

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157180	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/18/2012
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NAME OF PROVIDER OR SUPPLIER  GENTIVA HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 MCGALLIARD RD MUNCIE, IN 47303
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G0000	<p>This visit was a home health agency federal recertification survey.</p> <p>Survey dates: April 16, 17, and 18, 2012.</p> <p>Facility: 005347</p> <p>Medicaid Vendor: 100264810A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Gentiva Health Services is in compliance with the Conditions of Participation for home health agencies 42 CFR Part 484.</p> <p>Facility Census Unduplicated in last 12 months Skilled Patients 653 Home Health Aide Only Patients 0 Personal Service Only Patients 0 Total 653</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>April 19, 2012</p>	G0000	no response necessary as no deficiency listed.	

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

TITLE

(X6) DATE

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 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.

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N0000	<p>This visit was a home health agency state licensure survey.</p> <p>Survey dates: April 16, 17, and 18, 2012.</p> <p>Facility: 005347</p> <p>Medicaid Vendor: 100264810A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>April 19, 2012</p>	N0000	no response necessary as no deficiency listed.		

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N0596	<p>410 IAC 17-14-1(l)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and</p> <p>Based on observation and personnel record review, the agency failed to ensure the home health aide had been competency tested in giving a shower prior to performing one for 1 of 2 aides observed. (B)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On April 18, 2012, at 11 AM, Employee B was observed giving a shower at home visit #6.</li> <li>Personnel record B, date of hire 1/11/10, failed to evidence the aide had been competency tested in giving a shower.</li> <li>On April 18, 2012, at 3 PM, the Administrator indicated the competency had not been completed to state regulations but to corporate regulations.</li> </ol>	N0596	<p>We disagree with this notification of deficiency, and will be disputing this, and requesting an IDR to remove this tag. Per the state regulations Rule 14, Sec. 1 (l) "The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule;" Subsection (h) of this rule reads: "Home health aides must receive continuing education...of the following subject areas: ... (9) Appropriate and safe techniques in personal hygiene and grooming that include the following: (A) Bed bath. (B) Bath, sponge, tub, or shower." Our competency testing on the aide in question included a bed bath and a chair bath. According to section (h)(9)(B) –</p>	04/18/2012			

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			<p>since it is an "or" statement, then competency testing in one of the mentioned baths should be sufficient to meet the state regulations. Therefore, this should not be a deficiency as we met the minimum requirements as noted in the state regulations. We are disputing this deficiency, as the HHA was competency tested on 2 forms of baths prior to patient care, yet we were cited because we did not specifically competency test her on a shower prior to patient care, but we did meet the requirement of 2 forms of baths as indicated in (h)(9) (A&amp;B)I was also misquoted on the report - "the Administrator indicated the competency had not been completed to state regulations but to corporate regulations." I had indicated that it was on our corporate form to competency test on 2 baths, 1 being bed bath and one other type. I did not indicate we were not following state regs as I did not have them available at that time, and we were made aware of this issue at the end of the survey and did not have time to look up the regulation before the surveyor left. Although not mandated by state regulations and minimum requirements have been met, the branch acknowledges that competency testing on all types of baths may be a best practice and will be implemented. The Branch Director and Manager of Clinical Practice have reviewed the</p>	

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			competency testing form, and in the future, when new HHA are hired, they will be competency tested on all forms of baths. Melissa, the aide in question, has now been competency tested on showers. The Manager of Clinical Practice will be responsible to assure that all competency testing is completed on new HHA hires.		