

TOP 10 HOSPICE DEFICIENCIES

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STANDARD	CFR L TAG	STANDARD CONTENT	TIPS FOR COMPLIANCE
1 HCPC 21.1	L545	Patient's individualized written plan of care includes planned interventions based on problems identified in the initial and updated comprehensive assessments.	<ul style="list-style-type: none"> Educate IDG / all disciplines on including problems, interventions and goals based on the completed initial comprehensive assessment and on-going clinical assessments QAPI indicator or PIP to achieve and sustain compliance with problems, interventions, goals
2 HCDT 16.1	L626	Hospice aide provides services ordered by the IDG and included in the plan of care.	<ul style="list-style-type: none"> Educate Aides on following the Aide Care Plan and communicating with the RN if changes Educate RNs on collaboration with Aide and to revise Aide Care Plan as necessary Perform home supervisory visits to observe Aide and identify if following Aide Care Plan
3 HCPC 15.1	L530	The comprehensive assessment includes a drug profile that contains the patient's current prescription and over-the-counter (OTC) drugs with medication regimen review process.	<ul style="list-style-type: none"> Educate IDG to communicate any medication changes found on visits to case manager RN Perform record audits to verify all medications are present on medication profile
4 HSIM 3.1	L678	Patient clinical record containing past and current findings is maintained for each hospice patient including Physician Orders.	<ul style="list-style-type: none"> Re-educate Clinicians, Counselors re: following physician orders Perform QAPI – ongoing clinical record review using criteria to capture noncompliance in physician orders Perform focused audits on non-compliant areas, such as wound orders
5 HCPC 9.1	L523	The Hospice IDG completes an initial comprehensive assessment no later than 5 calendar days after the election of hospice care.	<ul style="list-style-type: none"> Review process for ensuring initial comprehensive assessment is completed in required timeframe Ensure RN includes spiritual and psycho-social assessment in the initial comprehensive assessment if Social Worker or Spiritual Counselor do not complete in that time frame
6 HCPC 19.1	L543	Hospice designated RN ensures services follow the orders in the individualized plan of care.	<ul style="list-style-type: none"> Ensure process to proactively schedule visits to current orders, in order to follow the ordered visit frequencies Perform audits to validate missed visits are documented and approved by Medical Director or Attending physician
7 HCDT 15.1	L625	Written patient care instructions for a hospice aide are prepared by a RN who is responsible for the supervision of the hospice aide.	<ul style="list-style-type: none"> Educate RNs on writing specific tasks with clear direction on Aide Care Plans Educate Aides to notify the RN if Aide Care Plan lacks specific directions to follow, and to contact RN prior to varying any tasks on the assignment sheet Perform home supervisory visits to ensure Aides are following the assignment sheet Audit Aide Care Plans to identify noncompliance
8 HIPC 9.1	N/A	Occupational exposure to TB – follow state/local law or per the organization's assessment of TB exposure risk, or CDC guidelines. There is appropriate follow-up when TB risk is identified.	<ul style="list-style-type: none"> Identify current state or local laws and regulations and/or CDC guidelines Ensure agency is identifying TB exposure risk based on the population and/or the community served Review policy at minimum of yearly to ensure is current
9 HCDT 39.1	L683	If a patient revokes the election of hospice care or is discharged from hospice per hospice regulation, the hospice forwards a copy of the discharge summary to the attending physician.	<ul style="list-style-type: none"> Ensure a process is in place for providing the attending physician a copy of the discharge summary for patient who revoke the benefit or are discharged from service. Audit records of discharged patients to validate compliance.
10 HCPC 18.1	L538	The plan of care must specify hospice care and services necessary to meet the patient/family-specific needs identified in the assessment as the needs relate to the terminal illness and related conditions	<ul style="list-style-type: none"> Ensure that the plan of care addresses all needs identified in the comprehensive assessment., A focus audit of initial plans of care in comparison to the assessment would be beneficial to ensure all needs are addressed.