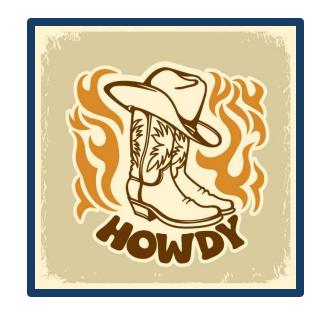


Bureau of Home Care and Rehabilitative Standards

Presented by Shanna Matheney, RN Mentor/Trainer

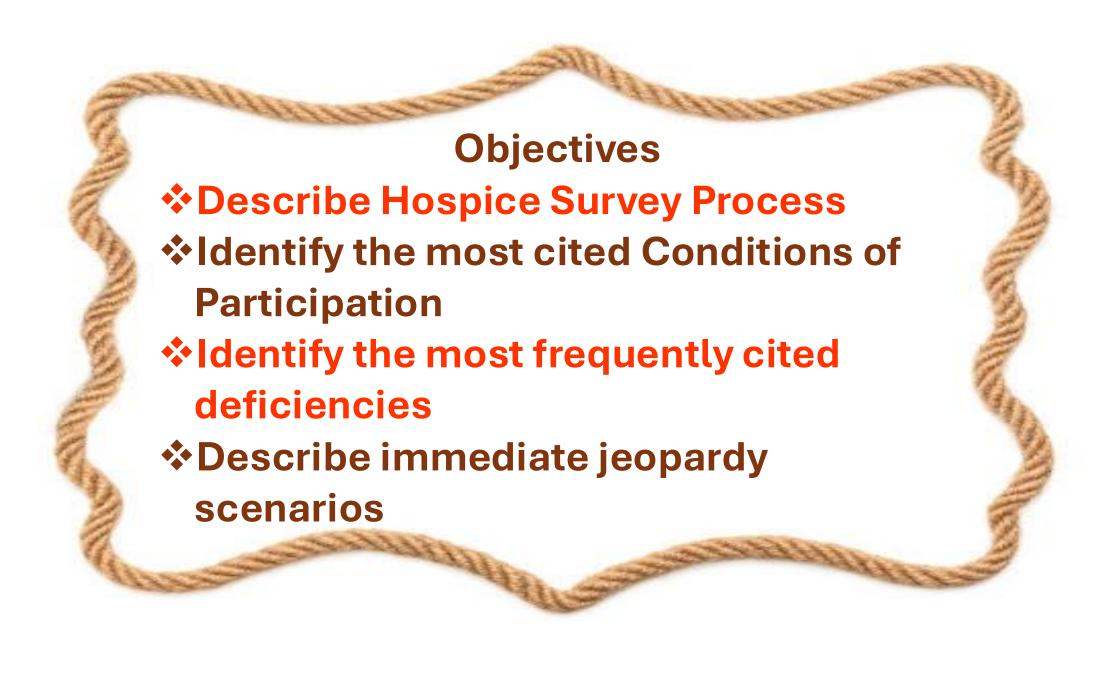


Bureau of Home Care and Rehabilitation Standards presents:

- -Hospice 2023 Survey Process;
- -Most Cited Conditions of Participation;
- -Most Frequently Cited Deficiencies; and
- -Immediate Jeopardy examples

Shanna Matheney, RN, Mentor/Trainer







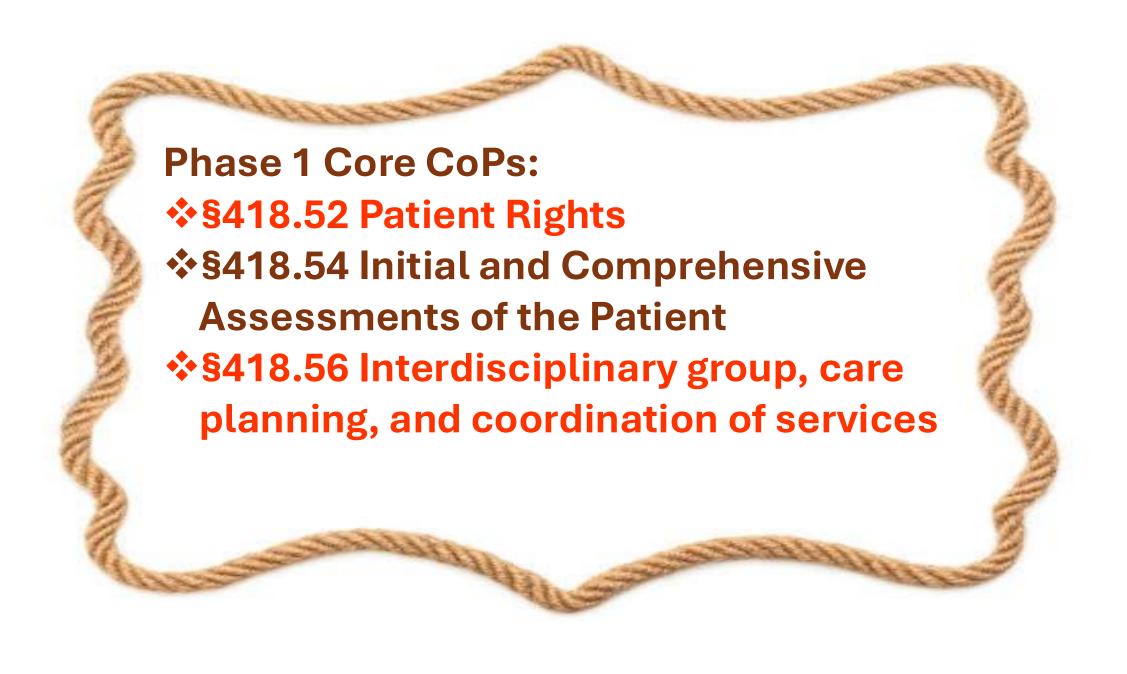
2023 Hospice Standard Survey Process

Surveyors should routinely conduct the standard survey, also known as the recertification survey, at a multiple location of the hospice if applicable, when that location serves more patients than the initial location issued the CMS certification number. Visits will be conducted at as many multiple locations as practical.

The survey has two phases that consist of four core requirements and associated CoPs.

- Phase 1 consists of reviewing three core CoPs and six associated CoPs related to direct care of the patient and family, and that requires home visits, observations, and interviews.
- ❖Phase 2 consists of one core CoP and 13 associated CoPs, including administrative and structural matters, such as review of the development and execution of the QAPI plan, review of waivers, furnishing core and special services.

The objective is to achieve a balanced regulatory approach by ensuring that a hospice furnishes health care that meets essential health and quality standards, while ensuring that it monitors and improves its own performance.







Phase 2 Core CoP:

§418.58 Quality Assessment and Performance Improvement (QAPI)

Phase 2 Associated Quality of Care CoPs:

§418.62 Licensed Professional Services

§418.64 Core Services

§418.66 Nursing Services – Waiver of Requirement that substantially all nursing services be routinely provided by a hospice

§418.70 Furnishing of Non-Core Services

§418.72 Physical Therapy, Occupational Therapy, and Speech Language Pathology

§418.74 Waiver Requirement – Physical Therapy, Occupational Therapy, Speech Language Pathology, and Dietary Counseling

§418.78 Volunteers

§418.100 Organization and Administration of Services

§418.104 Clinical Records

§418.106 Drugs and Biologicals, Medical Supplies, and Durable Medical Equipment

§418.113 Emergency Preparedness

§418.114 Personnel Qualifications

§418.116 Compliance with Federal, State, and Local Laws and Regulations Related to the Health and Safety of Patients





ITEMS NEEDED FOR SURVEY

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS
ITEMS NEEDED FOR SURVEY TOOL- HOSPICE PROVIDER NAME:

DATE:	
PROVIDER #:	

INFORMATION NEEDED	INFORMATION NEEDED
Current list of patients with start of care date, diagnosis, location (i.e., home or LTCF) and disciplines the patients are receiving.	12.) Governing Body Minutes for current & past year- Flag information pertinent to QAPI program
Copy of visit schedule for <u>all disciplines</u> for the week. (surveyors will select home visits)	13.) Evidence that Hospice philosophy training was offered to SNF/NF facilities (L782) (*Surveyor will provide the name of the facilities)(*Also consider ML256/257, based what they show you)
List of current employees with title, date of hire, and location of each (i.e., If multiple locations-decipher which location they are with)	14.) Percent of Medicare beneficiary inpatient days (general and respite) in last 12 months. (cannot exceed 20%) (L717)
Complaint/Grievance File for last 12 months for all locations (parent and multiple location for the provider number)	15.) Volunteer hours / direct patient care hours: - Percent of volunteer hours for past 12 months (must equal at least 5% of total patient care hours of paid staff and contract staff) (ML231) (L644) (L647) - Cost savings for current and past year (L646)
5.) On call log for the last 30 days (adjust accordingly to provider size)	16.) Infection Control Program- current & past year
6.) Blank Current Patient Admission Packet- Review for: Patient Rights (L500- L519) Advance Directive (L503) Policy & Procedure for management & disposal of controlled drugs (L695)	17.) Policies and training documentation on the prevention of abuse, neglect, and patient harm (L508, L509,L517/ML120, or L797)
7.) List of patients for the last 6 months at all locations: (or up to 24 months to capture a GIP, respite and revocation patient)	Total census > #Patients living at home
General Inpatient admission- include what facility the inpatient stay occurred at.(*Surveyor will ask for a contract for one of these patients)	➤ #Patients living in facility
 Respite admission- include what facility the respite stay occurred at (*Surveyor will ask for a contract for one of these patients) 	
➤ Live Discharge	
> Revocation	
8.) List of high or medium bereavement risk for the last 12 months- Surveyor will then ask to review 1 or 2 of their bereavement plans of care (L596/ML195)	Remember to ask the hospice to return the following completed documents: > State Disclosure of Ownership Form > Hospice Request for Certification in Medicare Program Email verification of administrators email address
9.) Alzheimer's/Dementia Training content for new hires, contract staff and annual orientation (ML261 & ML265)	Email verification of administrators email address
10.) QAPI Program documentation- current & past year	

Revised 10/17/2024

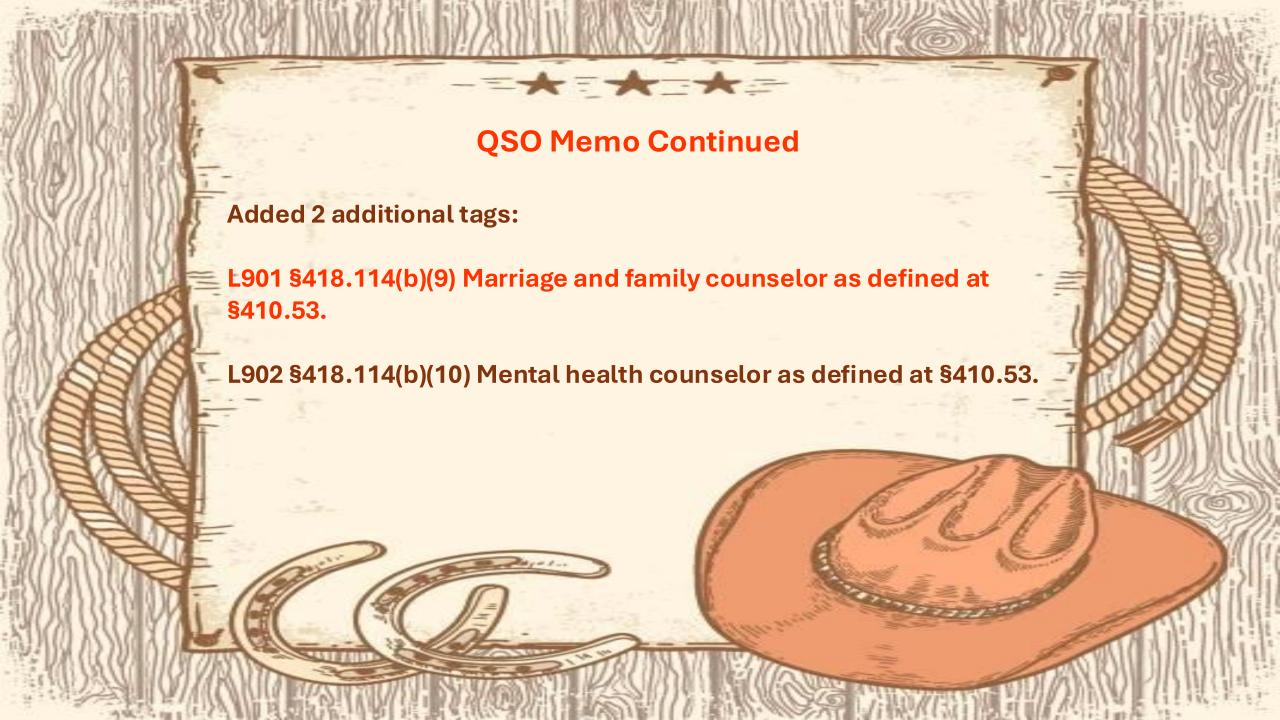


Updates to SOM Appendix M



L541§418.56(a)(1)- The interdisciplinary group must include, but is not limited to, individuals who are qualified and competent to practice in the following professional roles:

- (i) A doctor of medicine or osteopathy (who is an employee or under contract with the hospice).
- (ii) A registered nurse.
- (iii) A social worker, marriage and family therapist, or a mental health counselor.
- (iv) A pastoral or other counselor.



TOP CITED CONDITIONS OF PARTICIPATION (09/17/23-09/17/24):

- §418.52 Patient's Rights- Phase 1
- **\$418.64 Core Services**
- ❖ §418.104 Clinical Record

All 3 of the above CoPs were cited 3 times each.

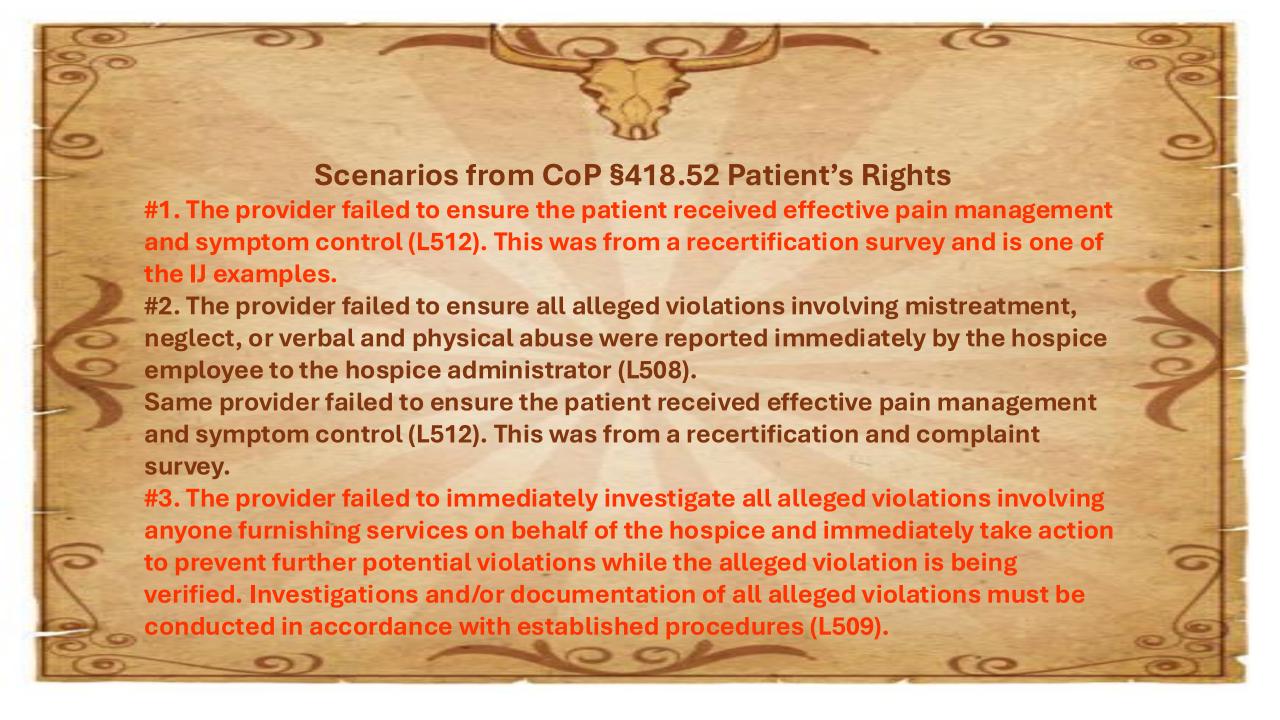
- **❖** §418.54 Initial and Comprehensive Assessment of the Patient- Phase 1
- **❖** §418.56 Interdisciplinary Group, Care Planning, and Coordination of Services- Phase 1
- **❖** §418.100 Organization and Administration of Services

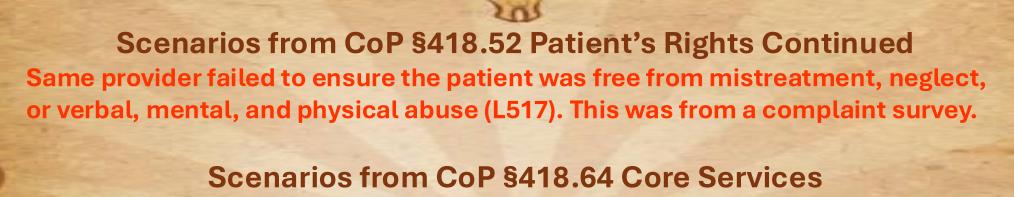
All 3 of the above CoPs were cited 2 times each.

❖ §418.112 Hospice that Provide Hospice Care to Residents of a SNF/NF or ICF/IID- Phase 1 Associated

This CoP was cited one time.



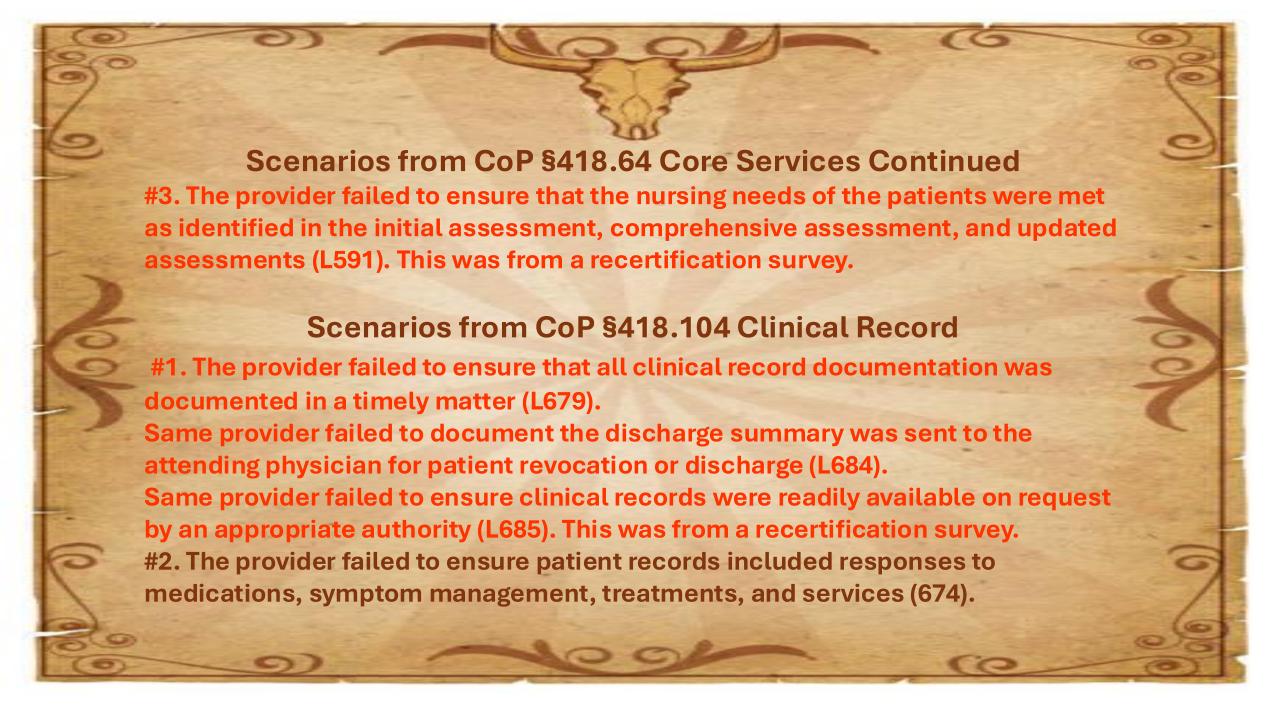


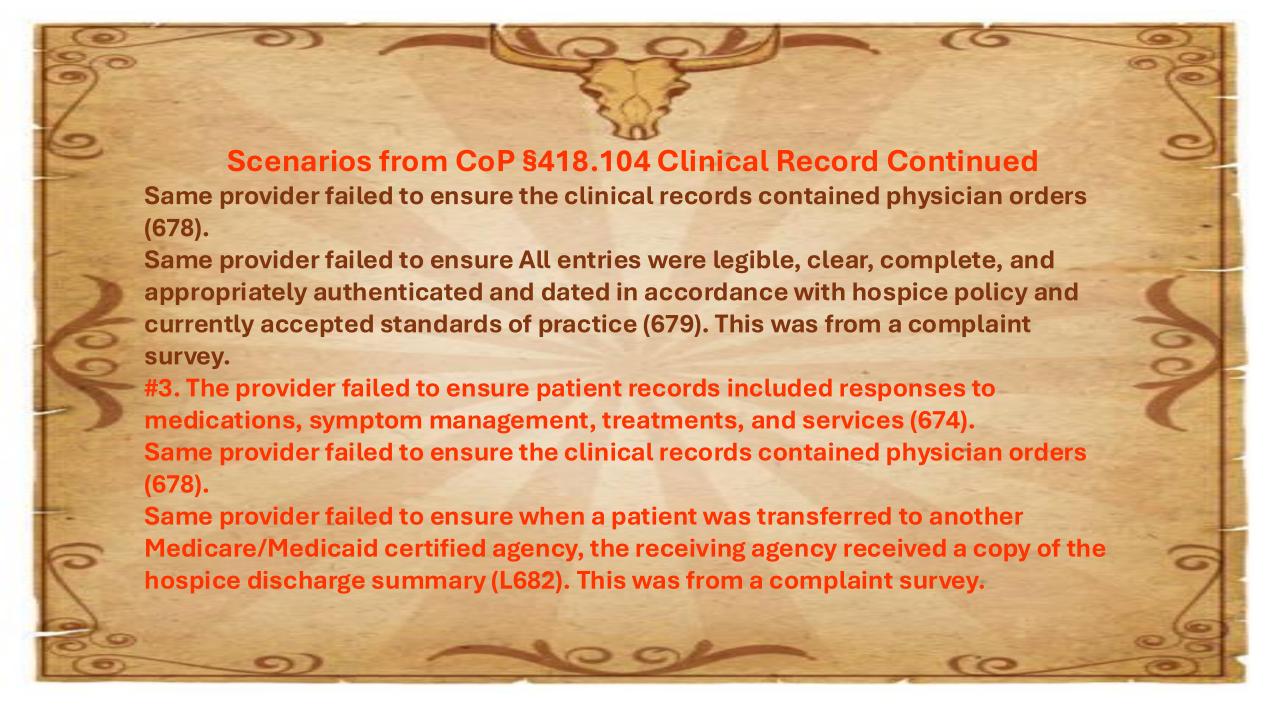


#1. The provider failed to ensure that the nursing needs of the patients were met as identified in the initial assessment, comprehensive assessment, and updated assessments (L591).

Same provider failed to ensure that medical social services were provided based on the patient's psychosocial assessment and the patient's and family's needs and acceptance of these services (L594). This was from a recertification survey and complaint survey.

#2. The provider failed to ensure that the nursing needs of the patients were met as identified in the initial assessment, comprehensive assessment, and updated assessments (L591). This was from a complaint survey.





TOP DEFICIENCIES 09/17/2023 – 09/17/2024

#1. L530- §418.54(c)(6)-Drug profile was cited 13 times #2. L545- §418.56(c)-Content of the plan of care was cited 11 times #3. L591- §418.64(b)(1)-Nursing services was cited 8 times #4. L557- §418.56(e)(4)-Coordination of services L579- §418.60(a)-Prevention L678- §418.104(a)(7)-Content All three of these were cited 7 times

TOP DEFICIENCIES 09/17/2023 – 09/17/2024 Continued

#5. L679- §418.104(b)-Authentication L781- §418.112(e)(3)-Coordination of services

Both of the above were cited 6 times

#6. L512- §418.52(c)(1)-Rights of the patient

L524- §418.54(c)-Content of comprehensive assessment

L713- §418.108(c)(3)-Inpatient care provided under arrangement



TOP DEFICIENCIES 09/17/2023 – 09/17/2024 Continued

#7. L550- §418.56(c)(5)- Content of the plan of care

L555- §418.56(e)(2)-Coordination of services

L663- §418.100(g)(3)-Training

L683- §418.104(e)(2)-Discharge or transfer of care

All four of these were cited 4 times



Immediate Jeopardy Example #1

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Yes/No	§418.56(c)(5) -Medical supplies and appliances necessary to meet the needs of the patient. (L550) The patient was admitted to hospice care on 5/4/2023 at 5:00 PM, with a tracheostomy (an artificial opening into the respiratory tract to facilitate breathing) and home suction to assist in the removal of respiratory secretions. The family reported problems with the suction machine malfunctioning three times, with staff members troubleshooting the equipment and assuring the machine was working, but a replacement machine was ordered from the equipment company. On 5/6/2023 at 9:30 PM, staff members documented the suction machine was not working (the replacement machine had not yet been delivered). On 5/7/2023 at 6:45 AM a registered nurse visited the patient, confirmed the suction machine was not working, and exited the patient's home (the replacement machine had not yet been delivered). On 5/7/2023 at 9:30 AM the provider's staff attempted to visit the patient and were notified that the family had called an ambulance to have the patient taken to the hospital.
		AND
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	The patient was admitted to the hospital on 5/7/2023 with a diagnosis of aspiration pneumonia and she later died at the hospital on 5/11/2023
		AND
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes/No	The provider must take immediate action to correct this noncompliance to assure that any equipment placed in the patient's home is functioning properly, that any malfunctioning equipment be replaced in a timely manner, and staff provide support or alternative settings if the agency is unable to provide the equipment in a home setting.





Immediate Jeopardy Example #2

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.	
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Yes/No	(L556) §418.56(e)(3) - Ensure that the care and services provided are based on all assessments of the patient and family needs. The patient had a documented change in their pain: - On 09/20/2023, the patient's pain was at an "8" on a 0-10 high scale. The patient had an acetaminophen order as needed for pain; - The clinical record failed to contain documentation of follow up with the patient having increased pain between visits; - On 09/22/2023 the patient's pain was documented as "9" on a 0-10 high scale; - During an interview on 09/26/2023 the patient's caregiver stated that the patient's pain was uncontrolled and they had not received any new pain medication; and - During an interview on 09/27/2023, the interim clinical director stated that provider had not yet initiated change in the plan of care to manage the patient's pain.	
		AND	
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	During an interview with the patient's primary caregiver, the patient has been waiting on a pain medication. He/she stated that the provider staff had discussed initiating a stronger pain medication from the start of care visit (09/13/2023). The caregiver stated that they went to the pharmacy to pick up a prescription for pain management on 09/23/2023, and the caregiver was told by the pharmacy that the prescription would not be filled because they did not have the correct documentation for the medication. The caregiver stated that the patient's pain is not controlled, and the pain has not been controlled since the patient was admitted to hospice care. The patient has had no change in the POC for pain management at this time.	
AND			
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes/No	Immediate action is required to: - Ensure the identified patient receives effective pain management in a timely fashion; - Staff are educated in pain management; and - Administration takes measures to ensure that all of the patients of the provider have effective pain management.	

Immediate Jeopardy Example #3

Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Yes/No Yes/No	Preliminary fact analysis which demonstrates when key component exists. (L512)§418.52(c)(1)Receive effective pain management and symptom control from hospice for conditions related to the terminal illness. Patient's symptom from start of care on 04/05/2023 to 04/11/2023 were unmanaged. The patient had dyspnea and shortness of breath. No education to family about respiratory medications or new interventions. On 04/11/2023, the caregiver called the hospice registered nurse (RN) to report change in condition. On 04/11/2023 the patient had shortness of breath and a new onset of confusion. The hospice RN failed to report to the attending physician and failed to assess patient after being notified of the change of condition. This lead to patient being sent by the family to the local hospital emergency department
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	for symptom management. The patient presented to the emergency department in an unresponsive state. AND Patient was seen and treated at emergency room for "respiratory issues" on 4/12/2023.
		AND
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes/No	Immediate action is needed to ensure provider's clinical staff recognize the need for terminal diagnosis symptom management and follow provider policies and procedures to ensure prompt and appropriate care for the patients.





