

# Compliance Audit Tool

National Hospice and Palliative Care Organization  
[www.nhpco.org/regulatory](http://www.nhpco.org/regulatory)

## CMS CY 2012 Top 10 Hospice Survey Deficiencies

This audit tool is based on CMS’s national aggregated analysis of hospice survey deficiencies identified during a recertification survey. Providers can use this tool to self-assess their compliance with each regulatory requirement. Deficiencies are listed in order of the most frequently cited.

#	CoP (Regulation)	L-Tag (Interpretive Guidelines)	Compliance		Actions required for compliance	Identified for a QAPI PI project	
			CLINICAL			Yes	No
			Yes	No		Yes	No
1.	<b>Medicare Hospice CoP: §418.56(B)</b>  <b>Standard: Plan of care</b>	<b>L543</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.					
			<b>DOCUMENTATION</b>				
			Yes	No			
			<b>ADMINISTRATIVE</b>				
			Yes	No			

#	CoP (Regulation)	L-Tag (Interpretive Guidelines)	Compliance		Actions required for compliance	Identified for a QAPI PI project*	
			Yes	No		Yes	No
			<b>CLINICAL</b>				
			Yes	No			
2.	<b>Medicare Hospice CoP: §418.56(c)</b>  <b>Standard: Content of the plan of care.</b>	<b>L545</b> 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.	<b>CLINICAL</b>				
			Yes	No			
			<b>DOCUMENTATION</b>				
			Yes	No			
			<b>ADMINISTRATIVE</b>				
			Yes	No			

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			CLINICAL			Yes	No	
			Yes	No				
3.	<b>Medicare Hospice CoP:</b> <b>§ 418.64(b)</b>  <b>Standard:</b> <b>Nursing Services.</b>	<b>L591</b> The hospice must provide nursing care and services by or under the supervision of an RN. Nursing services must ensure the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.						
			DOCUMENTATION					
			Yes	No	Yes	No		
			ADMINISTRATIVE					
			Yes	No	Yes	No		

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			Yes	No			
4.	<b>Medicare Hospice CoP: §418.56(b)</b>  <b>Standard: Plan of care</b>	<b>L629</b> (1) A registered nurse must make an on-site visit to the patient's home:  (i) <b>No less frequently than every 14 days</b> 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.					
			<b>DOCUMENTATION</b>				
			Yes	No			
			<b>ADMINISTRATIVE</b>				
			Yes	No			

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5.	<b>Medicare Hospice CoP: §418.56(d)</b>  <b>Standard: Review of the plan of care.</b>	<b>L552</b> 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.					
			<b>DOCUMENTATION</b>				
			Yes	No	Yes	No	
			<b>ADMINISTRATIVE</b>				
			Yes	No	Yes	No	

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6.	<b>Medicare Hospice CoP: §418.56(e)(4)</b>  <b>Standard: Coordination of Services</b>	<b>L557</b> 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.	<b>CLINICAL</b>				
			Yes	No			
			<b>DOCUMENTATION</b>				
			Yes	No			
			<b>ADMINISTRATIVE</b>				
			Yes	No			

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			Yes	No		Yes	No
7.	<b>Medicare Hospice CoP: § 418.104</b>  <b>Standard: Clinical Records</b>	<b>L671</b> 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.					
			<b>DOCUMENTATION</b>				
			Yes	No			
			<b>ADMINISTRATIVE</b>				
			Yes	No			

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			Yes	No				
8.	<b>Medicare Hospice CoP:</b> <b>§ 418.54(c)(6) –</b>  <b>Standard: Drug profile.</b>	<b>L530</b> A review of all of the patient's 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.						
			DOCUMENTATION					
			Yes	No	Yes	No		
			ADMINISTRATIVE					
			Yes	No	Yes	No		



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9.	<b>Medicare Hospice CoP: §418.54(c)(7)</b>  <b>Standard: Bereavement</b>	<b>L531</b> (i) An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.					
			<b>DOCUMENTATION</b>				
			Yes	No		Yes	No
			<b>ADMINISTRATIVE</b>				
			Yes	No		Yes	No

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			Yes	No				
10.	<b>Medicare Hospice CoP: §418.100(b) Standard:</b>  <b>Governing body and administrator</b>	<b>L651</b> A governing body, or designated persons so functioning, assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by - and reporting to - the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.						
			DOCUMENTATION					
			Yes	No	Yes	No		
			ADMINISTRATIVE					
			Yes	No	Yes	No		

## Works Cited

**42 CFR Part 418, Medicare and Medicaid Programs: Hospice Conditions of Participation; Final Rule**, Centers for Medicare and Medicaid Services, June 5, 2008.

<http://edocket.access.gpo.gov/2008/pdf/08-1305.pdf>

**State Operations Manual Appendix M - Guidance to Surveyors: Hospice -**, Centers for Medicare and Medicaid Services Survey and Certification, October 1, 2010.

[http://cms.gov/manuals/Downloads/som107ap\\_m\\_hospice.pdf](http://cms.gov/manuals/Downloads/som107ap_m_hospice.pdf)

