STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	321553	A. BUILDING _____ B. WING _____	03/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOSPICE OF NEW MEXICO, LLC	4015 CARLISLE BOULEVARD NE, SUITE E ALBUQUERQUE, NM 87107

(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
L 000	INITIAL COMMENTS The following deficiencies were cited as the result of a recertification survey that was completed on 03/13/13 and are based on federal requirements for hospices, 42 CFR Part 418, Subparts A through E.	L 000		
L 513	418.52(c)(2) RIGHTS OF THE PATIENT [The patient has a right to the following:] (2) Be involved in developing his or her hospice plan of care; This STANDARD is not met as evidenced by: Based on record reviews and staff interviews, the agency failed to document the patient's or patient representative's understanding, involvement, or agreement with their plan of care for 13 of 13 sampled patients (#1-13). This failed practice could result in the patient not knowing what to expect for services from the agency. The findings are: A. Review of Patient #1-13's plans of care revealed no documentation of the patient's or patient representative's understanding, involvement or agreement in their plan of care. B. On 03/13/13 at 3:00 pm, during an interview, the Director of Clinical Services/QAPI confirmed no documentation of the patient's or patient representative's understanding, involvement or agreement in their plan of care.	L 513	Verbalization of Understanding of Plan of Care. Corrective Action: Documentation will demonstrate patient/representative involvement, understanding of, and agreement with Plan of Care. 1. Interdisciplinary Group (IDG) members will facilitate an initial care plan meeting within 5 days of admission with patient or representative. Responsible party: IDG members, Director of Clinical Services (DCS). 2. IDG inservice regarding care plan meeting and proper documentation. See Exhibit A. 3. Signature line added to initial Plan of Care to document patient/representative involvement. See Exhibit B. Responsible: Administrator. 4. Monitoring: All admissions will be reviewed for compliance within 30 days, by QA assistant or designee. A random audit of 10 % of charts will be performed monthly. DCS will review all weekly visit notes. Responsible: DCS and QA assistant.	3/28/13 3/27/13
L 530	418.54(c)(6) CONTENT OF COMPREHENSIVE ASSESSMENT [The comprehensive assessment must take into consideration the following factors:] (6) Drug profile. A review of all of the patient's	L 530	Comprehensive Drug Profile Corrective Action: A comprehensive review of each patient's medications will be performed on admission and with each additional drug order. 1. Administrator and DCS met with lead pharmacist of contracted pharmacy to discuss	

E.D. Scanned 04-03-13

HEALTH FACILITY LICENSURE & CERTIFICATION
APR 02 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cathy Conrad / Hospice of New Mexico	Administrator	3-28-13

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 530	Continued From page 1 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: (i) Effectiveness of drug therapy (ii) Drug side effects (iii) Actual or potential drug interactions (iv) Duplicate drug therapy (v) Drug therapy currently associated with laboratory monitoring. This STANDARD is not met as evidenced by: Based on record reviews and staff interview, the agency failed to complete a comprehensive drug profile for all prescription and over-the-counter drugs, herbal remedies and other alternative treatments that included: medication effectiveness, side effects, drug interactions, and duplicate therapy for 13 of 13 sampled patients (#1 through 13). This failed practice could result in adverse drug reactions for the hospice patients. The findings are: A. Review of Patient #1-13's drug regimen review revealed no assessment of actual or potential drug interactions. B. On 03/12/13 at 9:33 am, during an interview, the Director of Clinical Services/QAPI stated that the agency utilizes a local pharmacy, which sends to the patient medication literature regarding the purpose, dosage, potential side effects and drug contraindications. C. The Director of Clinical Services/QAPI stated that the agency does not receive feedback from	L 530	relevant procedure on 3/25/13. Responsible parties: Administrator, DCS. 2. Medication list will be faxed to pharmacy upon patient's admission, and additional drug orders will be faxed upon receipt. Responsible party: Clinical Secretary. 3. The pharmacist will perform a comprehensive drug review, including side effects, actual or potential drug interactions, duplicate drug therapies, and recommended laboratory monitoring. Written evidence of review will be faxed to hospice and incorporated into patient's medical record as part of the Comprehensive Assessment. Responsible parties: Contract pharmacist, DCS, medical records. 4. Effectiveness of drug therapy will be evaluated on an ongoing basis by the nurse case manager (NCM). 5. Contract pharmacy will send patient information on medications they provide. NCM will provide patient education and assess for therapeutic benefit, with documentation in the clinical record. Responsible parties: Contract pharmacy, NCM, DCS. 6: Monitoring: All admissions will be reviewed within 30 days, and a random audit of 10 % of charts will be performed monthly. Responsible parties: DCS and QA assistant.	3/25/13 Initiate 4/1/13

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L 530	Continued From page 2 the pharmacy or perform its own drug regimen review.	L 530		
L 535	418.54(e)(2) PATIENT OUTCOME MEASURES (2) The data elements must be an integral part of the comprehensive assessment and must be documented in a systematic and retrievable way for each patient. The data elements for each patient must be used in individual patient care planning and in the coordination of services, and must be used in the aggregate for the hospice's quality assessment and performance improvement program. This STANDARD is not met as evidenced by: Based on record reviews and staff interview, the agency failed to ensure that data elements were collected from each assessment and used in the facility's Quality Assessment/Performance Improvement (QAPI) program for 13 of 13 sampled patients (#1-13). This failed practice could result in less than optimal care planning and coordination of services. The findings are: A. Review of Patient #1-13's comprehensive assessments revealed data elements available on each of the assessments. B. Review of the agency's QAPI program revealed that no data were collected from the patients' comprehensive assessments. C. On 03/13/13 at 3:00 pm, during an interview, the Director of Clinical Services/QAPI confirmed that no data from the assessments were used in QAPI activities.	L 535	Patient Outcome Measures Hospice of New Mexico would like to contest this deficiency. CMS has required all hospice QAPI programs to self-report "the NQF #0209 Pain Measure." This requires data collection on all patients in a systematic and retrievable way, at the time of initial assessment. Hospice of New Mexico complies with this requirement. Hospice of New Mexico also tracks and trends through its Infection Control procedures any patients admitted with infections. Corrective Action: Data elements collected from the patient's comprehensive assessment will be used in Hospice of New Mexico's QAPI program. 1. QAPI will continue compliance with CMS' NQF 0209 Pain Measure, monitor infection control data, and identify data elements to be utilized in further performance improvement projects. Responsible party: DCS, QAPI Committee. 2. Utilization of infection control data to improve patient care will be an agenda item for quarterly QAPI meeting 4/25/13. Responsible parties: DCS, QAPI Committee. 3. Additional data elements that could be analyzed to improve symptom control or lead to better patient education will also be considered at 4/25/13 QAPI meeting. Responsible parties: DCS, QAPI Committee. 4. Agenda and minutes for QAPI Committee meeting will reflect these discussions. Responsible: DCS, QA Assistant	3/28/13 4/25/13 4/25/13 4/25/13
L 548	418.56(c)(3) CONTENT OF PLAN OF CARE	L 548	Content of Plan of Care: Measurable Outcomes	

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L 548	Continued From page 3 [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (3) Measurable outcomes anticipated from implementing and coordinating the plan of care. This STANDARD is not met as evidenced by: Based on record reviews and staff interview, the agency failed to create measurable outcomes for 13 of 13 sampled patients (#1-13). This failed practice could result in difficulty in patient goal setting. The findings are: A. Review of Patient #1-13's plans of care revealed no measurable anticipated outcomes. B. On 03/12/13 at 4:30 pm, during an interview, the Director of Clinical Services/QAPI confirmed the plans of care lacked measurable anticipated outcomes.	L 548	Corrective Action: Anticipatory, measurable outcomes will be documented on the patient's Plan of Care. 1. Assessment/Plan of Care Update forms have been revised to better accommodate proper documentation of anticipatory measurable outcomes and whether or not they have been achieved. See Exhibit C. Responsible Parties: Administrator, DCS 2. Inservice was conducted to introduce new forms and explain the procedures for using them (Exhibit A). RN's, social workers, and pastoral counselor attended this inservice, conducted by DCS and Administrator. Responsible parties: DCS, Administrator, IDG team members. 3. DCS will monitor IDG discussions each week to guide IDG members toward establishing at least one anticipatory measurable outcome for each patient. Responsible parties: DCS, IDG members. 4. Additional monitoring will be via a 30-day chart audit for each patient, and a random audit of 10 % of charts each month. Responsible parties: DCS, QA Assistant.	3/27/13 3/28/13
L 551	418.56(c)(6) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (6) The interdisciplinary group's documentation of the patient's or representative's level of understanding, involvement, and agreement with the plan of care, in accordance with the hospice's own policies, in the clinical record. This STANDARD is not met as evidenced by: Based on record reviews and staff interviews, the	L 551	Patient/Representative Participation in Care Planning Corrective Action: The patient or representative's involvement, understanding of, and agreement with the Plan of Care will be documented initially and on an ongoing basis. 1. As stated in response to L 513, forms used in developing the initial Plan of Care as well as updated Plans have been modified to encourage documentation of the patient or representative's participation in Plan of Care development and revisions (see Exhibits B and C). Responsible parties: Administrator and DCS.	3/27/13

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L 551	Continued From page 4 agency failed to document the patient's or patient representative's understanding, involvement, or agreement with their plan of care for 13 of 13 sampled patients (#1-13). This failed practice could result in the patient not knowing what to expect for services from the agency. The findings are: A. Review of Patient #1-13's plans of care revealed no documentation of the patient's or the patient's representative's understanding, involvement or, agreement in their plan of care. B. On 03/13/13 at 3:00 pm, during an interview, the Director of Clinical Services/QAPI confirmed no documentation of the patient's or the patient's representative understanding, involvement, or agreement in their plan of care.	L 551	2. IDG members have been inserviced on expectations for patient/representative involvement in care planning, and procedures to follow in involving them and documenting same. (See Exhibit A.) Responsible parties: DCS, Administrator 3. Each IDG meeting will include discussion and documentation of plans to notify patients or their representatives of proposed changes to the Plan of Care. Responsible parties: DCS, IDG members 4. Monitoring: DCS and QA Assistant will review IDG Care Plan Updates each week. Additionally, a 30-day audit will be performed on all Plans of Care, as well as a random audit of 10 % of charts each month. Responsible parties: DCS and QA Assistant.	3/28/13