

MEDICARE TOP TEN HOSPICE STANDARD SURVEY DEFICIENCIES COMPARISON

NHPCO developed the chart below with the top ten hospice survey deficiencies for the last three calendar years, based on information supplied by the Centers for Medicare and Medicaid Services (CMS) Survey and Certification division. CMS provides information about top [standard](#) survey deficiencies cited during Medicare hospice recertification surveys annually. This chart lists the top 10 most frequent survey deficiencies cited for CMS calendar years 2018 – 2020. There were 1,009 completed recertification surveys in CY 2020.

Order cited	CY 2020	CY 2019	CY 2018
1.	<p>§418.56(b) Standard: Plan of care L-Tag: L543</p> <p>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.</p>	<p>§418.56(b) Standard: Plan of care L-Tag: L543</p> <p>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.</p>	<p>§418.56(b) Standard: Plan of care L-Tag: L543</p> <p>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.</p>
2.	<p>§418.56(c) Standard: Content of the plan of care L-Tag: L545</p> <p>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.</p>	<p>§418.54(c)(6) – Drug profile L-Tag: L530</p> <p>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:</p> <ul style="list-style-type: none"> (i) Effectiveness of drug therapy (ii) Drug side effects (iii) Actual or potential drug interactions (iv) Duplicate drug therapy <p>Drug therapy currently associated with laboratory monitoring.</p>	<p>§418.54(c)(6) – Drug profile L-Tag: L530</p> <p>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:</p> <ul style="list-style-type: none"> (v) Effectiveness of drug therapy (vi) Drug side effects (vii) Actual or potential drug interactions (viii) Duplicate drug therapy <p>Drug therapy currently associated with laboratory monitoring.</p>

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3.	<p>§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:</p> <ul style="list-style-type: none"> (i) Effectiveness of drug therapy (ii) Drug side effects (iii) Actual or potential drug interactions (iv) Duplicate drug therapy <p>Drug therapy currently associated with laboratory monitoring.</p>	<p>§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.</p>	<p>§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.</p>
4.	<p>§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.</p>	<p>§418.78(e) Standard: Level of activity. L-Tag: L647 Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked</p>	<p>§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.</p>
5.	<p>§418.76(g) Standard: Hospice aide assignments and duties L-Tag: 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</p>	<p>§418.56(e)(2) Standard: Coordination of services L-Tag: L555 Ensure that the care and services are provided in accordance with the plan of care.</p>	<p>§418.56 (c)(2) Standard: Content plan of care L-Tag: L547 A detailed statement of the scope and frequency of services necessary to meet specific patient and family needs.</p>

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	<p>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.</p>		
6.	<p>§418.54(b) Standard: Timeframe for completion of the comprehensive assessment L-Tag: 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</p>	<p>§418.60(a) Standard: Prevention L-Tag: 579 The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p>	<p>§418.60(a) Standard: Prevention L-Tag: 579 The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p>
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8.	<p>§418.56 (c)(2) Standard: Content plan of care L-Tag: L547 A detailed statement of the scope and frequency of services necessary to meet specific patient and family needs.</p>	<p>§418.54(c)(7) Standard: Bereavement L-Tag: L531 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.</p>	<p>§418.54(c)(7) Standard: Bereavement L-Tag: L531 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.</p>

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		Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.	Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.
9.	§418.56(d) Standard: Review of the plan of care L-Tag: 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.	§418.56 (c)(2) Standard: Content plan of care L-Tag: L547 A detailed statement of the scope and frequency of services necessary to meet specific patient and family needs.	§418.54(b) Standard: Timeframe for completion of the comprehensive assessment L-Tag: 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.
10.	§418.56(e)(2) Standard: Coordination of services L-Tag: L555 Ensure that the care and services are provided in accordance with the plan of care.	§418.104 Standard: Clinical records L-Tag: L671 §418.104 - 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.	§418.56(e)(2) Standard: Coordination of services L-Tag: L555 Ensure that the care and services are provided in accordance with the plan of care.

References

Code of Federal Regulations, Section 418: Hospice Care. Retrieved from https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=3914f6df2f74aaefa168f8f38cbb6f74&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>