

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

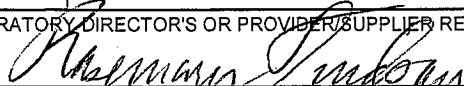
PRINTED: 02/05/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 461514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2007
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NAME OF PROVIDER OR SUPPLIER SOUTH DAVIS HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 401 SOUTH 400 EAST BOUNTIFUL, UT 84010
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY).	(X5) COMPLETION DATE
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L 185	<p>418.74(a)(6) CONTENT</p> <p>Each individual's clinical record contains complete documentation of all services and events (including evaluations, treatments, progress notes, etc.).</p> <p>This STANDARD is not met as evidenced by: A recertification survey was conducted at the Hospice Agency from 1/30/07 to 1/31/07. Based on a review of seven (7) sampled medical records and review of patient 6's medical record in a skilled nursing facility; it was determined that no documentation of the evaluation or treatment was present for 12/18/06 and 01/03/07. Review of documentation for patients 3 and 4 in an Assisted Living Facility, evidenced the plan of care for each were not current.</p> <p>Findings included:</p> <p>Patient 6 was admitted to hospice services 11/02/06 with a plan of care for the skilled nurse to visit 1-3 times a week. The skilled nurse documented visits with complete assessment of patient 6's condition during each of the visits performed. It was noted during medical record review that visits were missing for the week of 12/17/06 and 12/31/06.</p> <p>An interview was conducted with the skilled nurse responsible for patient 6 on 1/30/07 at 12:45 PM. The skilled nurse stated her calendar was checked off that the visit was made; however, she was unable to provide supporting documentation that the visits were done.</p> <p>A visit was made to patient 6 in the skilled nursing</p>	L 185	<p>Content</p> <p>Starting February 12, 2007 we are revising our note check-in process to include weekly face-to-face note check-in reconciliation, comparing the schedule, time sheet, notes, physician orders, and insurance pre-authorizations against each other for compliance and accuracy. If a patient visit, supervisory visit or physician verbal order was not documented, it will be resolved during weekly note check-in.</p> <p>Starting February 9, 2007 we are having all nurses turn in their proposed schedules for visits for the following week. This schedule is entered by the scheduler and reviewed by the Hospice Clinical Care Coordinator before finalization and distribution of schedule.</p> <p>The following revisions will be made for hospice patients in an Assisted Living Facility: Copies of the admission assessment,</p>	2/23/07
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 2/15/07
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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 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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L 185	<p>Continued From page 1</p> <p>facility at 1:00 PM on 1/30/07. A review of the medical record at the skilled nursing facility contained supporting documentation regarding visits by the hospice nurse with the exception of visits for 12/18/06 and 01/03/07.</p> <p>A visit was made to patients 3 and 4 at 10:00 AM on 1/31/07 at an Assisted Living Facility (ALF). The medical records for each patient were reviewed and patient 3's medical record contained a care plan for a certified nursing assistant; however, the last update was at the end of December 2006 which was the end of the old recertification period.</p> <p>Patient 4's medical record contained a Plan of Care developed by the Hospice Interdisciplinary Group at the start of care in August of 2006. The Plan of Care had not been updated and patient 4 had experienced changes in medications which should have been reflected in a new Plan of Care.</p>	L 185	<p>Content continued:</p> <p>recertification assessments, the initial Plan of Care and all subsequent recertification plans of care will be placed behind the hospice tab in the Facility medical record. Also, the Hospice Case Manager will review the Facility Resident Service Plan at each certification with the Facility nurse, and sign off on it. The Hospice Clinical Care Coordinator will be responsible for the implementation and compliance of this plan of correction.</p>		