation in the EMR by the nurse will reflect the specific treatment of the wound at each dressing change by the RN or designee as stated in the wound care policy.</p> <p style="padding-left: 40px;">c. The policy will be sent to all nurses.</p> <p>2. Education will be provided to all nurses concerning the policy updates and proper documentation in the EMR regarding wound assessment will be provided.</p>	07/15/2016			

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	<p>a. A skilled nursing visit note dated 05/28/16, indicated "This LN [Licensed Nurse] did not have Vaseline gauze neither did the patient. This LN cleansed the area. Applied ABT [antibiotic ointment] that patient had in the home and covered with Opti foam " The skilled nurse failed to follow the plan of care.</p> <p>Review of the skilled nursing visit notes dated 05/29/16, 05/30/16, 05/31/16, 06/01/16, 06/04/16, 06/05/16, and 06/06/16, failed to indicate if treatment had been provided to the patient's wound to the right upper arm. The skilled nurses failed to follow the plan of care.</p> <p>2. The Administrator and Employee HH, Training and Development Coordinator, was interviewed on 06/07/16 at 4:30 PM. The Administrator and Employee HH were not able to provide any further information and/or documentation when asked.</p>		<p>3. Education for all nurses will be provided to emphasize following the patient's Plan of Care as written.</p> <p>4. The QAPI Coordinator will audit active patient charts with a wound(s) for compliance and quality assurance.</p> <p>5. This standard will be met in full by July 15, 2016.</p>		