

Compliance Audit Tool

National Hospice and Palliative Care Organization
www.nhpc.org/regulatory

Medicare CY 2020 Top 10 Hospice Standard Survey Deficiencies

This audit tool is based on CMS’s national aggregated analysis of hospice [standard](#) 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 Conditions of Participation (CoPs).

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

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

#	CoP (Regulation)	L-Tag (Interpretive Guidelines)	Compliance		Actions required for compliance	Identified for a QAPI PI project*		
			CLINICAL			Yes	No	
			Yes	No		Yes	No	
3.	§418.54(c)(6) – Drug profile	L-Tag: L530 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 Drug therapy currently associated with laboratory monitoring.						
			DOCUMENTATION					
			Yes	No	Yes	No		
			ADMINISTRATIVE					
			Yes	No	Yes	No		

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			Yes	No		Yes	No	
4.	§418.76 (h) Standard: Supervision of hospice aides	L-Tag: L629 A registered nurse must make an on-site visit to the patient's home: No less frequently than every 14 days to assess the quality of care and services provided by the hospice aid and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aid does not have to be present during this visit.	CLINICAL					
			Yes	No				
			DOCUMENTATION					
			Yes	No			Yes	No
			ADMINISTRATIVE					
			Yes	No			Yes	No

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			Yes	No		Yes	No
5.	Medicare Hospice CoP: §418.76(g) Standard: Hospice aide assignments and duties	L625 Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.	CLINICAL				
			Yes	No			
			DOCUMENTATION				
			Yes	No			
			ADMINISTRATIVE				
			Yes	No			

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			CLINICAL			Yes	No	
			Yes	No				
6.	Medicare Hospice CoP: §418.54(b) Standard: Timeframe for completion of the comprehensive assessment	L523 The hospice interdisciplinary group, in consultation with the individual's attending physician (if any) must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with §418.24.						
			DOCUMENTATION					
			Yes	No	Yes	No		
			ADMINISTRATIVE					
			Yes	No	Yes	No		

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			Yes	No		Yes	No
7.	Medicare Hospice CoP: §418.60 (a) Standard: Prevention	L-Tag: L579 The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.	CLINICAL				
			Yes	No			
			DOCUMENTATION				
			Yes	No			
			ADMINISTRATIVE				
			Yes	No			

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			CLINICAL			Yes	No
			Yes	No		Yes	No
8.	Medicare Hospice CoP: §418.56(c)(2) Standard: Content of the Plan of Care	L-Tag: L547 A detailed statement of the scope and frequency of services necessary to meet specific patient and family needs.					
			DOCUMENTATION				
			Yes	No			
			ADMINISTRATIVE				
			Yes	No			

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			Yes	No		Yes	No	
9.	Medicare Hospice CoP: §418.56(d) Standard: Review of the plan of care	L552 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.	CLINICAL					
			Yes	No				
			DOCUMENTATION					
			Yes	No				
			ADMINISTRATIVE					
			Yes	No				

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			CLINICAL			Yes	No
			Yes	No			
10.	Medicare Hospice CoP: §418.54(e)(2) Standard: Coordination of Services	L-Tag: L555 Ensure that the care and services are provided in accordance with the plan of care.					
			DOCUMENTATION				
			Yes	No			
			ADMINISTRATIVE				
			Yes	No			

References

Code of Federal Regulations, Section 418: Hospice Care. Retrieved from https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=3914f6df2f74aaefa168f8f38cdb6f74&mc=true&n=pt42.3.418&r=PART&ty=HTML#se42.3.418_1106

State Operations Manual Appendix M - Guidance to Surveyors: Hospice (2020, Feb 21 – revised). Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf

CMS S&C's Quality, Certification and Oversight Reports (QCOR), Citation Frequency Report: Retrieved from <https://qcor.cms.gov/main.jsp>