

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

PRINTED: 02/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>235724</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/29/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DJ JACOBETTI HOME FOR VETERANS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 FISHER ST MARQUETTE, MI 49855</b>	
(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) COMPLETE DATE
F000	INITIAL COMMENTS  DJ Jacobettie Home for Veterans was surveyed for a Recertification survey on 11/29/23.  Census = 57	F000		
F849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4)  483.70(o) Hospice services. 483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.  483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining	F849	Resident 44s record was reviewed, and the residents hospice agency was contacted and provided updated information. The residents hospice care plan was updated and made readily available to ensure coordination of care between the Home and the hospice provider. Residents that currently receive hospice services in the Home are at risk for this deficient practice. Those residents who receive hospice service records were reviewed, collaboration and communication were deemed appropriate, up to date and readily available to staff. The Homes Clinical Services and Quality of Care End of Life Hospice Services, Coordination of policy was reviewed and deemed appropriate. All clinical staff were re-educated on the policy. The Director of Nursing educated and reviewed the Homes policy including regulatory requirements with the Hospice providers who contract with the Home. The facility determined the root cause of the deficient practice to be the Hospice providers lack of knowledge of the requirements for collaboration and coordination of hospice services. The DON/designee will conduct a quality review of collaboration and communication with hospice services for all members receiving those services weekly x4 then	12/22/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/13/2023

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F849	Continued From page 1 the appropriate hospice plan of care as specified in 418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and	F849	monthly x2. The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met. The Director of Nursing is responsible for sustained compliance.	

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F849	<p>Continued From page 2 related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following:</p> <p>(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p> <p>(ii) Communicating with hospice representatives</p>	F849		

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F849	<p>Continued From page 3</p> <p>and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.</p> <p>(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>(iv) Obtaining the following information from the hospice:</p> <p>(A) The most recent hospice plan of care specific to each patient.</p> <p>(B) Hospice election form.</p> <p>(C) Physician certification and recertification of the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at</p>	F849		

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F849	<p>Continued From page 4 483.24.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure collaboration and communication between the facility and hospice provider for one Resident (#R44) of two residents reviewed for hospice services. This deficient practice resulted in gaps in communication for coordination of care. Findings include:</p> <p>Review of R44's Electronic Medical Record (EMR) revealed admission to the facility on 9/22/21 with diagnoses including Alzheimer's disease, neurocognitive disorder with Lewy Bodies, and Parkinson's disease. Review of R44's 8/21/23 Minimum Data Set (MDS) assessment revealed he was unable to complete the Brief Interview for Mental Status (BIMS) and noted to have severely impaired cognition. R44 was admitted to hospice services on 5/12/23.</p> <p>Review of R44's "Skilled Nursing Visit Note [Hospice Name]" written 10/18/23 read, in part, "Narrative Notes: ...61 Y.O. (year old) male hospice patient with Alzheimer's and Parkinson's, lives at memory care unit at [facility name] ...wife states he does have a decline every September an we are monitoring for this. Will continue with every other week SNV's (Skilled Nursing Visits) for assessment and monitoring of ss (signs &amp; symptoms) of decline ..."</p> <p>On 11/29/23 at 9:30 a.m. a request was made for R44's hospice visits since 10/18/23.</p>	F849		

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F849	<p>Continued From page 5</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/29/23 at 10:20 a.m. The DON confirmed there was no additional documentation from R44's hospice provider since 10/18/23. The DON agreed the information from the hospice provider should have been readily available at the facility for nursing staff to review and to ensure collaboration of care between the facility and the hospice provider.</p> <p>Review of the facility's "Clinical Services &amp; Quality of Care End of Life Hospice Services, Coordination of" policy reviewed 9/12/23 read, in part, "Hospice services are available to members at the end of life. The home will coordinate and provide care in cooperation with hospice staff to promote the member's highest practicable physical, mental, and psychosocial well-being ...Hospice providers who contract with this Home ...are held responsible for meeting the same professional standards and timeliness of service as any contracted individual or agency associated with the Home ..."</p>	F849		

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