

Date/Time IJ Template provided to entity: 4/XX/2020 at 1:30 PM

IJ Component	Yes/No	Preliminary fact analysis which demonstrates whe key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L591: One of one cases reviewed from a specific complaint allegation. A patient had changes in assessment after being burned when smoking while wearing oxygen. The hospice nurse on-call failed to recognize an emergent event, follow agency policy, and notify the physician of the changes.</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>A patient had significant changes in assessment after being burned when smoking while wearing oxygen. The hospice nurse on-call failed to recognize an emergent event, follow agency policy, and notify the physician of the changes. The patient expired as a results of the injuries.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action is needed to ensure provider clinical staff can recognize emergent hospice scenarios and follow agency policy and procedure to manage the scenarios.</p>

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Date/Time IJ Template provided to entity: 12/XX/2021 at 10:20 AM

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L512: Patient admitted in 11/01/2001 with Cancer. Patient expired on 11/09/2021. During the 8 day admission, the patient was in severe pain. The patient's family contacted the hospice on-call and nursing staff more than daily regarding uncontrolled pain. No changes to the plan of care occurred. No offer of GIP or continuous care during the eight day period.</p>
<p>AND</p>		
<p>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?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Serious outcome occurred in form on uncontrolled severe pain for the entire admission of 8/10 or higher.</p>
<p>AND</p>		
<p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action for the registered nurse to assess all patients for immediate physical needs, so the plan of care can be updated to control symptoms.</p>

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Date/Time IJ Template provided to entity: 07/23/2021 at 9:30 AM

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p><u>L552:</u> The hospice interdisciplinary group failed to update the plan of care when a patient had a significant change of condition. A patient had a new broken lower leg on 07/02/2021. A hard splint and ace wrap was applied in a hospital emergency department. This patient was a high risk for breakdown with already compromised skin to the leg, and a splint was applied over the broken skin. The hospice plan of care was not updated for the leg fractures for assessment or treatment of the splint.</p>
<p>AND</p>		
<p>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?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Five days after the splint was placed, the patient was observed by the orthopedic physician to have a severe infection, drainage, foul odor, infection, necrotic skin, and exposed bone under a disheveled and soiled splint dressing. The patient required an amputation of the lower leg, and died 4 days after the surgery.</p>
<p>AND</p>		
<p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action needed to ensure the hospice IDG team involvement with an updated plan of care of all significant changes of condition to avoid likelihood of future adverse outcomes.</p>

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Date/Time IJ Template provided to entity: February XX, 2021, Time: XXX

IJ Component	Yes/No	Preliminary fact analysis which demonstrates whe key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L512: Two of four cases reviewed from a specific complaint allegation. One patient caregiver called four times in a two hour and eighteen-minute window without action in response to patient’s reported pain. The patient did not receive any pain medications within 12 hours of the initial report of pain. In the second case, a patient reported severe pain levels for five consecutive days before any medication changes were made</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Both patient’s experienced severe pain (pain rated greater than 7) for an extended period of time without intervention from the hospice provider</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action is required to ensure that patients who report/experience severe levels of pain receive timely/effective pain management 24 hours a day/7days per week.</p>

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Administrator Signature:

Date:

Date/Time IJ Template: 02/XX/2022

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L762 The hospice agency failed to maintain professional management of the patient, including assessing, planning, monitoring, directing, and evaluating when:</p> <ul style="list-style-type: none"> -The patient developed a wound on his/her left toe; -Developed a pressure ulcer on his/her coccyx; -The hospice agency failed to direct the care of the patient as evidenced by the coordinated task plan, kept at the facility, was not updated to accurately reflect the patient's care needs; and -The hospice plan of care failed to identify, plan, or manage the wounds for the patient
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Serious harm occurred to the patient when:</p> <ul style="list-style-type: none"> -The wound on his/her left toe resulted in amputation of the digit; -A pressure ulcer on his/her coccyx progressed from a reddened area to an open wound;and -The agency staff failed to identify, plan, or manage the wounds for the patient.
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action is needed by the agency to assure that all agency staff and facility staff coordinate patient care related to ongoing assessment, care planning, monitoring, coordination, evaluation, and provision of care for all hospice residents in a facility.</p>

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IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L650 The agency failed to provide care that optimized comfort and dignity, was consistent with patient and family needs and goals, with patient needs and goals as priority in one (Record/Patient #1). Per interview, the admitting nurse expected patient to die within the week, yet only set patient up for 2 visits per week with PRN visits if needed. The plan was not to do second visit until Thursday. (Patient admitted on Monday) The patient's caregivers were not thoroughly educated at admission to care for patient's drains (ostomy to drain infection from abdominal site and drain tube in neck draining fluid), supplies did not arrive until after the patient expired (on service 5 days). The family was not educated on the proper dose of pain medication or how/when to increase symptom control medications if current dosage not providing comfort. The agency did not educate the caregivers on signs and symptoms of death until those signs were already evident. The agency did not send skilled nurse to see patient for 3 hours and 18 minutes after the family called on day three asking when a nurse was coming and reporting a change with the patient being minimally responsive. Caregiver was told no nurse scheduled until tomorrow. Another family member had to call to get a nurse to come out and see the patient. Four different skilled nurses saw the patient during five days of service.</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Serious adverse outcome occurred for patient #1 and his/her family when the caregiver was not educated to provide care as needed for the patient, supplies unavailable (did not receive until after patient died), he/she suffered not receiving the pain medication dosage as ordered for relief of symptoms, did not receive the emotional support they needed, and it was 3 hours and 18 minutes before a nurse visited the patient after caregiver called asking for a nurse because patient was rapidly declining.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action is required to ensure that system problem that led to patient's caregivers not being educated to care for the patient and his/her medical needs, supplies not delivered until after patient's death, inappropriate emergency response when caregiver is in need of help, and inadequate emotional support. If immediate actions are not taken, there is a likelihood current and future patients could have serious outcomes.</p>

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Date/Time IJ Template provided to entity: _03/XX/2022 at XXXXX AM

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L522 CoP 418.54</p> <p>The hospice failed to ensure the initial assessment was completed by a registered nurse (RN). The hospice admitted two patients with a licensed practical nurse (LPN) performing the initial assessment with the RN only on the phone (telehealth). One patient had multiple wounds and pressure ulcers without measurements and complete plan of care interventions. Additionally, The patient had two wounds from an IV infiltration that required dressings that were not documented on the initial assessment, or had orders/care plan interventions for. Two hospice patients, admitted 03/03/2022 and 03/11/22 have not been physically assessed by a RN since admission.</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Serious outcome would be likely from wound deterioration, from inappropriate integumentary care and prevention interventions. There is a risk of additional physical conditions not addressed in the plan of care.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action for the registered nurse to assess all patients for immediate physical needs, so the plan of care can be based on this assessment.</p>

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Date/Time IJ Template: 01/XX/2022

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L781</p> <p>Two of four cases reviewed showed: Patient elected to be a full code after hospice admission. The long-term care facility coordination documents were never updated. The patient was not resuscitated per his/her wishes when a cardiopulmonary arrest occurred in the in a long-term care facility.</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>Serious harm occurred to the patient when: The patient died without resuscitation attempt.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action is needed by the agency to assure that patients' rights in regards to advanced directive is honored.</p>

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Date/Time IJ Template: XX/XX/2022

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L588: §418.64 – The hospice provider failed to ensure core nursing service were available on a 24-hour basis 7 days a week. A patient fell in an assisted living facility (ALF). The ALF requested hospice nurse visits five times over two days. The hospice on-call nurse failed to respond to the on-call contacts, and physically assessed the patient 43 hours later. The patient after being assessed was sent to the hospital where two pelvis fractures were identified.</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>The patient had undiagnosed pelvis fractures for 43 hours after a fall. The patient had varying levels of pain during this time.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>Immediate action needed to ensure the hospice response to significant changes of condition for updates to the plan of care. This action is to avoid likelihood of future adverse outcomes.</p>

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Date/Time IJ Template provided to entity: 4/06/2022 at 3:00 PM

IJ Component	Yes/No	Preliminary fact analysis which demonstrates whe key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>§418.100 Condition of Participation: Organization and administration of services.</p> <p>L653: §418.100(c)(2) – The hospice provider administration failed to ensure core nursing service was available on a 24-hour basis 7 days a week. The provider went 88 hours without having a registered nurse accessible to physically assess a patient.</p>
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>There is likely harm to all other patients without the ability for a physical assessment by a registered nurse. The provider had patients with a routine missed visits. One patient with a missed visit had a wound that caused reported physical deterioration in the patient’s status.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>The hospice provider needs to take immediate action to correct noncompliance so that there is a system in place to ensure registered nurses that are oriented, trained and with background checks are available 24 hours/day to physically assess hospice patients.</p>

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Date/Time IJ Template: 05/XX/2022

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
<p>Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations?</p> <p>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.</p>	<p><u>Yes/No</u></p>	<p>L555</p> <p>The agency failed to assure prior to discharging the patient:</p> <ul style="list-style-type: none"> -The patient referral was accepted by a palliative care agency -Had a primary care physician to follow the patient post discharge to order her pain and anxiety medications. (Patient is currently on morphine and Ativan) -Provide orders to a durable medical equipment (DME) company (other than the one contracted with the agency) (Patient has a diagnosis of COPD and is on oxygen)
<p>AND</p>		
<p>Serious injury, serious harm, serious impairment or death:</p> <p>Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance?</p> <p>If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.</p>	<p><u>Yes/No</u></p>	<p>The patient, with a history of COPD and CHF, has suffered anxiety over concerns that he/she would not have an oxygen concentrator in his/her home, that he/she will run out of his/her medications (in particular her morphine and Ativan) because he/she does not have a primary care physician, and has no healthcare arranged for home visits to manage his/her advanced disease process. An adult abuse hotline report was completed for statements of suicidal ideation that the patient associates with the failure of the agency to provide effective discharge planning.</p>
<p>AND</p>		
<p>Need for Immediate Action:</p> <p>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?</p> <p>If yes, in the blank space, briefly explain why.</p>	<p><u>Yes/No</u></p>	<p>The agency must take immediate action to assure that all patients discharged from the agency have the appropriate resources for the continuation of care prior to discharging patients from service.</p>

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