

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 261541	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/13/2022
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NAME OF PROVIDER OR SUPPLIER HARRISON COUNTY HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE HWY 136 WEST PO BOX 425, BETHANY, Missouri, 64424
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L0000	<p>INITIAL COMMENTS</p> <p>A follow-up survey to the survey of 10/31/2022 was completed on 12/13/2022. The agency had two current patients.</p> <p>The following conditions are corrected:</p> <ul style="list-style-type: none"> - §418.56 Condition of Participation: Interdisciplinary Group, Care Planning, and Coordination of Services; - §418.64 Condition of Participation: Core Services; and - §418.100 Condition of Participation: Organization and Administration of Services. <p>The following deficiencies are corrected: L587, L591, L536, L538, L543, L545, L549, L550, L553, L556, L648 and L653.</p> <p>During the follow-up survey, all other standard level deficiencies identified on the survey completed 10/31/2022 were not addressed. Your agency has already submitted a plan of correction for these standard level deficiencies; therefore, no further action is required.</p> <p>During the survey it was determined the hospice provider is in compliance with the requirements of 42 CFR 418 Conditions of Participation for Hospice.</p>	L0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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Missouri State Department of Health

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L0000	<p>Initial Comments</p> <p>A follow-up survey to the survey of 10/31/2022 was completed on 12/13/2022. The agency had two current patients.</p> <p>During the follow-up survey the following significant issues were corrected:</p> <ul style="list-style-type: none"> -Interdisciplinary group (IDG), care planning, and coordination of services; - Core Services; and -Organizational environment. <p>The following deficiencies are corrected: ML0111, ML0156, ML0170, and ML0172</p> <p>During the follow-up survey, all other deficiencies identified on the survey completed 10/31/2022 were not addressed. Your agency has already submitted a plan of correction for these deficiencies; therefore, no further action is required.</p> <p>During the survey it was determined the hospice provider is in compliance with the requirements of Section 197.250-197.280, RSMo and the regulations promulgated thereunder.</p>	L0000		

Office of Primary Care and Health Systems Management

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FEDERAL PLAN OF CORRECTION **ADDENDUM**

Agency Name	➔	Harrison County Hospice
STREET ADDRESS, CITY, ZIP:	➔	1700 Bethany Ave., Bethany, MO 64424
Provider Number	➔	261541
Exit Date	➔	10/31/2022

Required: **Signature & Date**

Tag Number	PROVIDER'S PLAN OF CORRECTION <small>(EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)</small>	(X5) COMPLETION DATE
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L000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of federal and state laws requires it.	12/5/22
418.64	<p>Immediately upon notification of this deficiency, the medical records for patient #4 was reviewed to verify findings. Administrator and hospice supervisor reviewed policies related to on call response time and after-hours pharmacy services. The pharmacy services policy was revised. On 10/27/22, 1:1 education of the RN involved was held on responding after hours, response time and what constitutes an emergent visit. All clinical nursing staff was educated on 10/27/22 by the hospice supervisor on:</p> <ul style="list-style-type: none"> what is an immediate jeopardy deficiency response time for after hour calls what constitutes an emergent visit vs a non-emergent visit obtaining physician orders after hours obtaining medications after hours policies for afterhours response time and pharmacy services <p>All education will be documented and kept in personnel files with education. Discussed IJ with Medical Director on 10/27/22. All staff will be held accountable to follow hospice policy. Any non-compliance will have 1:1 re-education with the supervisor and further non-compliance will result in disciplinary action. The hospice supervisor/designee will check the on-call messages every morning and check the to see if the call was emergent or non-emergent and that the response was appropriate and timely.</p>	12/5/22
418.100	The agency must organize, manage, and administer its resources to provide the nursing services, physician services, and drugs and biologicals are available on 24 hours basis 7 days a week. All nursing staff will be educated on response time for after hours, what constitutes an emergent visit VS non-emergent visit, obtaining physician orders after hours, and policies for afterhours response time. The agency will have a pharmacy contract in place which specifies that a pharmacist is available 24 hours a day 7 days a week with a local pharmacy. The agency will meet with the primary pharmacist to review the requirements of the 24/7 availability. The agency will also have a contract in place with AvaCare, a hospice pharmacy benefit manager, available 24 hours a day 7 days a week to assist the agency with any medication	12/5/22

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L0000	<p>INITIAL COMMENTS</p> <p>A survey for Medicare recertification was completed for the hospice provider on 10/31/2022. The agency had five current patients.</p> <p>One condition-level deficiency was identified at an immediate jeopardy (IJ) level as follows:</p> <p>-§418.64 Core Services.</p> <p>An immediate jeopardy level for actual harm and/or likelihood for harm to one patient (Patient #4) was identified during the survey. This has the potential to affect all current and future patients on service with the hospice provider. The findings were confirmed as immediate jeopardy by the Centers for Medicare and Medicaid Services (CMS).</p> <p>On 10/26/2022 at 2:00 PM, the administrator was informed verbally and in writing via the IJ Template, of the findings identified at an immediate jeopardy level.</p> <p>A formal written removal plan was submitted by the agency on 10/27/2022. This removal plan was reviewed by CMS and it was determined at the time of the survey exit on 10/31/2022, that a satisfactory removal plan had been initiated related to the immediate jeopardy findings. The condition level deficiency identified above remains as cited.</p> <p>Additionally two other condition level deficiencies were identified during this survey at:</p> <p>-§418.56 Interdisciplinary Group, Care Planning, and Coordination of Services; and</p> <p>-§418.100 Organizational and Administration of Services.</p>	L0000		

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L0000	<p>Initial Comments</p> <p>A survey for state recertification was completed for the hospice provider on 10/31/2022. The agency had five current patients.</p> <p>During the survey, a significant noncompliance issue was found at an Immediate Jeopardy (IJ) level in the area of Core Services.</p> <p>An immediate jeopardy level for actual harm and/or likelihood for harm to one patient (Patient #4) was identified during the survey. This has the potential to affect all current and future patients on service with the hospice provider.</p> <p>On 10/26/2022 at 2:00 PM, the administrator was informed verbally and in writing via the IJ Template, of the findings identified at an immediate jeopardy level.</p> <p>A formal written removal plan was submitted by the agency on 10/27/2022 prior to the survey exit. This removal plan was reviewed by the state agency and it was determined at the time of the survey exit on 10/31/2022, that a satisfactory removal plan had been initiated related to the immediate jeopardy findings. The significant noncompliance issues remain as citations.</p> <p>Also during the survey, significant noncompliance issues were found in the following areas:</p> <ul style="list-style-type: none"> -Interdisciplinary group (IDG), care planning, and coordination of services; and -Organizational environment. 	L0000		
L0111	<p>General Provisions</p> <p>CFR(s): 30-35.010(1)(E)(2)(B)</p>	L0111		

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L0000	Continued from page 1 The COVID-19 Health Care Staff Vaccination regulation was reviewed as part of the Medicare recertification survey. During the survey it was determined the agency was in compliance with the regulation.	L0000		
L0523	<p>TIMEFRAME FOR COMPLETION OF ASSESSMENT</p> <p>CFR(s): 418.54(b)</p> <p>The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on review of the agency's policy, record review, and interview, the agency failed to ensure the medical social worker's (MSW) comprehensive assessment was completed within five days of election of hospice care, in one (Record/Patient #5) of five full records reviewed. This deficient practice has the potential to affect all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Comprehensive Assessment," revised 04/20, showed, in part, an initial social work and spiritual assessment and care plan will be completed and documented within 5 (five) days after admission, unless visits are needed sooner.</p> <p>RECORD/PATIENT #5:</p> <p>Review of the hospice admission records, showed, the patient was admitted on 07/25/2022.</p> <p>Review of the initial MSW evaluation visit showed a date of 08/04/2022 (9 days after admission).</p> <p>During an interview on 10/26/2022, at 9:32 AM, the nursing coordinator stated that:</p> <p>- The initial MSW assessment visit was late;</p>	L0523		

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L0523	Continued from page 2 - No documentation of why visit was late; and - He/she would expect the MSW to visit the patient within five days to complete the comprehensive assessment.	L0523		
L0524	<p>CONTENT OF COMPREHENSIVE ASSESSMENT</p> <p>CFR(s): 418.54(c)</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>This STANDARD is NOT MET as evidenced by:</p> <p>Based on review of the agency's policy, record review, and interview, the agency failed to provide a complete comprehensive assessment including all 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, in one (Record/Patient #1) of five full records reviewed. This deficient practice has the potential to affect the care provided to all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Comprehensive Assessment," revised 04/20, showed, in part:</p> <p>-The initial/comprehensive assessment will be performed within 2 (two) calendar days or 48 (forty-eight) hours after the election of hospice care in consultation with attending physician;</p> <p>- During the comprehensive patient assessment, all baseline data and other relevant information will be documented in the patient's clinical record, including at least the following information, as relevant:</p> <p>* An assessment of pain, including the origin, location, duration, severity, and relief measures;</p> <p>* Alleviating and exacerbating factors for</p>	L0524		

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L0524	<p>Continued from page 3 physical symptoms; and</p> <p>* Patient's past and present medical and psychosocial history, including, pertinent diagnosis and any co-morbid conditions.</p> <p>RECORD/PATIENT #1:</p> <p>Review of the clinical record showed, the patient was admitted to hospice on 08/01/2022.</p> <p>Review of the initial/comprehensive assessment, dated, 08/01/2022, showed,</p> <ul style="list-style-type: none"> - Patient with severe pain during admission visit; - Patient rated pain a 9 for pain severity (pain level severity, 1-3 = mild, 4-6 = moderate, and 7-10 = severe); - Patient taking hydrocodone-acetaminophen (combination medication of an opioid pain reliever and a non-opioid pain reliever used to treat moderate to severe pain) 10/325mg (10 milligram of hydrocodone and 325 milligrams of acetaminophen) pain, without relief; - No documentation of pain history prior to admission; and - No documentation of pain management history. <p>During an interview, on 10/25/2022, at 3:25 PM, the nursing coordinator stated that, the pain assessment was incomplete and no documentation found for follow up on pain.</p>	L0524		
L0530	<p>CONTENT OF COMPREHENSIVE ASSESSMENT</p> <p>CFR(s): 418.54(c)(6)</p> <p>[The comprehensive assessment must take into consideration the following factors:]</p> <p>(6) Drug profile. A review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:</p>	L0530		

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L0530	<p>Continued from page 4</p> <p>(i) Effectiveness of drug therapy</p> <p>(ii) Drug side effects</p> <p>(iii) Actual or potential drug interactions</p> <p>(iv) Duplicate drug therapy</p> <p>(v) Drug therapy currently associated with laboratory monitoring.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on policy review, record review, home visit observation, and interview, the agency failed to maintain a complete/accurate medication profile in three (Records/Patients #1, #2 and #3) of three home visit observations conducted. This deficient practice has the potential to adversely affect the agency's ability to ensure safe and effective use of medication for all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy, with a most recently reviewed/revision date of, 01/22, titled, "Medication Reconciliation/Profile", showed the following:</p> <ul style="list-style-type: none"> - Hospice will complete a review of all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy; - A complete and current drug regimen review will be performed at the time of initial and comprehensive assessment and at recertification; - Any major/severe drug interactions will be reported to physician within 48 (forty eight) hours of review; - On admission, the medication list will be checked using the EMR (electronic medical record) for review and must be completed within 5 (five) days. The review will identify: <ul style="list-style-type: none"> * Effectiveness of drug therapy; * Drug side effects; * Actual or potential drug interaction; and 	L0530		

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L0530	<p>Continued from page 5</p> <ul style="list-style-type: none"> * Duplicate drug therapy. - During subsequent home visits, the medication profile will be used as a care planning and teaching guide to ensure that the patient and family/caregiver, as well as other clinicians, understand the medication regimen. This includes, but will not be limited to: <ul style="list-style-type: none"> * Using the medication profile to evaluate the use of the drugs in the home setting; * Using the medication profile to teach the purpose of medication, dosages, routes, administration times, side effects, and contraindications; and * Using the medication profile as a communication tool for other clinicians involved in care. - The medication profiles will be reviewed every 14 (fourteen) days and for each change to reflect current medications and new or discontinued medications based on review of the medication profile as well as the written material, changes in the plan of care may be required; - Any medication concerns should be discussed with a pharmacist, when appropriate, and the primary physician as soon as the nurse becomes aware. This communication shall be maintained in the clinical record; and - Deviations from taking medications as ordered will be documented in clinical notes, and the physician will be notified. <p>RECORD/PATIENT #1:</p> <p>Review of the clinical record, failed to show Paxlovid 300mg/100mg (300 milligram nirmatrelvir with 100 milligram ritonavir- combination of two antiviral medications to treat for a respiratory virus called, coronavirus)and/or Nyquil (over the counter cough medicine) on the medication profile.</p> <p>Observation on 10/25/2022 at 10:28 AM, during the patient's home visit, showed:</p> <ul style="list-style-type: none"> - On 10/13/2022, Patient was started on Paxlovid 300mg/100mg, take 400mg by mouth two times daily; 	L0530		

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L0530	<p>Continued from page 6</p> <ul style="list-style-type: none"> - Patient reported taking Nyquil PRN (as needed) for the last two weeks; and - Paxlovid and Nyquil were not on the patient's medication profile list and/or plan of care. <p>During an interview on 10/25/2022, at 3:25 PM, the nursing coordinator stated that:</p> <ul style="list-style-type: none"> - The medication profile and plan of care were not updated to reflect medication changes; and - New medications should have been added to the medication profile and plan of care. <p>RECORD/PATIENT #2:</p> <p>Review of the local hospital discharge referral orders with a date and time faxed of Oct. 13, 2022 9:18 AM showed, in part, the following:</p> <ul style="list-style-type: none"> - Gabapentin cap 100 mg (milligram) oral, 1 x daily at bedtime, Special Instructions: 1 or 2 at bedtime (medication that can be used to treat nerve pain); - Docusate sodium capsule 100 mg oral 2 times daily (medication to soften bowels); and - Cholecalciferol capsule 10,000 units oral every 1 week (vitamin D supplement). <p>Review of the plan of care dated 10/13/2022 showed, in part, the following:</p> <ul style="list-style-type: none"> - Triad cream topically "lirally" (possibly meaning liberally) twice per day (it failed to include where to apply the cream) (a zinc oxide based sterile coating designed to manage low and moderately draining wounds, while providing a moist wound healing environment); - Gabapentin 100 mg cap oral 2 caps every night at bedtime (referral showed 1 time daily at bedtime with special instructions for 1 or 2 at bedtime); - Docusate sodium 100 mg cap oral 1 cap daily (referral showed twice daily); and - Cholecalciferol 5,000 units oral 2 tablets 	L0530		

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L0530	<p>Continued from page 7 weekly.</p> <p>Observation on 10/25/2022 at 9:10 AM, during the patient's home visit, a review of the long term care facility MAR (medication administration record) showed, in part, the following:</p> <ul style="list-style-type: none"> - Cholecalciferol failed to be listed; - Gabapentin 100 mg 1 capsule at bedtime (plan of care showed 2 capsules at bedtime); and - Docusate 100mg 1 oral twice daily (plan of care showed 1 capsule daily). <p>Further review of the clinical record failed to include documentation clarifying the medication discrepancies/incomplete medication orders.</p> <p>During an interview on 10/25/2022 at 3:30 PM the nursing coordinator stated that:</p> <ul style="list-style-type: none"> - The facility MAR and plan of care medications should match; and - Here it does say 1 or 2 at bedtime (while pointing to the special instructions listed for the gabapentin on the referral). <p>RECORD/PATIENT #3:</p> <p>Review of clinical record showed:</p> <ul style="list-style-type: none"> -The patient was admitted to hospice on 09/22/2022 with a terminal diagnosis of congestive heart failure (CHF; a chronic condition in which the heart does not pump blood as well as it should); and -He/she lived at home with spouse as caregiver. <p>A home visit observation on 10/25/2022 beginning at 4:05 PM, showed the following discrepancy with the medication profile, the caregiver stated that the patient took Glycopyrrolate (anticholinergic) 1 milligram (mg) twice a day and the agency medication profile showed Glycopyrrolate 1 mg once daily.</p>	L0530		
L0536	IDG, CARE PLANNING, COORDINATION OF SERVICES	L0536		

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L0536	Continued from page 8 CFR(s): 418.56 This CONDITION is NOT MET as evidenced by: Based on review of the agency's policies, record review, and interview, the agency failed to: - Develop an individualized plan of care specific to the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions (L538); - Develop an individualized 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 (L543); - Develop an individualized plan of care based on problems identified in the initial, comprehensive and updated comprehensive assessments, that included all services necessary for the management of the terminal illness (L545); - Provide drugs and treatments necessary to meet the needs of the patient (L549); - Provide medical supplies and appliances necessary to meet the needs of the patient (L550); and - Ensure that the care and services provided are based on all assessments of the patient and family needs (L556). The cumulative effect of these deficient practices has the potential to affect all patients served by the agency.	L0536		
L0538	IDG, CARE PLANNING, COORDINATION OF SERVICES CFR(s): 418.56 The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.	L0538		

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L0538	<p>Continued from page 9</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on review of the agency's policy, record review, and interview, the hospice provider failed to ensure that the plan of care specified the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessments in, but not limited to, one (Record/Patient #1) of five full records reviewed. This deficient practice has the potential to affect the care provided to all patients on service with the hospice provider.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Plan of Care," revised 01/22, showed, in part:</p> <ul style="list-style-type: none"> -The registered nurse will complete the initial assessment and will initiate the development of the plan of care after the consent forms are signed; - The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief; - The plan must state, in detail, the scope and frequency of services needed to meet the patient's and family/caregiver needs; and - Each patient will be monitored for his/her outcomes of care. <p>RECORD/PATIENT #1:</p> <p>Review of the clinical record showed, the patient was admitted to hospice on 08/01/2022.</p> <p>Review of the initial/comprehensive assessment, dated, 08/01/2022, showed, "heat," listed for pain relief use.</p> <p>Review of the plan of care, dated, 08/01/2022, failed to show, heat listed as an intervention for pain.</p>	L0538		

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L0538	Continued from page 10 During an interview, on 10/25/2022, at 3:25 PM, the nursing coordinator stated that, he/she would expect heat to be on the plan of care for pain interventions.	L0538		
L0543	<p>PLAN OF CARE</p> <p>CFR(s): 418.56(b)</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:</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure each patient would receive services that follow an individualized written plan of care, established by the interdisciplinary team (IDT) in collaboration with the attending physician and patient/caregiver in two (Records/Patients #2 and #4) of five applicable records reviewed. This deficient practice has the potential to affect all patients receiving hospice services.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Plan of Care," dated reviewed/ revised 01/2022, showed in part, the following:</p> <p>-Purpose: To ensure that an individualized plan of care (POC) is completed that complies with accepted standards of care and regulatory issues within five days of admission;</p> <p>-Hospice care and services furnished to the patient and their families must follow an individualized written POC established by the hospice interdisciplinary group (IDG) in collaboration with the attending physician, the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire;</p> <p>-The POC will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom</p>	L0543		

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L0543	<p>Continued from page 11 relief. The plan must state, in detail, the scope and frequency of services needed to meet the patient's and family/caregiver's needs; and</p> <p>-Care provided to the patient will be in accordance with the POC.</p> <p>RECORD/PATIENT #2:</p> <p>Review of the clinical record showed:</p> <p>- The patient was admitted to hospice services, with a primary diagnosis of heart failure, on 10/13/2022; and</p> <p>- The patient resided in a long term care facility at the time of admission.</p> <p>Review of the POC dated 10/13/2022 showed HHA (home health aide) 2 x week for 13 weeks (two times a week for thirteen weeks) starting 10/14/2022 (week 1) Start Date: 10/14/2022 End Date: 01/08/2023.</p> <p>Review of the hospice aide visit notes showed:</p> <p>- The first visit note was dated 10/17/2022 (week two); and</p> <p>- There were no hospice aide visits documented week one.</p> <p>Further review of the clinical record failed to show any missed visit documentation regarding no aide visits during week one and/or no notification to the physician of the missed aide visits.</p> <p>During an interview on 10/25/2022 at 3:30 PM, when discussing the aide frequency on the plan of care that showed two times a week starting 10/14/2022, the nursing coordinator stated that:</p> <p>- That should have been the next week; and</p> <p>- Starting on 10/17/2022.</p> <p>RECORD/PATIENT #4:</p>	L0543		

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L0545	<p>Continued from page 13 but not limited to, three (Records/Patients #2, #4, and #5) of five full records reviewed. This deficient practice has the potential to affect all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy, titled, "Plan of Care," revised 01/22, showed, in part:</p> <ul style="list-style-type: none"> - Hospice care and services furnished to patient and their families must follow an individualized 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 if any of them so desire; - The registered nurse will complete the initial assessment and will initiate the development of the plan of care after the consent forms are signed; - The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief; - The written plan of care will contain, but will not be limited to, the following: <ul style="list-style-type: none"> * Diagnosis; * All services necessary for the palliation/management of the terminal illness and related conditions; * Identification of patient and family/caregiver problems and needs; * Scope and frequency of services needed to meet patient/family needs; * Who will provide the services; * Prescribed and required medical equipment, supplies, medications and treatments; * Level of care; * Realistic and achievable goals; 	L0545		

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L0543	<p>Continued from page 12 Review of the clinical record showed:</p> <ul style="list-style-type: none"> -The patient was admitted to hospice services, with a terminal diagnosis of congestive heart failure (CHF; a chronic condition in which the heart does not pump blood as well as it should); and -The patient initially lived at home, but then transferred to long-term care facility (LTCF) on 07/15/2022. <p>Review of the POC, dated 09/22/2022 showed the chaplain to visit four times a month starting 10/01/2022.</p> <p>Review of the IDG meeting review notes, dated 09/27/2022, showed the chaplain was to start weekly visits on 10/01/2022.</p> <p>Review of the clinical record failed to show any documentation for a chaplain visit for the week of 10/02/2022 to 10/09/2022.</p> <p>During an interview on 10/26/2022 at 1:55 PM, the nursing coordinator stated the following:</p> <ul style="list-style-type: none"> -He/she could not find any documentation of a chaplain visit for the week of 10/02/2022 to 10/09/2022; and -He/she could not find any documentation of a missed chaplain visit for the week of 10/02/2022 to 10/09/2022. 	L0543		
L0545	<p>CONTENT OF PLAN OF CARE</p> <p>CFR(s): 418.56(c)</p> <p>The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on review of the agency's policy, record review, and interview, the agency failed to develop an individualized plan of care (POC) in,</p>	L0545		

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L0545	<p>Continued from page 14</p> <ul style="list-style-type: none"> * All physicians' orders; * Interventions to manage pain and symptoms; and * Measurable outcomes anticipated from implementing/coordinating the plan of care. <p>RECORD/PATIENT #2:</p> <p>Review of the clinical record showed:</p> <ul style="list-style-type: none"> - The patient was admitted to hospice services on 10/13/2022 with a primary diagnosis of heart failure; and - The patient resided in a long term care facility (LTCF) at the time of admission. <p>Review of the hospice initial comprehensive assessment, dated 10/13/2022 showed Wound #1 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Coccyx; - Type: Pressure ulcer/injury; - Stage: II (partial-thickness skin loss of dermis, presenting as a shallow open ulcer) superficial; - Length: 1cm (centimeter) open/5cm reddened; - Width: 1 cm open/5cm reddened; - Depth: Left blank; - Wound bed: Color-red, Tissue- Other blanchable; - Drainage: Amount- none, Odor- none; - Wound care provided by: Facility staff; - Cleansed with: Soap and water; - Dressed with: Barrier cream; - Covered with: Triad (a zinc oxide based sterile coating designed to manage low and moderately draining wounds, while providing a moist wound healing environment), wound dressing; and -Secure with: left blank. 	L0545		

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L0545	<p>Continued from page 15</p> <p>Review of the hospice initial comprehensive assessment, dated 10/13/2022 showed Wound #2 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Left calf area; - Type: Other, abrasion; - Stage: II Broken skin, superficial; - Length: 1.5cm; - Width: 1.5cm; - Depth: Left blank; - Wound bed: Color-pink, Tissue- Healthy; - Drainage: Amount- none, Odor- none; - Wound care provided by: Facility staff; - Cleansed with: Soap and water; - Dressed with: None; - Covered with: None; and -Secure with: left blank. <p>Additional integumentary comments on the hospice initial comprehensive assessment dated 10/13/2022 showed the patient has a 1.5cm elongated area on left heel. The patient is wearing heel protector booties.</p> <p>Summary of problems on the hospice initial comprehensive assessment dated 10/13/2022 showed the patient has reddened area on coccyx bone with quarter size open area on right buttock. Left heel is soft and discolored without open area. Left calf area has a round abrasion about the size of a nickel.</p> <p>Review of the hospice plan of care dated 10/13/2022 showed:</p> <ul style="list-style-type: none"> - Triad cream topically "lirally" (possibly meaning liberally) twice per day hospice covers 	L0545		
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L0545	<p>Continued from page 16 (failed to include where to apply);</p> <p>- Integumentary summary of problems: Patient has reddened area on coccyx bone with quarter size open area on right buttock. Left heel is soft and discolored without open area. Left calf area has a round abrasion about the size of a quarter; and</p> <p>-Integumentary Interventions: Cleanse with soap and water (failed to include which area), dress with triad wound care (again failed to include which area), responsible for wound care: facility, nurse, hospice nurse (failed to include what days/times the hospice vs the facility was responsible for the wound care), wound care to be completed twice a day as ordered (again failed to specify location wound care to be provided to).</p> <p>The plan of care failed to address all skin areas of concern identified on on the comprehensive assessment.</p> <p>RECORD/PATIENT #4:</p> <p>Review of hospice clinical record, showed:</p> <p>-The patient was admitted to hospice on 06/24/2022 with a terminal diagnosis of congestive heart failure (CHF; a chronic condition in which the heart does not pump blood as well as it should); and</p> <p>-The patient initially lived at home, but then transferred to long-term care facility (LTCF) on 07/15/2022.</p> <p>Review of comprehensive assessment, dated 09/20/2022, showed in part, the following:</p> <p>-Alert to person only, pleasantly confused and occasional restlessness;</p> <p>-Genitourinary (urinary system): no deficits, the patient wears disposable briefs and LTCF staff reports the patient uses a bedside commode;</p> <p>-Non-pitting edema to bilateral lower extremities (BLE);</p> <p>-The patient required extensive assist for bed mobility, transfer, toileting, dressing, and bathing; --Used a wheelchair; and</p>	L0545		

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L0545	<p>Continued from page 17</p> <p>-The patient was unable to walk.</p> <p>Review of the POC, dated 09/22/2022, failed to show the following:</p> <p>-No documentation or interventions regarding the patient alert to self only;</p> <p>-No documentation the patient wore disposable briefs;</p> <p>-No documentation the patient required extensive assist for bed mobility, transfer, toileting, dressing, and bathing; and</p> <p>-No documentation the patient was unable to walk.</p> <p>Review of SN visit, dated 09/23/2022, showed:</p> <p>-1 + edema (swelling) to BLE; and</p> <p>-The caregiver wants the patient to stay in bed for safety reasons.</p> <p>Review of SN visit, dated 09/26/2022, showed:</p> <p>-1 + edema to BLE; and</p> <p>-Occasional incontinence, wears disposable brief, and uses a bedside commode.</p> <p>Review of the IDG meeting notes for 09/29/2022 meeting, failed to show:</p> <p>-Updated or revised interventions for the increase in edema;</p> <p>-Documentation or interventions for the caregiver's request for the patient to stay in bed; and</p> <p>-Documentation the patient had occasional incontinence and wore disposable briefs.</p> <p>Review of SN visit, dated 10/11/2022, showed:</p> <p>-Incontinent, wears disposable brief;</p> <p>-Difficulty swallowing pills, new onset per LTCF staff;</p> <p>-When transferring patient today, he/she complained of pain to his/her right knee, was holding knee and moaning, had LTCF nurse give pain</p>	L0545		

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L0545	<p>Continued from page 18 medication;</p> <p>-Gets anxious with transfers;</p> <p>-Patient doesn't stand during transfers, he/she is maximum assist, and is high risk for falls; and</p> <p>-New wound to right lower leg. Wound bed- bloody, drainage- serosanguinous (thin watery fluid that is pink in color), cleaned with soap and water and applied a border gauze absorbent dressing that is sticky around edges).</p> <p>Review of the IDG meeting notes for 10/13/2022 meeting, failed to show:</p> <p>-Any interventions for the patient's incontinence;</p> <p>-Any interventions for the difficulty swallowing;</p> <p>-Updated or revised interventions regarding the right knee pain; and</p> <p>-Any interventions regarding the new wound.</p> <p>Review of the IDG notes for 10/13/2022 meeting, did show the agency changed the patient to a bed bath, but failed to address what staff should do regarding other transfers.</p> <p>During an interview on 10/26/2022 that started at 12:05 PM, the nursing coordinator stated that:</p> <p>-The POC should be individualized;</p> <p>-The POC should be updated and revised when changes were made; and</p> <p>-He/she agreed with the above findings.</p> <p>RECORD/PATIENT #5:</p> <p>Review of the clinical record showed, showed:</p> <p>- The patient was admitted on 07/25/2022, with a terminal diagnosis of left temporal brain mass;</p> <p>- Initial comprehensive admission assessment, dated, 07/25/2022, showed, patient with port-a-cath (a device placed under the skin that is used to draw blood and give treatments) on the left side of anterior chest;</p>	L0545		

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NAME OF PROVIDER OR SUPPLIER HARRISON COUNTY HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 136 WEST PO BOX 425, BETHANY, Missouri, 64424	
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L0545	<p>Continued from page 19</p> <ul style="list-style-type: none"> - No documentation of port-a-cath on POC; - No documentation of port-a cath being discussed in IDG (interdisciplinary group) meeting; - Nursing visit note, dated, 08/09/2022, showed, RN (registered nurse) delivered a pill box and filled it with the patient's medications; - POC failed to include interventions for SN (skilled nurse) to fill pill box; - Nursing visit note, dated, 08/19/2022, showed, RN spoke with the physician's nurse regarding the patient's port-a-cath and per [named nurse] the port did not need to be flushed; - No documentation of port-a-cath on POC to include port not needing to be flushed; - No documentation of port-a cath being discussed in IDG meeting; - Nursing visit note, dated, 10/07/2022, showed, bedbound selected in musculoskeletal/activities section, and patient walked with 2x (times 2) assist (people to help the patient walk) to the toilet; - Review of the IDG meeting, dated, 10/12/2022, showed: <ul style="list-style-type: none"> * Patient in bed most of time sleeping; * Oriented to self only; * Patient is max [maximum] assist; - Review of the updated plan of care, failed to show, bedbound and max assist; - Nursing visit note, dated, 10/21/2022, showed, in part: <ul style="list-style-type: none"> * Assistive devices used, wheelchair, hospital bed, and heel protectors bilaterally; * Psychological/Mental/Emotional/Behavioral assessment section, showed, patient oriented to person, lethargic, confused, disoriented, and decreased level of consciousness; * Integumentary (skin) comments section, showed, 	L0545		

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L0545	<p>Continued from page 20 patient wears bilateral heel protectors to keep heels off of bed;</p> <p>- Review of the updated plan of care, showed:</p> <p>* DME/Supplies (durable medical equipment and supplies) with heel protectors (effective 10/21/2022);</p> <p>* Patient continues to be oriented to self only;</p> <p>* Patient remains generally weak, requiring assist to transfer to WC (wheelchair);</p> <p>* Patient is 100% dependent for bathing and toileting;</p> <p>- Review of the updated POC, failed to show:</p> <p>* Patient status to include, lethargic, confused, disoriented, with decreased level of consciousness;</p> <p>* Patient requiring 2 people to assist with walking to the toilet;</p> <p>* Interventions for heel protectors; and</p> <p>* DME/Supplies for hospital bed.</p> <p>During an interview on 10/26/2022, at 9:32 AM, the nursing coordinator, stated that:</p> <p>- Heel protectors were added to the DME/supplies list section of the POC on 10/21/2022;</p> <p>- No record of port-a-cath found on POC and IDG meeting;</p> <p>- He/she would expect port-a-cath to be on the POC at the start of care and discontinued when orders received;</p> <p>- Not all of the patient's equipment are listed on POC and should be; and</p> <p>- Nursing interventions should include filling the patient's pill box.</p>	L0545		
L0549	<p>CONTENT OF PLAN OF CARE</p> <p>CFR(s): 418.56(c)(4)</p>	L0549		

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L0549	<p>Continued from page 21 [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:]</p> <p>(4) Drugs and treatment necessary to meet the needs of the patient.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on the agency's policy review, record review, and interview, the agency failed to ensure that the plan of care (POC) included all physicians orders for medications and treatments in, but not limited to, one (Record/Patient #5) of five full records reviewed. This deficient practice has the potential to affect all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy, titled, "Plan of Care," revised 01/22, showed, in part:</p> <ul style="list-style-type: none"> - The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief; - The written plan of care will contain, but will not be limited to, the following; <ul style="list-style-type: none"> * Prescribed and required medical equipment, supplies, medications and treatments; and * All physicians' orders. <p>RECORD/PATIENT #5:</p> <p>Review of the clinical record showed, showed:</p> <ul style="list-style-type: none"> - Hospice aide visit note, dated, 10/07/2022, showed; * RN present during bed bath; * Patient with open spot on bottom of left foot and one on the bottom of right foot; * RN shown open areas on patient's feet by the aide; 	L0549		

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L0549	<p>Continued from page 22</p> <ul style="list-style-type: none"> - Nursing visit note, dated, 10/07/2022, integumentary (skin) assessment section, showed; * Open wound to left lateral heel with dry cracked skin; * Closed wound to right medial heel with dry cracked skin; * RN applied lotion to moisten and remove dry skin to heels; * After removing dry skin patient found to have 1 open area from cracked dryness to the left lateral heel, and another closed crack to right medial heel; * RN applied a Band-Aid to cover each; - Review of physician order, dated 10/13/2022, at 10:20 AM, showed, apply lotion to dry skin, cover skin breakage with Band-Aid to left and right heel PRN (as needed) with effective start date of 10/07/2022; and - No documentation of physician orders for wound care on 10/07/2022. <p>During an interview on 10/26/2022, at 9:32 AM, the nursing coordinator, stated that:</p> <ul style="list-style-type: none"> - Charts were being audited and the order may have been added late after being discovered during audit; and - He/she would expect orders to be received on time; and - Wound care orders were received late. 	L0549		
L0550	<p>CONTENT OF PLAN OF CARE</p> <p>CFR(s): 418.56(c)(5)</p> <p>[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:]</p> <p>(5) Medical supplies and appliances necessary to meet the needs of the patient.</p> <p>This STANDARD is NOT MET as evidenced by:</p>	L0550		

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L0550	<p>Continued from page 23</p> <p>Based on review of the agency's policy review, record review, and interview, the agency failed to ensure a complete, individualized written plan of care (POC) when the POC failed to include medical supplies and appliances necessary to meet the needs of the patient in, but not limited to, one (Record/Patients #5) of five complete record reviews. This deficient practice has the potential to adversely affect the care provided to all the agency's patients.</p> <p>Findings included:</p> <p>Review of the agency's policy, titled, "Plan of Care," revised 01/22, showed, in part:</p> <ul style="list-style-type: none"> - Hospice care and services furnished to patient and their families must follow an individualized 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 if any of them so desire; - The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief; - The written plan of care will contain, but will not be limited to, the following; <ul style="list-style-type: none"> * Identification of patient and family/caregiver problems and needs; and * Prescribed and required medical equipment, supplies, medications and treatments; <p>RECORD/PATIENT/ #5:</p> <p>Review of nursing visit note, dated, 10/21/2022, showed, assistive devices included; wheelchair, hospital bed, and heel protectors bilaterally.</p> <p>Review of the updated plan of care, showed:</p> <ul style="list-style-type: none"> * DME/Supplies (durable medical equipment and supplies) with heel protectors (effective 10/21/2022); 	L0550		

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L0550	Continued from page 24 * Patient remains generally weak, requiring assist to transfer to WC (wheelchair); * Patient is 100% dependent for bathing and toileting; and * Hospital bed not listed on POC. During an interview on 10/26/2022, at 9:32 AM, the nursing coordinator, stated that, not all of the patient's equipment are listed on the POC and should be.	L0550		
L0553	REVIEW OF THE PLAN OF CARE CFR(s): 418.56(d) A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care. This STANDARD is NOT MET as evidenced by: Based on the agency's policy review, record review, and interview, the agency failed to ensure the interdisciplinary group (IDG) discussed/documented changes regarding the patient's status and updated the plan of care (POC), in one (Record/Patient #1) of five records reviewed. This deficient practice has the potential to affect all patients served by the agency. Findings included: Review of the agency's policy, titled, "Plan of Care," revised 01/22, showed, in part: - Hospice care and services furnished to patient and their families must follow an individualized 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 if any of them so desire; - The registered nurse will complete the initial assessment and will initiate the development of	L0553		

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L0553	<p>Continued from page 25 the plan of care after the consent forms are signed;</p> <ul style="list-style-type: none"> - The plan of care will identify the patient's needs and services to meet those needs, including the management of pain and discomfort and symptom relief; - The written plan of care will contain, but will not be limited to, the following; <ul style="list-style-type: none"> * Diagnosis; * All services necessary for the palliation/management of the terminal illness and related conditions; * Identification of patient and family/caregiver problems and needs; * Scope and frequency of services needed to meet patient/family needs; * Who will provide the services; * Prescribed and required medical equipment, supplies, medications and treatments; * Level of care; * Realistic and achievable goals; * All physicians' orders; * Interventions to manage pain and symptoms; and * Measurable outcomes anticipated from implementing/coordinating the plan of care. <p>RECORD/PATIENT #5:</p> <p>Review of the clinical record showed, showed:</p> <ul style="list-style-type: none"> - The patient was admitted on 07/25/2022, with a terminal diagnosis of left temporal brain mass; - Initial comprehensive admission assessment, dated, 07/25/2022, showed, patient with port-a-cath (a device placed under the skin that is used to draw blood and give treatments) on the left side of anterior chest; 	L0553		

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L0553	<p>Continued from page 26</p> <ul style="list-style-type: none"> - No documentation of port-a-cath on POC; - No documentation of port-a cath being discussed in IDG (interdisciplinary group) meeting; - Nursing visit note, dated, 08/09/2022, showed, RN (registered nurse) delivered a pill box and filled it with the patient's medications; - POC failed to include interventions for SN (skilled nurse) to fill pill box; - Nursing visit note, dated, 08/19/2022, showed, RN spoke with the physicians nurse regarding the patient's port-a-cath and per [named nurse] the port did not need to be flushed; - No documentation of port-a-cath on POC to include port not needing to be flushed; - No documentation of port-a cath being discussed in IDG meeting; - Nursing visit note, dated, 10/07/2022, showed, bedbound selected in musculoskeletal/activities section, and patient walked with 2x (times 2) assist (people to help the patient walk) to the toilet; - Review of the IDG meeting, dated, 10/12/2022, showed: <ul style="list-style-type: none"> * Patient in bed most of time sleeping; * Oriented to self only; * Patient is max [maximum] assist; - Review of the updated plan of care, failed to show, bedbound and max assist; - Nursing visit note, dated, 10/21/2022, showed, in part: <ul style="list-style-type: none"> * Assistive devices used, wheelchair, hospital bed, and heel protectors bilaterally; * Psychological/Mental/Emotional/Behavioral assessment section, showed, patient oriented to person, lethargic, confused, disoriented, and decreased level of consciousness; * Integumentary (skin) comments section, showed, patient wears bilateral heel protectors to keep 	L0553		

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L0553	<p>Continued from page 27 heels off of bed;</p> <p>- Review of the updated plan of care, showed:</p> <ul style="list-style-type: none"> * DME/Supplies (durable medical equipment and supplies) with heel protectors (effective 10/21/2022); * Patient continues to be oriented to self only; * Patient remains generally weak, requiring assist to transfer to WC (wheelchair); * Patient is 100% dependent for bathing and toileting; <p>- Review of the updated POC, failed to show:</p> <ul style="list-style-type: none"> * Patient status to include, lethargic, confused, disoriented, with decreased level of consciousness; * Patient requiring 2 people to assist with walking to the toilet; * Interventions for heel protectors; and * DME/Supplies for hospital bed. <p>During an interview on 10/26/2022, at 9:32 AM, the nursing coordinator, stated that:</p> <ul style="list-style-type: none"> - Heel protectors were added to the DME/supplies list section of the POC on 10/21/2022; - No record of port-a-cath found on POC and IDG meeting; - He/she would expect port-a-cath to be on the poc at the start of care and discontinued when orders received; - Not all of the patient's equipment are listed on POC and should be; and - Nursing interventions should include filling the patient's pill box. 	L0553		
L0556	<p>COORDINATION OF SERVICES</p> <p>CFR(s): 418.56(e)(3)</p> <p>[The hospice must develop and maintain a system of</p>	L0556		

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L0556	<p>Continued from page 28 communication and integration, in accordance with the hospice's own policies and procedures, to-]</p> <p>(3) Ensure that the care and services provided are based on all assessments of the patient and family needs.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on the agency's policy review, record review, and interview, the designated registered nurse that is a member of the interdisciplinary group to provide coordination of care, failed to ensure that the care and services provided are based on all assessments of the patient and family needs in, but not limited to, one (Record/Patient #1) of five full records reviewed. This deficient practice has the potential to affect the care provided to all patients on service with the hospice provider.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Comprehensive Assessment," revised 04/20, showed, in part:</p> <ul style="list-style-type: none"> - During the comprehensive patient assessment, all baseline data and other relevant information will be documented in the patient's clinical record, including at least the following information, as relevant: * An assessment of pain, including the origin, location, duration, severity, and relief measures; * Alleviating and exacerbating factors for physical symptoms; and * Current treatment and patient response to that treatment. <p>Review of the agency's policy titled, "Hospice Nursing Services," revised 12/21, showed, in part:</p> <ul style="list-style-type: none"> - The nurse will be responsible for coordination of care and fostering communication between the patient and the IDG (interdisciplinary group); - The hospice registered nurse performs the initial assessment and participates in the comprehensive assessment and ongoing assessments 	L0556		

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L0556	<p>Continued from page 29 to assess the impact of the terminal diagnosis on the patient's physical, functional, psychosocial, and environmental needs and activities of daily living;</p> <p>- The hospice nurse will:</p> <ul style="list-style-type: none"> * Manage discomfort and provide symptom relief; * Initiate appropriate preventative and rehabilitative nursing procedures; * Coordinate all patient and family/caregiver services and prioritization of needs with the interdisciplinary group; and * Provide an ongoing evaluation of the patient and family/caregiver response to care. <p>Review of the agency's policy titled, "Hospice Staff Nurse/Case Manager Job," revised 04/20, showed, in part:</p> <p>- The Registered Nurse formulates a nursing care plan based on the identified needs of the client and caregiver;</p> <p>- Coordinates the patients care between nursing services and other entities through data in the clinical record, conferences and team meetings; and</p> <p>- Evaluates the effects of care given and regularly re-evaluates the client's and caregiver's needs, and informs the physician and other personnel of any significant changes; and then makes changes in the treatment plan with patient/family, and hospice team input and documents these changes on the care plans.</p> <p>RECORD/PATIENT #1:</p> <p>Review of the initial/comprehensive assessment, dated, 08/01/2022, showed, in part:</p> <ul style="list-style-type: none"> - Patient with severe pain during admission visit; - Patient rated pain a 9 for pain severity (pain level severity, 1-3 = mild, 4-6 = moderate, and 7-10 = severe); 	L0556		
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L0556	<p>Continued from page 30</p> <ul style="list-style-type: none"> - Patient taking hydrocodone-acetaminophen (combination medication of an opioid pain reliever and a non-opioid pain reliever used to treat moderate to severe pain) 10/325mg (10 milligram of hydrocodone and 325 milligrams of acetaminophen) pain, without relief; - Patient's physician contacted and "received orders to increase hydrocodone to QID [four times daily]," was noted in the comments section of the pain assessment; and - No documentation of pain and/or pain management history. <p>Review of the nursing visit note, dated, 08/02/2022, showed, in part:</p> <ul style="list-style-type: none"> - Patient continues to report pain at a 9; and - Patient "currently taking Hydrocodone 10/325 QID [four times daily], using heat and is frequently changing seating locations for pain relief. Writer to obtain orders for Gabapentin for pain relief," noted in the summary section. <p>Review of the MSW (medical social work) visit note, dated, 08/03/2022, showed, in part:</p> <ul style="list-style-type: none"> - Patient reported current pain rated at 8 with pain intensity worse at a 10; and - The patient's "pain and discomfort has increased," noted in the summary of problems section. <p>Review of the chaplain missed visit note, dated, 08/03/2022, showed, spouse asked to wait because the patient was not feeling well.</p> <p>Review of the spiritual visit note, dated, 08/08/2022, showed, "Pt [patient] did not assign a number, but just said [he/she] hurts all the time," noted in pain assessment section.</p> <p>Review of the nursing visit note, dated, 08/09/2022, showed, in part:</p> <ul style="list-style-type: none"> - Pain assessment question, pain level now, 	L0556		

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L0556	<p>Continued from page 31 answered with a 7;</p> <ul style="list-style-type: none"> - Pain assessment question, worse pain level experienced, was left blank; - "Pt [patient] reports today that [his/her] pain is currently a 7/10 [7 out of 10] improved with the hydrocodone increase," and "Pt believes Gabapentin to not be working for relief," was noted in the nursing summary; and - Nursing to increase visit frequency to 2x [two times] weekly to control pain, noted in the summary. <p>Review of the nursing visit note, dated, 08/11/2022, showed, in part:</p> <ul style="list-style-type: none"> - Pain assessment question, pain level now, answered with a 7; - Patient taking "hydrocodone BID [two times daily] out of habit rather than the newly instructed and educated 4 times daily," and "pt [patient] reports not taking Gabapentin PRN as well," noted in the pain summary; - Patient to start Aleve (over the counter medication to relieve pain) 220mg PO [by mouth] BID PRN for bone pain; - Patient reported that Aleve does not settle well with patient but could not explain further; and - Patient was educated to take Aleve PM (over the counter pain reliever with a combination of medications used to treat pain and help with sleep) nightly until next visit and hospice could adjust medications if needed at that time. <p>Review of the nursing visit note, dated, 08/16/2022, showed, in part:</p> <ul style="list-style-type: none"> - Pain improved from last skilled nurse visit (08/11/2022) with pain rated at a 4; - Patient "not able to take hydrocodone 4 times per day, 3 times per day knocks [him/her] out through the day," noted in additional pain information section; and - Patient denied taking Aleve PM. 	L0556		

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L0556	<p>Continued from page 32</p> <p>Review of the clinical record, failed to show:</p> <ul style="list-style-type: none"> - Follow up visits being conducted to assess patient's pain and medication effectiveness for patient with severe pain; - Documentation of follow up on severe pain; and - Documentation of follow up related to medication effectiveness. <p>During an interview, on 10/25/2022, at 3:30 PM, the nursing coordinator stated that:</p> <ul style="list-style-type: none"> - He/she would expect the skilled nurse to follow up and document pain; and - No follow up on pain and medication effectiveness is an issue. 	L0556		
L0584	<p>LICENSED PROFESSIONAL SERVICES</p> <p>CFR(s): 418.62(a)</p> <p>Licensed professional services provided directly or under arrangement must be authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified under §418.114 and who practice under the hospice's policies and procedures.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure that the licensed professional services delivered by their health care professionals was practiced under the hospice's policies and procedures when the agency nursing staff failed to document weekly wound measurements in but not limited to, two (Records/Patients #2 and #5) of five applicable records reviewed. This deficient practice has the potential to adversely affect the quality of care provided to all the agency's patients.</p> <p>Findings included:</p> <p>Review of the agency's undated policy titled "Wound Care" showed:</p>	L0584		

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L0584	<p>Continued from page 33</p> <ul style="list-style-type: none"> - A qualified agency Registered Nurse will assess wound(s) as part of the comprehensive initial assessment and will document all clinical findings as per agency policy; - The admitting clinician will document each wound status including, location and etiology, measurement of length, width, depth, undermining and tunnelling, if present, description of the wound bed, drainage, signs and symptoms of infection, healing and peri wound skin condition; - At least every week, the wound assessment and documentation will include measurement of length, width, depth and undermining and tunneling if present; and - Each wound will be numbered and documentation associated with each numbered wound will be completed on each visit. <p>RECORD/PATIENT #2:</p> <p>Review of the clinical record showed:</p> <ul style="list-style-type: none"> - The patient was admitted to hospice services on 10/13/2022; and - The patient resided in a long term care facility at the time of admission. <p>Review of the hospice initial comprehensive assessment, dated 10/13/2022 showed Wound #1 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Coccyx; - Type: Pressure ulcer/injury; - Stage: II Broken skin, superficial; - Length: 1cm (centimeter) open/5cm reddened; - Width: 1 cm open/5cm reddened; - Depth: Left blank; - Wound bed: Color-red, Tissue- Other blanchable; - Drainage: Amount- none, Odor- none; 	L0584		

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L0584	<p>Continued from page 34</p> <ul style="list-style-type: none"> - Wound care provided by: Facility staff; - Cleansed with: Soap and water; - Dressed with: Barrier cream; - Covered with: Triad, wound dressing; and -Secure with: left blank. <p>Review of the hospice initial comprehensive assessment, dated 10/13/2022 showed Wound #2 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Left calf area; - Type: Other, abrasion; - Stage: II Broken skin, superficial; - Length: 1.5cm; - Width: 1.5cm; - Depth: Left blank; - Wound bed: Color-pink, Tissue- Healthy; - Drainage: Amount- none, Odor- none; - Wound care provided by: Facility staff; - Cleansed with: Soap and water; - Dressed with: None; - Covered with: None; and -Secure with: left blank. <p>Additional integumentary comments on the hospice initial comprehensive assessment dated 10/13/2022 showed pt. has a 1.5cm elongated area on left heel. Pt is wearing heel protector booties.</p> <p>Summary of problems on the hospice initial comprehensive assessment dated 10/13/2022 showed Pt. has reddened area on coccyx bone with quarter size open area on right buttock. Left heel is soft and discolored without open area. Left calf area has a round abrasion about the size of a nickel.</p>	L0584		

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L0584	<p>Continued from page 35</p> <p>Review of the hospice plan of care dated 10/13/2022 showed:</p> <ul style="list-style-type: none"> - Triad cream topically "lirally" (possibly meaning liberally) twice per day hospice covers; - Integumentary summary of problems: Patient has reddened area on coccyx bone with quarter size open area on right buttock. Left heel is soft and discolored without open area. Left calf area has a round abrasion about the size of a quarter. <p>Review of the hospice nursing clinical note dated 10/14/2022 showed Wound #1 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Coccyx; - Type: Pressure ulcer/injury; - Stage: I; - Length: left blank; - Width: left blank; - Depth: left blank; - Tunneling: left blank; - Wound bed: Tissue- Other; - Skin surrounding wound: Normal - Drainage: Type- none, amount- none; - Wound care provided by: Facility; - Cleansed with: left blank; - Dressed with: left blank; and - Covered with: left blank. <p>Review of the hospice nursing clinical note dated 10/14/2022 showed Wound #2 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Left calf area; 	L0584		

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L0584	<p>Continued from page 36</p> <ul style="list-style-type: none"> - Type: Trauma wound; - Stage: I; - Length: left blank; - Width: left blank; - Depth: left blank; - Tunneling: left blank - Wound bed: Tissue- Other; - Skin surrounding wound: Normal - Drainage: Type- none, amount- none; - Wound care provided by: Facility; - Cleansed with: left blank; - Dressed with: left blank; and - Covered with: left blank. <p>Further review of the hospice nursing clinical note dated 10/14/2022 showed:</p> <ul style="list-style-type: none"> - Additional integumentary information: See wound addendum box left unmarked; and - No documentation regarding the skin status of the left heel or the right buttock. <p>Review of the hospice nursing clinical note dated 10/17/2022 showed Wound #1 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Right coccyx; - Type: Pressure ulcer/injury; - Stage: 2; - Length: left blank; - Width: left blank; - Depth: left blank; - Tunneling: left blank; 	L0584		

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L0584	<p>Continued from page 37</p> <ul style="list-style-type: none"> - Wound bed: left blank; - Skin surrounding wound: left blank; - Drainage: Type- left blank, amount- left blank; - Wound care provided by: Facility nurse "named nurse"; - Cleansed with: soap and water; - Dressed with: Triad cream; and - Covered with: left blank. <p>Review of the hospice nursing clinical note dated 10/17/2022 showed Wound #2 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Left calf; - Type: left blank; - Stage: 2; - Length: 1.5cm; - Width: 1.5cm; - Depth: left blank; - Tunneling: left blank - Wound bed: Tissue- Healthy; - Skin surrounding wound: Normal; - Drainage: Type- none, amount- none; - Wound care provided by: Hospice nurse; - Cleansed with: soap and water; - Dressed with: open to air; and - Covered with: open to air. <p>Further review of the hospice nursing clinical note dated 10/17/2022 showed:</p> <ul style="list-style-type: none"> - Additional integumentary information: See wound 	L0584		

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L0584	<p>Continued from page 38 addendum box left unmarked; and</p> <ul style="list-style-type: none"> - No documentation regarding the skin status of the left heel or the right buttock. <p>Review of the hospice nursing clinical note dated 10/20/2022 showed Wound #1 with the following documentation:</p> <ul style="list-style-type: none"> - Location: coccyx; - Type: Pressure ulcer/injury; - Stage: left blank; - Length: left blank; - Width: left blank; - Depth: left blank; - Tunneling: left blank; - Wound bed: left blank; - Skin surrounding wound: left blank; - Drainage: Type- left blank, amount- left blank; - Wound care provided by: facility; - Cleansed with: left blank; - Dressed with: left blank; and - Covered with: left blank. <p>Review of the hospice nursing clinical note dated 10/20/2022 showed Wound #2 with the following documentation:</p> <ul style="list-style-type: none"> - Location: Left calf area; - Type: left blank; - Stage: left blank; - Length: left blank; - Width: left blank; - Depth: left blank; 	L0584		

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L0584	<p>Continued from page 39</p> <ul style="list-style-type: none"> - Tunneling: left blank - Wound bed: Tissue- left blank; - Skin surrounding wound: left blank; - Drainage: Type- left blank, amount- left blank; - Wound care provided by: facility; - Cleansed with: left blank; - Dressed with: left blank; and - Covered with: left blank. <p>Further review of the hospice nursing clinical note dated 10/20/2022 showed:</p> <ul style="list-style-type: none"> - Additional integumentary information: See wound addendum box left unmarked; and - No documentation regarding the skin status of the left heel or the right buttock. <p>During an interview on 10/25/2022 at 3:30 PM, the nursing coordinator stated that wounds are measured weekly.</p>	L0584		
L0587	<p>CORE SERVICES</p> <p>CFR(s): 418.64</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on policy review, record review, and interview, the agency failed to ensure nursing needs of the patient were met when an on-call agency nurse failed to follow the agency policy and procedure and go assess a patient with a significant change in condition for over five hours and nursing staff failed to document notification of changes to the physician when patient had changes in condition (L591). This deficient practice has the potential to affect all patients served by the agency.</p>	L0587		
L0591	<p>NURSING SERVICES</p> <p>CFR(s): 418.64(b)(1)</p>	L0591		

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L0591	<p>Continued from page 40</p> <p>(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on policy review, record review, and interview, the agency failed to ensure nursing needs of the patient were met when an on-call agency nurse failed to follow the agency policy and procedure and go assess a patient with a significant change in condition for over five hours, and nursing staff failed to document notification of changes to physician when the patient had changes in condition for one patient (Record/Patient #4) of five full records reviewed. This deficient practice has the potential to adversely affect the provision of care to all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "After Hours Services," dated reviewed/revised 11/2021, showed in part the following:</p> <ul style="list-style-type: none"> -Purpose: To establish the process by which patients have access to hospice services 24 hours per day, seven days a week; -Patient care needs are the agencies highest priority. A nurse will be on-call 24 hours per day, seven days a week. Clinical personnel are expected to perform visits on an as-needed basis, including weekends. There will be an on-call nurse available after office hours, Monday through Friday, and 24 hours a day on weekends and holidays; -On-call staff will respond to an answering service call within 15 minutes and must be able to reach a patient within 90 minutes from the time the need is identified in emergent visits and three hours from the time the need is identified for non-emergent visits; -The registered nurse (RN) will use his/her best judgement between an emergent and non-emergent call. The on-call nurse will report his/her evening and/or weekend patient care activities to the Clinical Director and staff on first working 	L0591		
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L0591	<p>Continued from page 41 day back to the office; and</p> <p>-Guidelines: The following list is meant to guide the on-call nurse. It is not exhaustive list, but includes many problems that may require a visit from the hospice nurse:</p> <ul style="list-style-type: none"> *Unusual, severe, or uncontrolled pain; *Increased anxiety and/or confusion; *Duplicate calls regarding the same problem; and *Patient/family/caregiver perceives a problem and requests a visit. <p>Review of the agency's policy titled, "Hospice Service Area and Response Time," dated reviewed/revised 03/2022, showed in part the following:</p> <ul style="list-style-type: none"> -In accordance to state and federal regulation, hospice staff must be able to respond within 90 minutes of an emergency call or need of a hospice patient. For non-emergent calls, hospice staff must be able to respond within three hours; and -Emergent examples: changes in behaviors, substantial condition changes, severe anxiety of patient and caregiver (hospice related), etc (et cetera; so forth). <p>Review of the agency's policy titled, "Hospice Nursing Services," dated reviewed/revised 12/2021, showed in part the following:</p> <ul style="list-style-type: none"> -Nursing services will be provided in accordance with accepted standards of practice by or under the supervision of a registered nurse; -The hospice nurse will participate in developing and implementing the plan of care (POC) and will report the condition of the patient and family/caregiver to the attending physician, medical director, and interdisciplinary group (IDG) on a regular basis, as well as changes in the POC. <p>Review of the hospice staff nurse job description, dated reviewed/revised 04/2020, showed the following:</p> <ul style="list-style-type: none"> -Provides skilled nursing services in the client's home in accordance with a plan of treatment 	L0591		

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L0591	<p>Continued from page 42 authorized by the attending physician and IDG;</p> <p>-Evaluates the effects of care given and regularly re-evaluates the client's and caregiver's needs, and informs the physician and other personnel of any significant changes, and then makes changes in the treatment plan with patient/family and the hospice team input and documents these changes on the care plans; and</p> <p>-Assumes responsibility for evening, weekend, and holiday's on-call duty as scheduled and consistent with hospice policies and procedures.</p> <p>RECORD/PATIENT #4:</p> <p>Review of hospice clinical record, showed that the patient was admitted to hospice on 06/24/2022 with a terminal diagnosis of congestive heart failure (CHF; a chronic condition in which the heart does not pump blood as well as it should). Patient initially lived at home, but then transferred to long-term care facility (LTCF) on 07/15/2022.</p> <p>Review of skilled nurse (SN) note, dated 10/11/2022, showed the following:</p> <p>-The patient had trouble swallowing pills during visit, the LTCF staff stated that was new for the patient;</p> <p>-The patient had open area to his/her right lower leg and the wound had serosanguineous (thin watery fluid that is pink in color) drainage. The wound was cleansed in the shower with soap and water, then dressed with a bordered gauze (absorbent dressing that is sticky around edges); and</p> <p>-The agency failed to document notification to the patient's physician regarding the new difficulty swallowing and the new open area.</p> <p>Review of the clinical record failed to show an order for the dressing.</p> <p>Review of the IDG meeting notes for 10/13/2022 meeting, failed to show revision to the plan of care to include any interventions for the difficulty swallowing, including changing the form (tablet, liquid) of medication.</p> <p>Review of skilled nurse SN note, dated 10/22/2022,</p>	L0591		

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L0591	<p>Continued from page 43 showed the following:</p> <p>-At 5:34 AM, the on-call agency registered nurse (RN) received a call from the answering service from the LTCF regarding the patient and requesting order clarifications. Facility nurse (FN) stated that the patient had orders for Hydromorphone (narcotic used to treat moderate to severe pain) but no Roxanol (narcotic used to treat moderate to severe pain) and the FN wondered if he/she needed to give Hydromorphone. The agency RN asked if the patient was having pain or SOA (shortness of air) and the FN stated the patient was restless. The FN stated the patient had been restless most of the night but possibly from being uncomfortable. The agency RN informed the FN that he/she could give the Hydromorphone, but that the patient also had orders for Seroquel (antipsychotic) or Haldol (antipsychotic) that could be given for agitation/restlessness. The FN was agreeable;</p> <p>-At 6:50 AM, the on-call agency RN received a call from the answering service from the LTCF. The FN stated the Hydromorphone was not working, the agency RN asked how long ago it was given, and the FN reported 15-20 minutes ago. The agency RN explained that the facility needed to give it more time to work. The agency RN also explained to the FN that the patient could have two milligram (mg) instead of one mg of Hydromorphone. The FN stated the patient took the Hydromorphone without difficulty but did not want the Haldol. The agency RN suggested crushing the Haldol and putting it in pudding or applesauce. The FN stated that the patient's caregiver was upset that the patient did not have Roxanol and requested the agency RN bring in Roxanol soon as the facility had none in their Ekit (emergency kit). The agency RN explained to the FN that the agency would need a physician's order for the Roxanol. The agency RN explained that the Roxanol was for pain/SOA and if the patient was restless or agitated, to give the Seroquel or Haldol as the patient had orders for them and they had not been given. The FN agreed and stated he/she would try to give them. The agency nurse explained to give the medications and he/she would call the on-call physician regarding the patient's medications in the next hour;</p> <p>-At 7:41 AM, the on-call agency RN received a call from the answering service this time from the patient's nurse practitioner (NP). The NP stated that the patient's caregiver had been texting/calling him/her last night and that</p>	L0591		

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L0591	<p>Continued from page 44</p> <p>morning. They discussed the patient's assessment (yet the agency nurse had not been to assess the patient). New orders were received for Atropine (involuntary nervous system blocker used to decrease saliva) and Haldol concentrate (liquid). The NP was going to get ahold of the back-up Medical Director for hospice for the Roxanol script and then call the medications into the pharmacy. The agency RN called the LTCF and informed the FN of the new orders and that when the pharmacy opened at 9:00 AM, he/she would call and see when the medications would be ready;</p> <p>-At 9:05 AM, the agency RN spoke with the pharmacy and the medications would not be ready until 10:30-11:00AM. The agency RN notified the FN of this;</p> <p>-At 10:30 AM, the agency RN arrived to the pharmacy to pick up the medications and was informed the LTCF had already picked the medications up. The Atropine and Haldol concentrate were not going to be available from the pharmacy until Monday/Tuesday. The patient had Haldol tablets and Levsin (anticholinergic used to decrease saliva) tablets on hand. The NP was informed regarding the medications not being available; and</p> <p>-At 10:55 AM, the agency RN arrived to the LTCF to assess the patient (5 hours and 21 minutes after receiving the first call).</p> <p>Review of the LTCF's progress notes, dated 10/22/2022, showed the following:</p> <p>-At 5:40 AM, FN walked by the resident's room and noted the resident to be very anxious. As FN entered the patient's room, the patient was yelling, "Help me, help me, I can't breathe." "I want a doctor, just get it done, just get it done. I'm done here on earth." The patient was not wanting to keep his/her oxygen on, the FN attempted to calm the patient down without success. FN contacted the hospice on-call RN due to possible medication change. The agency nurse stated to give one milliliter (ml) of Hydromorphone and to give Haldol if the patient would take it;</p> <p>-At 6:15 AM, The patient refused the Haldol and remained anxious, one on one provided by FN. FN called the patient's family member/caregiver, who went into the LTCF to sit with the patient; and</p>	L0591		

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L0591	<p>Continued from page 45</p> <p>-AT 7:00 AM, The patient continued to be anxious, complained it was hard to breathe, and begging "to go home to John" FN notified the hospice on-call nurse again and was told to go ahead and give another one ml of Hydromorphone. The agency nurse was going to see the patient and the family/caregiver was going to notify the NP later that morning to get an order for Roxanol and a refill on Levsin.</p> <p>During an interview on 10/26/2022 at 12:05 PM, the nursing coordinator stated the following:</p> <p>-The physician should have been notified regarding the new onset of difficulty swallowing and the new open area;</p> <p>-He/she could not find an order for the wound care or that the physician had been notified of the new onset of difficulty swallowing or the new open area; and</p> <p>-He/she would have expected the on-call nurse to go assess the patient on 10/22/2022 within 90 minutes of the first call at 5:34 AM.</p>	L0591		
L0615	<p>COMPETENCY EVALUATION</p> <p>CFR(s): 418.76(c)(1)</p> <p>An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section.</p> <p>(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on review of the Missouri Home Health Aide/Hospice Aide Competency Evaluation form, policy review, personnel file review, and interview, the agency failed to ensure the</p>	L0615		

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L0615	<p>Continued from page 46 required Missouri Home Health Aide/Hospice Aide written test was completed prior to providing aide services to hospice patients, in one (Employee #2) of one aide employee file reviewed. This deficient practice has the potential to adversely affect all patients who receive aide services from the agency.</p> <p>Findings included:</p> <p>Review of the current Missouri approved Home Health Aide/Hospice Aide Competency Evaluation form shows it includes two parts, written aide competency evaluation (test) and basic skills test. The written competency test needs to have each section of the exam numbered with the correct answers written by score. A passing score for each section is to have at least three of the five questions answered correctly. An aide is not considered to have a satisfactory score for this written exam if there is more than one section not passed. Both the skills and the written competency test must be completed and passed before the aide is considered qualified and can provide care independently.</p> <p>Review of the agency's policy titled "Hospice aide training", dated most recently reviewed/revised 4/20, showed:</p> <ul style="list-style-type: none"> - CNA (certified nursing assistant) will complete and pass Missouri State Competency and Skills test; - Any new assigned task must be passed off before the CNA can perform it independently; - All hospice aide applicants will complete a written/verbal basic knowledge/skills test; and - Competencies and skills will be assessed prior to delivery of services <p>Employee #2:</p> <p>Review of the aide's (employee #2) employee file showed the following:</p> <ul style="list-style-type: none"> - The aide was hired 10/04/2021; - Date of first patient contact was 10/12/2021; 	L0615		

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L0615	<p>Continued from page 47</p> <ul style="list-style-type: none"> - His/her CNA certificate was current as of 03/16/2020; - Basic skills test was completed 10/12/2021; - Add. (additional) skills were completed 10/12/2021; and - A written competency exam failed to be present. <p>During an interview on 10/25/2022 at 1:30 PM the nursing coordinator stated that:</p> <ul style="list-style-type: none"> - The hospice aide written competency test was not done due to waiver; and - He/she was unaware that the waiver was only related to the on-site evaluation of skills. 	L0615		
L0648	<p>ORGANIZATIONAL ENVIRONMENT</p> <p>CFR(s): 418.100</p> <p>This CONDITION is NOT MET as evidenced by:</p> <p>Based on policy review, pharmacy contract/agreement, and interview, the agency administration failed to ensure pharmacy services were routinely available on a 24-hour basis seven days a week to meet the needs of the hospice patients (L653). The potential effect of this identified deficiency creates inability to effectively manage pain and symptom control of all hospice patients after normal pharmacy business hours.</p>	L0648		
L0653	<p>SERVICES</p> <p>CFR(s): 418.100(c)(2)</p> <p>(2) Nursing services, physician services, and drugs and biologicals (as specified in §418.106) must be made routinely available on a 24-hour basis 7 days a week. Other covered services must be available on a 24-hour basis when reasonable and necessary to meet the needs of the patient and family.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on policy review, pharmacy agreement/contract, record review, and interview</p>	L0653		

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L0653	<p>Continued from page 48 the hospice governing body failed to ensure drugs and biologicals, were available on a 24-hour basis seven days a week, in one (Record/Patient #4) of five full records reviewed. This deficient practice has the potential to affect all patients on service with the hospice provider.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Pharmacy Services," dated reviewed/revised 10/2022, showed in part the following:</p> <ul style="list-style-type: none"> -Purpose: To ensure that pharmacy services are available 24 hours per day; -Pharmacy services needed by hospice patients/families/caregivers and hospice personnel will be available 24 hours a day. Medications will be available through contracts between specific pharmacies and hospice. Controlled substances and other medications will be available through these pharmacy contracts for patients and for those unexpected situations requiring pain and symptom management after normal business hours; -The nurse will contract the patient's attending physician (or other authorized independent practitioner) for medication orders; -The attending physician (or other authorized independent practitioner) must submit a verbal or written order to the pharmacy for the medication; -The nurse will contract the pharmacist and inform them of the need for medications and meet the pharmacist to pick up the medications; -The pharmacy will dispense a quantity of medication (15 day supply) as well as appropriate dosage and frequency of the medication; -The pharmacy will provide to the patient and family/caregiver education on drug use and adverse effects; and -If the nurse has any problems reaching the pharmacist they will contact the hospice supervisor or administrator. <p>Review of the agency's undated pharmacy agreement, showed in part the following:</p>	L0653		
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L0653	<p>Continued from page 49</p> <p>-The hospice provider provides palliative and supportive care to terminally ill patients and their family members. A plan of care formulated by the hospice interdisciplinary team and the attending physician outlines services and supplies needed to enhance the quality of the patient's life. The hospice philosophy focuses on pain and symptom management, not curative measures;</p> <p>-The pharmacy (supplier) provides prescription service 24 hours per day, seven days per week under the laws of Missouri, by a registered pharmacist;</p> <p>-The supplier agrees to provide the following:</p> <p>*Prescription services are accessible 24 hours per day, seven days per week. Prescriptions shall be filled by a registered pharmacist; and</p> <p>*Medication shall be picked up and delivered by the hospice agency staff or patient family;</p> <p>-This agreement shall be in force and effect from the time of signing this agreement until it has terminated by either party by giving at least a 30 day written notice to the other party;</p> <p>-Each party shall review this agreement yearly and if necessary changes are needed, be agreed upon and changed by hospice provider and a new agreement will be signed at that time;</p> <p>-Hospice administrator's signature and dated 10/18/2021; and</p> <p>-The agreement failed to have pharmacist signature.</p> <p>RECORD/PATIENT #4:</p> <p>Review of hospice clinical record, showed that the patient was admitted to hospice on 06/24/2022 with a terminal diagnosis of congestive heart failure (CHF; a chronic condition in which the heart does not pump blood as well as it should). Patient initially lived at home, but then transferred to long-term care facility (LTCF) on 07/15/2022.</p> <p>Review of skilled nurse (SN) note, dated 10/22/2022, showed the following:</p> <p>-At 5:34 AM, the on-call agency registered nurse</p>	L0653		

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L0653	<p>Continued from page 50</p> <p>(RN) received a call from the answering service from the LTCF regarding the patient and requesting order clarifications. Facility nurse (FN) stated that the patient had orders for Hydromorphone (narcotic used to treat moderate to severe pain) but no Roxanol (narcotic used to treat moderate to severe pain) and the FN wondered if he/she needed to give Hydromorphone. The agency RN asked if the patient was having pain or SOA (shortness of air) and the FN stated the patient was restless. The FN stated the patient had been restless most of the night but possibly from being uncomfortable. The agency RN informed the FN that he/she could give the Hydromorphone, but that the patient also had orders for Seroquel (antipsychotic) or Haldol (antipsychotic) that could be given for agitation/restlessness. The FN was agreeable;</p> <p>-At 6:50 AM, the on-call agency RN received a call from the answering service from the LTCF. The FN stated the Hydromorphone was not working, the agency RN asked how long ago it was given, and the FN reported 15-20 minutes ago. The agency RN explained that the facility needed to give it more time to work. The agency RN also explained to the FN that the patient could have two milligram (mg) instead of one mg of Hydromorphone. The FN stated the patient took the Hydromorphone without difficulty but did not want the Haldol. The agency RN suggested crushing the Haldol and putting it in pudding or applesauce. The FN stated that the patient's caregiver was upset that the patient did not have Roxanol and requested the agency RN bring in Roxanol soon as the facility had none in their Ekit (emergency kit). The agency RN explained to the FN that the agency would need a physician's order for the Roxanol. The agency RN explained that the Roxanol was for pain/SOA and if the patient was restless or agitated, to give the Seroquel or Haldol as the patient had orders for them and they had not been given. The FN agreed and stated he/she would try to give them. The agency nurse explained to give the medications and he/she would call the on-call physician regarding the patient's medications in the next hour;</p> <p>-At 7:41 AM, the on-call agency RN received a call from the answering service this time from the patient's nurse practitioner (NP). The NP stated that the patient's caregiver had been texting/calling him/her last night and that morning. They discussed the patient's assessment (yet the agency nurse had not been to assess the patient). New orders were received for Atropine</p>	L0653		

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L0653	<p>Continued from page 51 (involuntary nervous system blocker used to decrease saliva) and Haldol concentrate (liquid). The NP was going to get ahold of the back-up Medical Director for hospice for the Roxanol script and then call the medications into the pharmacy. The agency RN called the LTCF and informed the FN of the new orders and that when the pharmacy opened at 9:00 AM, he/she would call and see when the medications would be ready;</p> <p>-At 9:05 AM, the agency RN spoke with the pharmacy and the medications would not be ready until 10:30-11:00AM. The agency RN notified the FN of this; and</p> <p>-At 10:30 AM, the agency RN arrived to the pharmacy to pick up the medications and was informed the LTCF had already picked the medications up. The Atropine and Haldol concentrate were not going to be available from the pharmacy until Monday/Tuesday. The patient had Haldol tablets and Levsin (anticholinergic used to decrease saliva) tablets on hand. The NP was informed regarding the medications not being available. Discussed assessment and new orders with the FN.</p> <p>Review of SN note, dated 10/24/2022, showed the following:</p> <p>-At 6:30 AM, the RN on-call received a call from the LTCF that the patient's oxygen saturation levels had dropped and the FN had given Roxanol and turned oxygen up to three liters. The agency RN informed the FN that he/she would be in to see patient that morning; and</p> <p>-At 7:30 AM, the RN arrived to the LTCF and the FN reported that he/she was able to pull the Atropine from the Ekit and administer to the patient and it had helped with the patient's secretions.</p> <p>During an interview on 10/26/2022 at 9:50 AM, the pharmacist from the contracted pharmacy, stated the following:</p> <p>-That he/she did not know until that morning that the pharmacy needed to be available 24 hours a day, seven days a week; and</p> <p>-That he/she had just signed the agreement/contract that morning.</p>	L0653		
L0678	CONTENT	L0678		

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L0678	<p>Continued from page 52</p> <p>CFR(s): 418.104(a)(7)</p> <p>[Each patient's record must include the following:]</p> <p>(7) Physician orders.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on review of policy review, clinical record review, and interview, the agency failed to ensure physician orders were obtained for two (Records/Patients #2, and #4) of five full records reviewed. This deficient practice has the potential to affect all patients served by the agency.</p> <p>Findings included:</p> <p>Review of the agency's policy titled, "Physicians Orders," dated reviewed/revised 12/2021, showed in part, the following:</p> <p>-Purpose: To ensure accurate physician orders are obtained in accordance with applicable law and regulation; and</p> <p>-Orders will be obtained from a licensed physician or other authorized practitioner for care and services to be provided to hospice patients.</p> <p>RECORD/PATIENT #2:</p> <p>Review of the clinical record showed:</p> <p>- The patient was admitted to hospice services on 10/13/2022; and</p> <p>- The patient resided in a long term care facility (LTCF) at the time of admission.</p> <p>Review of the plan of care dated 10/13/2022 showed oxygen NC (nasal cannula) 2L (liters) QHS/PRN (every night/as needed) SOA (shortness of air).</p> <p>Review of the hospice initial comprehensive admission assessment dated 10/13/2022 showed the following under the respiratory portion of the assessment:</p> <p>- Shortness of breath improved by: oxygen at</p>	L0678		

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L0678	<p>Continued from page 53 2L/min (liters per minute) was marked;</p> <ul style="list-style-type: none"> - PRN was marked; - Nasal Cannula was marked; and - Other: at HS (bedtime) and PRN for SOB (shortness of breath) (differing from the plan of care that showed every night as needed. <p>Review of a hospice nursing clinical note, dated 10/14/2022, with a time in of 9:15 AM and a time out of 10:30 AM, showed:</p> <ul style="list-style-type: none"> - O2 SAT (blood oxygen level) 90%; - Oxygen use: Pt (patient) placed on 2L/NC; - Pt oxygen sat (saturation) increased to 93% after placing on 2L/NC; - Care coordination with SN and facility staff each marked and physician left blank; and - Updated "Named LTC (long term care) facility" charge nurse, "named charge nurse", on pts assessment. No further needs/concerns voiced at this time. <p>Review of a hospice nursing clinical note, dated 10/17/2022, with a time in of 10:15 AM and a time out of 11:15 AM, showed</p> <ul style="list-style-type: none"> - A note under the respiratory portion: Following bathing with the hospice aide the pt. noted to have fine crackles in right mid and bilateral lower lobes. Upper lobes clear. Found pt. with cool fingers somewhat difficulty to obtain SPO2 (blood oxygen level). Writer applied 2L of oxygen, found at 83% RA (room air), increased to 93% on 2L; - O2 SAT (blood oxygen level) 93%; - Oxygen use: 2L; - Care coordination with SN, HA (hospice aide) and facility staff each marked and physician left blank; and - Discussed assessment with patient and "named LPN (licensed practical nurse), both deny needing 	L0678		

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L0678	<p>Continued from page 54 anything further at this time. Educated to call hospice with any changes or concerns.</p> <p>Review of a hospice nursing clinical note, dated 10/20/2022, with a time in of 9:45 AM and a time out of 10:15 AM, showed</p> <ul style="list-style-type: none"> - A note under the respiratory portion: Patient denies SOA, currently on room air without notable respiratory distress. Pt. requires oxygen at night or while lying in bed to keep sats >92%; - O2 SAT (blood oxygen level) 95%; - Oxygen use: room air; and - Care coordination with SN, and facility staff each marked and physician left blank. <p>Further review of the clinical record failed to show any communication with the physician regarding the need for oxygen through the day as well as at night nor an order for oxygen use PRN.</p> <p>During an interview on 10/25/2022 at 3:30 PM, the nursing coordinator stated that the initial plan of care should have said QHS (every bedtime) and PRN.</p> <p>RECORD/PATIENT #4:</p> <p>Review of the clinical record showed:</p> <ul style="list-style-type: none"> -The patient was admitted to hospice services, with a terminal diagnosis of congestive heart failure (CHF; a chronic condition in which the heart does not pump blood as well as it should); and -The patient initially lived at home, but then transferred to long-term care facility (LTCF) on 07/15/2022. <p>Review of skilled nurse (SN) note, dated 10/11/2022, showed the patient had open area to his/her right lower leg and the wound had serosanguineous (thin watery fluid that is pink in color) drainage. The wound was cleansed in the shower with soap and water, then dressed with a bordered gauze (absorbent dressing that is sticky around edges).</p>	L0678		

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L0678	<p>Continued from page 55</p> <p>Review of SN note, dated 10/14/2022, showed wound to right lower leg, cleansed with soap and water and dressed with border gauze.</p> <p>Review of SN note, dated 10/17/2022, showed wound to right lower leg, cleansed with soap and water and dressed with border gauze.</p> <p>Review of SN note, dated 10/20/2022, showed wound to right lower leg, LTCF changed dressing on 10/19/2022 and covered with two by two opsite (transparent, adhesive dressing).</p> <p>Review of the plan of care failed to show an order for the wound care.</p> <p>During an interview on 10/26/2022 at 12:05 PM, the nursing coordinator stated that he/she would expect a physician order for the wound care and he/she could not find an order.</p>	L0678		
L0795	<p>CRIMINAL BACKGROUND CHECKS</p> <p>CFR(s): 418.114(d)(1)</p> <p>The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on Missouri law review, policy review, employee file review and interview, the agency failed to ensure criminal background checks were performed in one (Employee #1) of six employee files reviewed. This deficient practice has the potential to adversely affect services provided to all hospice patients.</p> <p>Findings included:</p> <p>Review of Section 192.2495.3, RSMo stated: "Prior to allowing any person who has been hired as a full-time, part-time or temporary position to have contact with any patient or resident the provider shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a</p>	L0795		

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L0795	<p>Continued from page 56</p> <p>temporary employee to a provider: (1) Request a criminal background check as provided in section 43.540. Completion of an inquiry to the highway patrol for criminal records that are available for disclosure to a provider for the purpose conducting an employee criminal records background check shall be deemed to fulfill the provider's duty to conduct employee criminal background checks pursuant to this section..."</p> <p>Review of Section 192.2495.6, RSMo: A provider is guilty of a class A misdemeanor if the provider knowingly hires or retains a person to have contact with patients or residents and the person has been found guilty in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of chapter 565, RSMo (Offenses Against Persons), chapter 566, RSMo (Sexual Offenses), or chapter 569 (Robbery, Arson, Burglary and Related Offenses), or any violation of subsection 3 of section 198.070, RSMo (required reporter that knowingly fails to report abuse or neglect of a resident of a residential care, intermediate care or skilled nursing facility), or section 568.020, RSMo (Incest).</p> <p>Review of the agency's undated policy titled "Background Checks," showed:</p> <ul style="list-style-type: none"> - Policy: To assure all employees who have contact with clients are cleared of criminal history; - Criminal history, background checks, employee disqualification list, and family care safety registry will be checked prior to employment; - If there is any evidence of the applicant being on any of these lists, they shall not be eligible for employment; - Applicants will be informed that it is required the above mentioned checks will be done prior to hire, as well as checks for professional registration or certification status; and - The administrator/designee will be responsible to ensure this is implemented. <p>Employee #1:</p>	L0795		

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L0795	Continued from page 57 Review of the MSW's (Master of Social Work) (E-1) employee file showed the following: - Date of hire 03/08/2022; - Date of first patient contact 03/30/2022; and - Criminal background check was completed 07/07/2022. During an interview on 10/25/2022 at 1:43 PM the nursing coordinator stated that: - He/she was unsure what happened to employee #1's FCSR (family care safety registry) (which contains criminal background history) and EDL prior to hire; - They were found missing during file audits; and - They were re-ran in July.	L0795		
L0798	FEDERAL, STATE, LOCAL LAWS & REGULATIONS CFR(s): 418.116 The hospice and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations related to the health and safety of patients. If State or local law provides for licensing of hospices, the hospice must be licensed. This STANDARD is NOT MET as evidenced by: Based on review of Missouri state law, policy review, employee file review and interview, the agency failed to provide services in compliance with all applicable State laws and regulations when the agency failed to obtain the results of the employee disqualification list (EDL) prior to hire in one (Employee #1) of six employee files reviewed. This deficient practice has the potential to adversely affect all patients served by the agency. Findings included: Review of Section 192.2490.12 RSMo: "No person, corporation, organization, or association who received the employee disqualification list under subdivisions (1) to (7) of subsection 11 of this	L0798		

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L0798	<p>Continued from page 58 section shall knowingly employ any person who is on the employee disqualification list."</p> <p>Review of the agency's undated policy titled "Background Checks," showed:</p> <ul style="list-style-type: none"> - Policy: To assure all employees who have contact with clients are cleared of criminal history; - Criminal history, background checks, employee disqualification list, and family care safety registry will be checked prior to employment; - If there is any evidence of the applicant being on any of these lists, they shall not be eligible for employment; - Applicants will be informed that it is required the above mentioned checks will be done prior to hire, as well as checks for professional registration or certification status; and - The administrator/designee will be responsible to ensure this is implemented. <p>Employee #1:</p> <p>Review of the MSW's (Master of Social Work) (E-1) employee file showed the following:</p> <ul style="list-style-type: none"> - Date of hire 03/08/2022; - Date of first patient contact 03/30/2022; and - EDL check was completed 07/07/2022. <p>During an interview on 10/25/2022 at 1:43 PM the nursing coordinator stated that:</p> <ul style="list-style-type: none"> - He/she was unsure what happened to Employee #1's FCSR (family care safety registry) and EDL prior to hire; - They were found missing during file audits; and - They were re-ran in July. 	L0798		

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E0000	<p>Initial Comments</p> <p>The Emergency Preparedness regulations were reviewed as part of the Medicare recertification survey completed on 10/31/2022. During the survey it was determined the hospice provider is in compliance with the requirements of 42 CFR 418.113 Condition of Participation: Emergency Preparedness for hospices.</p>	E0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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L0000	<p>Initial Comments</p> <p>A survey for state recertification was completed for the hospice provider on 10/31/2022. The agency had five current patients.</p> <p>During the survey, a significant noncompliance issue was found at an Immediate Jeopardy (IJ) level in the area of Core Services.</p> <p>An immediate jeopardy level for actual harm and/or likelihood for harm to one patient (Patient #4) was identified during the survey. This has the potential to affect all current and future patients on service with the hospice provider.</p> <p>On 10/26/2022 at 2:00 PM, the administrator was informed verbally and in writing via the IJ Template, of the findings identified at an immediate jeopardy level.</p> <p>A formal written removal plan was submitted by the agency on 10/27/2022 prior to the survey exit. This removal plan was reviewed by the state agency and it was determined at the time of the survey exit on 10/31/2022, that a satisfactory removal plan had been initiated related to the immediate jeopardy findings. The significant noncompliance issues remain as citations.</p> <p>Also during the survey, significant noncompliance issues were found in the following areas:</p> <ul style="list-style-type: none"> -Interdisciplinary group (IDG), care planning, and coordination of services; and -Organizational environment. 	L0000		
L0111	<p>General Provisions</p> <p>CFR(s): 30-35.010(1)(E)(2)(B)</p>	L0111		

Office of Primary Care and Health Systems Management

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L0111	Continued from page 1 Assure all other services that are reasonable and necessary for the palliation and management of terminal illness and related conditions are available on a 24-hour basis; This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L653	L0111		
L0113	General Provisions CFR(s): 30-35.010(1)(E)(2)(D) Assure services are provided in a manner consistent with accepted standards of practice in accordance with local, state, and federal law. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L798	L0113		
L0114	General Provisions CFR(s): 30-35.010(1)(E)(3) The hospice shall conduct criminal background checks in accordance with state law. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L795	L0114		
L0156	Plan of Care CFR(s): 30-35.010(2)(D)(3) The care provided to a patient shall be in accordance with the plan. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L543	L0156		
L0157	Plan of Care CFR(s): 30-35.010(2)(D)(4) The plan shall include: A. Identification of the patient's/family's	L0157		

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L0157	Continued from page 2 problems and needs; B. The scope and frequency of services needed to meet the patient's and family's needs and by whom the services will be provided, prescribed and required medical equipment, supplies, medications, treatments and the level of care; C. Realistic and achievable goals; and D. All physician orders. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L530.	L0157		
L0160	Authorized Prescriber's Orders CFR(s): 30-35.010(2)(E)(1) Authorized Prescriber's Orders. Medications, treatments and procedures shall be administered only with an order by an authorized prescriber. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L678	L0160		
L0170	Nursing services CFR(s): 30-35.010(2)(G)(1)(A) Nursing services. Services shall be provided in accordance with recognized standards of practice. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L591	L0170		
L0172	Nursing services CFR(s): 30-35.010(2)(G)(1)(C) The assessment, planning and provision of nursing services shall be the responsibility of the registered nurse.	L0172		

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L0172	Continued from page 3 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L524 and L538.	L0172		
L0189	Medical social services CFR(s): 30-35.010(2)(G)(3)(D) The social services assessment visit shall be completed within seven days of admission or sooner if indicated. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L523.	L0189		
L0208	Home health aide and homemaker services CFR(s): 30-35.010(2)(G)(7)(B) Home health aide services must be provided by a qualified person as set forth in 19 CSR 30-35.010(1)(A)10. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L615	L0208		
L0213	Medications CFR(s): 30-35.010(2)(H)(1) A medication list shall be maintained for each patient. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Refer to Federal tag L530	L0213		