

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151562	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 1476 W 18TH ST ROCHESTER, IN 46975		
(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) COMPLETION DATE	
S000000	<p>This visit was for a hospice state re-licensure survey.</p> <p>Survey Dates: October 8, 9, and 10, 2013</p> <p>Facility Number: 009878</p> <p>Medicaid Number: 200145090A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">October 11, 2013</p>	S000000			

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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S009997	<p>IC 16-28-13-4 Aide Registry Sec. 4(a) Except as provided in subsection (b), a person who:</p> <p>1) operates or administers a health care facility; or</p> <p>2) operates an entity in the business of contracting to provide nurse aides or other unlicensed employees for a health care facility;</p> <p>shall apply within three (3) business days from the date a person is employed as a nurse aide or other unlicensed employee for a copy of the person's state nurse aide registry report from the state department...</p> <p>b) A health care facility is not required to apply for the state nurse aide registry report ... required by subsection (a) if the health care facility contracts to use the services of a nurse aide or other unlicensed employee who is employed by an entity in the business of contracting to provide nurse aides or other unlicensed employees to health care facilities.</p> <p>Based on personnel file review and interview, the agency failed to ensure the Hospice Aide was entered on and in good standing on the State Aide Registry for 1 of 2 Hospice Aide files reviewed creating the potential to affect all the hospice patients receiving hospice aide services. (employee F)</p> <p>Findings include:</p> <p>1. Personnel file F, date of hire 7/15/13, failed to evidence verification the employee was entered on and in good</p>	S009997	S9997 We immediately worked with the aide in question to get the appropriate paperwork, State Form 49560 (R6 / 6-12) submitted to the state on 10-16-13 along with the aide's education record verifying that she meets the requirements to become a hospice aide. Going forward, the Office Manager or Quality Manager will audit 100% of all personnel licenses or certifications and will audit 25% quarterly thereafter to ensure all are in good standing. If an otherwise qualified aide seems suitable for an open hospice aide	10/16/2013	

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	<p>standing on the State Aide Registry as a Hospice Aide. A document titled "Indiana Online Licensing" states, "License Type: Certified Nurse Aide."</p> <p>2. On 10/10/13 at 11:45 AM, employee I (human resources) indicated employee F was a Certified Nurses Aide and was not on the state aide registry.</p>		<p>position and is selected for the position, the Quality Manager will ensure that said aide receives their hospice aide certification prior to seeing patients in their own capacity. The Executive Director (Administrator) will be responsible to ensure that the Quality Manager and Office Manager are following this procedure, therefore ensuring it does not recur.</p>		