10 MOST FREQUENTLY CITED DEFICIENCIES

Hospice

FY 2015
Welcome

This course was designed to inform you about the 10 most frequently cited deficiencies in Hospices in Fiscal Year (FY) 2015.
Survey Process

Federal regulations

*Code of Federal Regulations (CFR), Title 42, Chapter IV, Subchapter B, Part 418: Hospice Care*

Texas licensure rules:

*Texas Administrative Code, Title 40, Part 1, Chapter 97*

Course focus: most commonly cited deficiencies (federal regulatory system) in certified hospices.
Survey Goal

Goal: to determine if the agency is in compliance with the Conditions of Participation set forth at 42 CFR Part 418.

Evidence is derived from:

- Observations,
- Home visits
- Interviews
- Record reviews
Survey Focus

The focus of the hospice survey process is on:

- Patient outcomes
- Agency practices
- Provision of services

Sample selection:

- Represents variety of hospice services and settings
- Includes a range of terminal diagnoses
Survey Focus (cont’d)

Analysis of survey findings includes:
- Effect or potential effect on patients
- Degree of severity
- Frequency of occurrence
- Impact on the delivery of services
Survey Focus (cont’d)

Deficiency citation:
• Clear
• Objective
• Easily understood
• Consists of
  • Regulatory reference
  • Deficient practice statement
  • Relevant findings
DADS Annual Report

FY15 Report covers the period of **9/1/14 to 8/31/15**.

The top 10 deficiencies in the FY15 annual report are listed in this presentation in order from least frequently cited (#10) to most frequently cited (#1).

DADS Annual Report is available online at: [http://www.dads.state.tx.us/providers/reports/sb190/index.html](http://www.dads.state.tx.us/providers/reports/sb190/index.html)
Learning Objectives

In this course, you will:

• Identify the most frequently cited deficiencies.
• Review sample survey citations.
• Recognize areas where your agency may improve patient services.
# Deficiencies Chart for FY15 and FY14

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*Not Ranked
Deficiency Layout

Each deficiency is presented in the following layout:

• CFR citation;
• FY15 Annual Report;
• Citation characteristics and expected outcomes;
• Sample citation from ASPEN;
• Plain language explanation; and
• Activity.
42 CFR § 418.56(e)(2)
Ensure that the care and services are provided in accordance with the plan of care.
#10 L555 – Coordination of Services

FY15 Annual Report
The hospice failed to develop and maintain a system of communication and integration, in accordance with the hospice’s own policies and procedures, to ensure that the care and services are provided in accordance with the plan of care.

This tag was Not Ranked in FY14.
The expected outcome for L555 is that care and services be provided according to the patient’s plan of care.

The frequency of visits to deliver care and services should also be according to the plan of care.
Sample Citation:

Based on record review and interview, the hospice failed to provide services in accordance with the patient’s written plan of care established by the interdisciplinary team.

Skilled nursing visits were not provided at the frequency ordered in the plan of care.
Expectation:

The hospice must develop and maintain policies and procedures to communicate care and service delivery among different disciplines.

This communication helps ensure that care and services are provided according to the plan of care.
Activity: Multiple Choice

Directions: Read the statement and click the best option.

The hospice must ensure that the care and services are provided in accordance with _____.

A. the patient’s legal guardian
B. the plan of care
C. the state nursing board
D. medical social services
Activity: Multiple Choice

The correct answer to the Multiple Choice question, “The hospice must ensure that the care and services are provided in accordance with _____.” is option **B. the plan of care.**

All care and services must be provided according to the patient’s plan of care.
#9 L523 – Timeframe for Completion of Assessment

42 CFR § 418.54(b)
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.
FY15 Annual Report
The hospice failed to ensure that the interdisciplinary group, in consultation with the individual’s attending physician (if any), must complete the comprehensive assessment no later than five calendar days after the election of hospice care in accordance with CFR § 418.24.

This tag was tied for 5th in FY14.
Patients’ needs that must be identified when completing the comprehensive assessment under L523 include:

- Physical needs;
- Psychosocial needs;
- Emotional needs; and
- Spiritual needs.
Sample Citation:

Based on interview and record review, the agency interdisciplinary group failed to complete the comprehensive assessment within five calendar days after the election of hospice care for two patients.
#9 L523 – Timeframe for Completion of Assessment

Expectation:

All members of the interdisciplinary group must be involved with completing the comprehensive assessment in order to identify the patient’s and family’s physical, psychosocial, emotional and spiritual needs.

All members of the interdisciplinary group must contribute to the development of the plan of care to address those needs.
The hospice interdisciplinary group must complete the comprehensive assessment no later than ___ calendar days after the election of hospice care.

A. 10
B. 2
C. 5
D. 15
The correct answer to the Multiple Choice question, “The hospice interdisciplinary group must complete the comprehensive assessment no later than ___ calendar days after the election of hospice care.” is option C. 5.

All members of the interdisciplinary group must be involved with completing the comprehensive assessment during the first 5 days of hospice care in accordance with patient/family needs.
42 CFR § 418.56(c)(2)
A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.
FY15 Annual Report
The hospice failed to ensure that the plan of care included all services necessary for the palliation and management of the terminal illness and related conditions, including a detailed statement of the scope and frequency of services necessary to meet the specific Patient and family needs.

This tag was Not Ranked in FY14.
Responsibilities for L547 include a detailed statement of:
- the scope of services; and
- the frequency of visits.
Sample Citation:

Based on record review and interview, the hospice failed to ensure that the patient’s plan of care included all services necessary for the palliation and management of the terminal illness and related conditions.

For the patients affected by this deficiency, the plan of care did not include the frequency of physician visits.
Expectation:

The plan of care must include **all** of the services needed by the patient and the patient’s family.

The plan of care must also include the frequency of visits needed to deliver these services.
Activity: True/False

Directions: Read the statement and click either the True or False button.

A patient requiring more frequent use of PRN visits does not need an update to the plan of care.

true
false
Activity: True/False

The correct answer to the True/False question, “A patient requiring frequent use of PRN visits does not need an update to the plan of care.” is False.

If a patient required frequent use of PRN visits, the plan of care should be updated to include the need for additional visits.
A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the Patient’s attending physician and hospice staff. The clinical record may be maintained electronically.
The hospice failed to ensure a clinical record containing past and current findings is maintained for each hospice patient.

The clinical record must contain correct clinical information that is available to the patient’s attending physician and hospice staff. The clinical record may be maintained electronically.

This tag was Not Ranked in FY14.
#7 L671 – Clinical Records

Requirements for the clinical record under L671 include:

• past and current findings for each hospice patient;
• correct clinical information; and
• available to the patient’s attending physician and hospice staff.
Sample Citation:

Based on observation and interview, the agency failed to ensure that the patient’s clinical record contained correct clinical information.

The patient’s clinical record contained an inaccurate interdisciplinary care plan and an incomplete medication profile.
Expectation:

Each patient’s clinical record should contain sufficient information to identify the patient, describe the patient’s condition, describe the patient’s needs and document the care provided.
Activity: Multiple Choice

Directions: Read the statement and click the best option.

A clinical record should:
A. contain past findings for each hospice patient.
B. contain current findings for each hospice patient.
C. be available to the physician and hospice staff.
D. all of the above.
Activity: Multiple Choice

The correct answer to the Multiple Choice question, “A clinical record should:” is option D. all of the above.

Apart from containing both past and current findings for each hospice patient, the clinical record must be available to the patient’s attending physician and hospice staff.
Provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.
The hospice failed to develop and maintain a system of communication and integration, in accordance with the hospice’s own policies and procedures, to provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.

This tag was Not Ranked in FY14.
#6 L557 – Coordination of Services

Questions to consider under L557 include:

- Is information shared between all disciplines?
- Is information shared in different service settings?
- Is information shared with staff providing services under contract?
Sample Citation:

Based on record reviews and interviews, the agency failed to enforce its written policy regarding coordination of services. The registered nurse did not notify the physician, medical director or interdisciplinary team that the patient had developed an open wound.
Expectation:

The hospice should ensure that information is shared and services are coordinated in all service settings.

Contract staff should participate in the coordination of services.
Activity: True/False

Directions: Read the statement and click either the True or False button.

The hospice should ensure the sharing of information between all disciplines employed directly by the hospice.
Activity: True/False

The correct answer to the True/False question, “The hospice should ensure the sharing of information between all disciplines employed directly by the hospice” is False.

The sharing of information and coordination of services between disciplines must be provided for all patients, whether the care and services are provided directly or under arrangement.
42 CFR § 418.56(c) 
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:
FY15 Annual Report
The hospice failed to 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.

This tag was Not Ranked in FY14.
#5 – L545 Content of Plan of Care

Questions to consider under L545:

• Does the patient’s plan of care include all the services identified in the initial, comprehensive and updated assessments?

• Are the plans of care individualized and patient-specific?

• Does the plan of care integrate changes based on assessment findings?
Sample Citation:

Based on record review and interview, the hospice plan of care failed to include interventions for related conditions identified on the initial comprehensive assessment.

The patient’s plan of care failed to contain orders for skilled nursing to assess and manage the terminal diagnosis of congestive heart failure.
Expectation:

Compliance with L545 should include documentation that shows a patient’s plan of care was developed in collaboration with the attending physician.

The documentation should include evidence that all members of the interdisciplinary group assisted in the development of the plan of care.
Activity: True/False

Directions: Read the statement and click either the True or False button.

The hospice must develop an individualized written plan of care for each patient that includes, at a minimum, the core hospice services.

true
false
The correct answer to the True/False question, “The hospice must develop an individualized written plan of care for each patient that includes, at a minimum, the core hospice services.” is **False**.

The POC must include ALL services necessary for the palliation and management of the terminal illness and related conditions.
42 CFR § 418.78(e)
Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.
The hospice failed to ensure that volunteers provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equal 5 percent of the total patient care hours of all paid hospice employees and contract staff.

The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.

This tag was ranked tied for 5th in FY14.
#4 L647 – Level of Activity

Examples of conditions cited under L647 include:
• Volunteer services under 5% of total Patient care hours
• Failure to maintain records on the use of volunteers, including type of services and time worked
Based on review of policies and personnel records, the agency failed to provide volunteer services in the amount equaling five percent (5%) or more of the total patient care hours of all paid agency and contract staff for the year of 2015.

The agency failed to maintain volunteer usage records for patient care and non-patient care services during 2015.
Expectation:

In computing this level of activity, the hospice divides the number of hours that hospice volunteers spend providing services by the total number of patient care hours of all paid hospice employees and contract staff.

Volunteer Hours

\[
\text{Volunteer Hours} = \frac{\text{Total Patient Care Hours}}{\text{Total Patient Care Hours}} \times 100 = \% \text{ of volunteer hours}
\]
Volunteers at ABC Hospice spent 100 hours knitting scarves, 250 hours sorting mail and answering telephones, and 250 hours providing direct patient care. Patient care hours totaled 12,000. Will the percentage of volunteer hours meet the requirement under L647?

A. YES

B. NO
Activity: Multiple Choice

The correct answer to the Multiple Choice question, “Volunteers at ABC Hospice spent 100 hours knitting scarves, 250 hours sorting mail and answering telephones, and 250 hours providing direct patient care. Patient care hours totaled 12,000. Will the percentage of volunteer hours meet the requirement under L647?” is NO.

Administrative and/or direct Patient care volunteer services must equal at least five percent of the total patient care hours of all paid hospice employees and contract staff.
#3 L552 – Review of the Plan of Care

42 CFR § 418.56(d)
The hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) must review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.
#3 L552 – Review of the Plan of Care

FY15 Annual Report
The hospice interdisciplinary group in collaboration with the individual’s attending physician (if any), failed to review, revise and document the individualized plan as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days.

This tag tied for 5th place in FY14.
#3 L552 – Review of the Plan of Care

Responsibilities for the hospice interdisciplinary group under L552 include:

- Review;
- Revise; and
- Document the individualized plan of care no less frequently than every 15 calendar days.
#3 L552 – Review of the Plan of Care

Sample Citation:

Based on record review and interview, the hospice interdisciplinary group (IDG) failed to update and revise the individualized plan of care at least every 15 days.
#3 L552 – Review of the Plan of Care

Expectation:

Communication with the attending physician to review the plan of care may be through phone calls, electronic methods, orders received, or other means according to hospice policy and patient needs.
Activity: Multiple Choice

Directions: Read the statement and click the best option.

The interdisciplinary group must review, revise, and document the patient’s individualized plan of care no less frequently than every ___ calendar days.

A. 10
B. 25
C. 14
D. 15
Activity: Multiple Choice

The correct answer to the Multiple Choice question, “The interdisciplinary group must review, revise, and document the patient’s individualized plan of care no less frequently than every ___ calendar days.” is **D. 15**.

The plan of care must be reviewed, revised, and documented as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days.
42 CFR § 418.76(h)(1)(i)

(1) A registered nurse must make an on-site visit to the patient's home:

   (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.
FY15 Annual Report
The hospice failed to ensure that the registered nurse made an on-site visit to the patient’s home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient’s needs. The hospice aide did not have to be present during this visit.

This tag was tied for 2nd in FY14.
Expectations of RN supervision under L629 include:

• On-site visits no less frequently than every 14 days;
• Ensure hospice aides furnish the care identified in the plan of care;
• Assess the adequacy of the aide services in relationship to the needs of the patient and family; and
• Directly observe the patient and the results of the aide’s care.
Sample Citation:

Based on interview and record review, the registered nurse failed to make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide.
#2 L629 – Supervision of Hospice Aides

Expectation:

In addition to ensuring that hospice aides furnish the care identified in the plan of care, RN supervisors must assess the adequacy of the aide services in relationship to the needs of the patient and family.
Activity: Multiple Choice

Directions: Read the statement and click the best option.

If the RN makes a supervisory visit on a Tuesday, when is the next supervisory visit due?

A. Monday
B. Tuesday
C. Wednesday
D. Friday
Activity: Multiple Choice

The correct answer to the Multiple Choice question, “If the RN makes a supervisory visit on a Tuesday, when is the next supervisory visit due?” is **B. Tuesday.**

RN supervisory visits must be conducted no less frequently than every 14 days to allow the nurse to directly observe the patient and the results of the aide’s care.
42 CFR § 418.56(b)
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.
FY15 Annual Report
The hospice failed to ensure all hospice care and services furnished to patients and their families followed 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.

This tag was ranked 1st in FY14.
Requirements for the plan of care under L543 state that plans must be established:

- by the hospice interdisciplinary group;
- in collaboration with the attending physician (if any);
- in collaboration with the patient or representative; and
- in collaboration with the primary caregiver.
Sample Citation:

Based on record review and interview, the agency failed to ensure hospice care and services followed an individualized written plan of care established by the interdisciplinary group.

The skilled nurse did not follow the frequency of visits as ordered in the plan of care.
Expectation:

All patient care and services provided by a hospice must follow the plan of care.

The plan of care is established by the hospice interdisciplinary group along with the attending physician and with input from the patient or representative.
Activity: Multiple Choice

Directions: Read the statement and click the best option.

The written plan of care must be established by the hospice interdisciplinary group in collaboration with all the following except:

A. Attending physician
B. Patient or representative
C. Hospice administrator
D. Primary caregiver
Activity: Multiple Choice

The correct answer to the Multiple Choice question, “The written plan of care must be established by the hospice interdisciplinary group in collaboration with all the following except:” is option C hospice administrator.

All hospice care and services furnished to Patients must follow an individualized written plan of care. The plan of care should be 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.
Conclusion

Some of the top deficiencies reoccur year to year. Knowing the most commonly cited deficiencies may help you anticipate issues and resolve them to maintain compliance and avoid citation.

Regardless of the capacity in your agency, you can take something back to improve your agency’s service to patients.
Contact

For questions or more information:
DADS Regulatory Services
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www.dads.state.tx.us