

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2014
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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304
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L000000	<p>This was a hospice federal recertification and state licensure survey.</p> <p>Survey date: October 7, 8, 9 and 15, 2014</p> <p>Facility # 009876</p> <p>Medicaid Vendor # 200130550A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor,</p> <p>Hospice Advantage was found out of compliance with IC 16-25-3 and the Conditions of Participation 42 CFR 418.58: Quality assessment and performance improvement and 418.76: Hospice aide and homemaker services.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 21, 2014</p>	L000000		
L000534	418.54(e)(1) PATIENT OUTCOME MEASURES			

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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	<p>(1) The comprehensive assessment must include data elements that allow for measurement of outcomes. The hospice must measure and document data in the same way for all patients. The data elements must take into consideration aspects of care related to hospice and palliation.</p> <p>Based on review of the comprehensive assessment and policy review and interview the agency failed to ensure data elements were included in the comprehensive assessment that allowed for measurement of outcomes in review of 1 of 1 comprehensive assessments.</p> <p>Findings:</p> <p>1. On 10/7/14 at 12:30 PM, Employee B, Indiana Clinical Manager, was asked what the data elements for this facility were. She indicated they did not have data elements. Specific information has not been gathered for later evaluation. She indicated as a Field Nurse, until 6 months ago, she had not been instructed to gather certain data elements for measurement of outcomes.</p> <p>2. On 10/7/14 the comprehensive assessment was reviewed for data elements. The comprehensive assessment failed to evidence data elements for the staff to gather that specific information.</p>	L000534	<p>1. RMCS (Regional Manager of Clinical Services) will in-service CSD/QAPI committee designee and core services employees on QAPI program, process and data elements which provide for measurement of outcomes related to the patient and family quality of life, patient safety, and effectiveness/performance of the hospice team. 2. CSD/QAPI committee designee with audit 10% of patient charts monthly for two (2) quarters to ensure that documentation compliance related to clinical indicators/ data elements which provide for measurement of outcomes related to the patient and family quality of life and comfort is met at 100%. 3. To ensure that compliance is continued, QUAP committee designee will audit 10% of charts quarterly for a minimum of one (1) year to ensure that documentation compliance is maintained at 100%.</p>	11/12/2014	

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L000559	<p>3. A policy titled "Comprehensive Assessment", dated 12/1/13, No. 563, states, "6. The comprehensive assessment must also include data elements that allow for measure of outcomes. The elements will take into consideration aspects of care related hospice and palliation."</p> <p>418.58 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT</p> <p>Based on document review, interview, and policy review, it was determined the hospice failed to ensure a quality assessment and performance improvement program had been developed that reflected the complexity of its organization and involved all services and focused on indicators related to improve their palliative outcomes and take actions to demonstrate improvements in 1 of 1 quality assessment programs reviewed (See L 560); failed to have indicators to measure improvement in palliative outcomes and hospice services in the program in 1 of 1 quality assessment and performance improvement programs reviewed (See L 561); failed to measure, analyze, and track quality indicators, including adverse patient events, and</p>	L000559	<p>1. An in-service will be provided to all staff to review the purpose of a QAPI program, including purpose and intent of program, data elements measured and how collected, how care is evaluated and impacted as a result of the data collected. This in-service will be provided by the Regional Manager of Clinical Services. 2. All new hires will be in-serviced on the QAPI program, including purpose and intent of the program. 3. The hospice administrator or designee will maintain oversight and review of the progress and documentation of the QAPI program's performance improvement in patient outcomes. This will be verified by a monthly audit for one quarter to ensure 100% compliance to the maintenance of the QAPI program. 4. Once the threshold has been met for three (3) consecutive months the audit</p>	11/12/2014

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	other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations in 1 of 1 quality assessment and performance improvement programs reviewed (See L 562); failed to use quality indicator data, including patient care, and other relevant data, in the design of its program in 1 of 1 quality assessment and performance improvement programs reviewed (See L 563); failed to use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement in 1 of 1 quality assessment and performance improvement programs reviewed (See L 564); failed to ensure the frequency and detail of the data collection was approved by the governing body in 1 of 1 quality assessment programs reviewed (See L 565); failed to focus on high risk, high volume, or problem-prone areas in 1 of 1 quality assessment and performance improvement programs reviewed (See L 566); failed to ensure performance improvement activities considered the incidence, prevalence, and severity of problems in 1 of 1 quality assessment and performance improvement programs reviewed (See L 567); failed to ensure the performance improvement activities affected palliative outcomes, patient safety, and quality of care 1 of 1 quality		will then be performed quarterly to ensure continued compliance.		

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	assessment and performance improvement programs reviewed (See L 568); failed to ensure performance improvement activities tracked adverse patient events, analyzed the causes, and implemented preventive actions and mechanisms that included feedback and learning throughout the hospice in 1 of 1 quality assessments and performance improvements programs reviewed (See L 569); failed to ensure actions were taken aimed at performance improvement and, after implementing those actions, measured its success and tracked performance to ensure improvements are sustained in 1 of 1 quality assessment programs reviewed (See L 570); failed to develop, implement and evaluate performance improvement projects in 1 of 1 quality assessment and performance improvement programs reviewed (See L 571); failed to determine the number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations in 1 of 1 quality assessment and performance improvement programs reviewed (See L 572); failed to document what performance improvement projects are being conducted, the reasons for			

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	<p>conducting these projects, and the measurable progress achieved on these projects in 1 of 1 quality assessment and performance improvement programs reviewed (See L 573); failed to ensure the governing body was responsible for defining, implementing, and maintaining an ongoing program for quality improvement which is evaluated annually in 1 of 1 quality assessment and performance improvement programs reviewed (See L 574); failed to ensure the governing body was responsible for the hospice-wide quality assessment and performance improvement efforts to address priorities for improved quality of care and patient safety, and all improvement actions were evaluated for effectiveness in 1 of 1 quality assessment and performance improvement programs reviewed (See L 575); and failed to ensure the governing body was responsible to ensure that one or more individual(s) are designated as responsible for operating the quality assessment and performance improvement program are designated in 1 of 1 quality assessment and performance improvement programs reviewed (See L 576).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's</p>			

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L000560	<p>inability to meet the requirements of the Condition of Participation 418.58: Quality assessment and performance improvement.</p> <p>418.58 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure a quality assessment and performance improvement program had been developed that reflected the complexity of its organization and involved all services and focused on indicators related to improve their palliative outcomes and take actions to demonstrate improvements in 1 of 1 quality assessment programs reviewed.</p>	L000560	<p>1. The Governing Body ensures that the complexity of the organization is reflected in the quality assessment and performance improvement program. Additionally, the Governing Body ensures that all hospice services, including those under agreement or contract are involved in the quality program. Further, the Governing Body ensures that the focus of assessment is on those indicators related to improving palliative outcomes and those actions taken demonstrate improvement.</p>	11/12/2014

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	<p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and</p>		<p>2. The Clinical Services Director maintains a Quality Assessment Performance Improvement record which demonstrates compliance in an ongoing reporting process; this record includes the agenda, minutes, attendance and an ongoing report of both Quality Assessment and Performance Improvement for each meeting, the progress made measured in percent and further interventions planned for each project identified. 3. Minutes are reviewed annually by the Governing Body and the Professional Advisory Committee; the Professional Advisory Committee also reviews current performance improvement plans and progress towards goals at quarterly meetings of the committee.</p>		

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L000561	<p>Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(a)(1) PROGRAM SCOPE (1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative</p>			

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	<p>outcomes and hospice services.</p> <p>Based on document review, interview, and policy review, the hospice failed to have indicators to measure improvement in palliative outcomes and hospice services in the program in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The</p>			L000561	<p>1. The Governing Body ensures that the complexity of the organization is reflected in the quality assessment and performance improvement program. Additionally, the Governing Body ensures that all hospice services, including those under agreement or contract are involved in the quality program. Further, the Governing Body ensures that the focus of assessment is on those indicators related to improving palliative outcomes and those actions taken demonstrate improvement.</p> <p>2. The Clinical Services Director maintains a Quality Assessment Performance Improvement record which demonstrates compliance in an ongoing reporting process; this record includes the agenda, minutes, attendance and an ongoing report of both Quality Assessment and Performance Improvement for each meeting, the progress made measured in percent and further interventions planned for each project identified. Minutes are reviewed annually by the Governing Body and the Professional Advisory Committee; the Professional Advisory Committee also reviews current performance improvement plans and progress toward goals at quarterly meetings of the committee. 3. Projects will focus on high risk, high volume or problem-prone areas and will consider incidence,</p>		11/12/2014

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	<p>documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk</p>		prevalence, and severity of problems in those areas that affect palliative outcomes, patient safety and quality of care.				

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L000562	<p>management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(a)(2) PROGRAM SCOPE (2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.</p> <p>Based on document review, interview, and policy review, the hospice failed to measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in</p>	L000562	<p>1. CSD will review and log all reports of adverse events, reported infections, and complaints; those indicators representing a trend will be analyzed for significance, incidence, prevalence and potential impact to patient quality of care or integrity of service. Identified elements will be incorporated into a Performance Improvement Project (PIP) and appropriate interventions and goals established. This will be monitored and reported monthly with the QAPI committee. 2. Regional Manager of Clinical Services (RMCS) will in service and instruct CSD in QAPI process including measuring, analyzing and tracking quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess</p>	11/12/2014	

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	<p>storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090,</p>		<p>processes of care, hospice services, and operations. 3. RMCS to instruct CSD in appropriate identification of indicators which will require a PIP be initiated. CSD will continue to submit QAPI documentation monthly for review by RMCS and Director of Quality Assessment/ Assurance. RMCS review of QAPI documents and discussion with CSD as indicated following review to discuss appropriate interventions/ problem resolution.</p>		

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L000563	<p>states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(b)(1) PROGRAM DATA (1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.</p> <p>Based on agency documents, interview and policy the agency failed to use quality indicator data, including patient care, and other relevant data, in the</p>	L000563	<p>1. Audits will be conducted by the CSD or designee from the QAPI team monthly to ensure all aspects of patient services and activities that may impact patient / family care are identified. Results</p>	11/12/2014			

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(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	
	<p>design of its program in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure a quality assessment and performance improvement program had been developed that reflected the complexity of its organization and involved all services and focused on indicators related to improve their palliative outcomes and take actions to demonstrate improvements in 1 of 1 quality assessment programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p>		<p>of the audits will be shared with the QAPI committee and staff at monthly meetings and reviewed to identify outcome trends. Any identified trends will be reviewed for performance improvement planning and discussions will recorded within the minutes. Audit summaries and preliminary findings are submitted to the RMCS monthly; infection and safety issues are also submitted in a quarterly report to the RMCS. 2. RMCS will review submitted documentation of audits for completeness and evaluate for any trends that indicate a need for improvement in patient outcomes. RMCS will review with CSD any questionable data and discuss interventions and goals for patient outcome improvement.</p>		

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	<p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director)</p>						

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L000564	<p>who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(b)(2) PROGRAM DATA (2) The hospice must use the data collected to do the following: (i) Monitor the effectiveness and safety of services and quality of care. (ii) Identify opportunities and priorities for improvement.</p> <p>Based on document review, interview, and policy review, the hospice failed to use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p>	L000564	<p>1. RMCS will provide in service and instruction regarding both the policy and its content to facilitate understanding of the purpose and intent of the policy and specific processes to be utilized in achieving performance improvement and ensuring quality of care and safety for patients and families. 2. RMCS will provide surveillance of this process via reporting mechanisms currently in use; this will provide oversight to ensure that appropriate data collection and recording/ reporting are completed each month. Via site</p>	11/12/2014			

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	<p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what</p>		visits, RMCS will review QAPI record and related documents to assure that both conditions and policies are being met.		

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L000565	<p>she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(b)(3) PROGRAM DATA (3) The frequency and detail of the data collection must be approved by the hospice's governing body.</p>	L000565	1. RMCS will provide in-service and instruction related to performance improvement	11/12/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
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	<p>Based on document review, interview, and policy review, the hospice failed to ensure the frequency and detail of the data collection was approved by the governing body in 1 of 1 quality assessment programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p>		<p>activities and identification of high risk, high volume and / or problem-prone areas. In-service will also assist CSD in understanding and utilizing data related to incidence, prevalence, and severity of problems in those areas. 2. CSD will continue to measure, analyze, record and report data elements which indicate patient outcomes to RMCS on a monthly basis. RMCS will review and identify any trends requiring intervention and/ or resolution, which will be reviewed and discussed with CSD to provide input and direction when needed.</p>		

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	<p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p>			

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L000566	<p>418.58(c)(1)(i) PROGRAM ACTIVITIES (1) The hospice's performance improvement activities must: (i) Focus on high risk, high volume, or problem-prone areas.</p> <p>Based on document review, interview, and policy review, the hospice failed to focus on high risk, high volume, or problem-prone areas in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the</p>			L000566	<p>1. RMCS will provide in-service and instruction related to performance improvement activities and identification of high risk, high volume and / or problem-prone areas. In-service will be also assist CSD in understanding and utilizing data related to incidence, prevalence, and severity of problems in those areas. 2. CSD will continue to measure, analyze, record and report data elements which indicate patient outcomes to RMCS on a monthly basis. RMCS will review and identify any trends requiring interventions and /or resolution, which will be reviewed and discussed with CSD to provide input and direction when needed.</p>		11/12/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014	
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	<p>Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on</p>						

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L000567	<p>activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(c)(1)(ii) PROGRAM ACTIVITIES [The hospice's performance improvement activities must:] (ii) Consider incidence, prevalence, and severity of problems in those areas.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure performance improvement activities considered the incidence, prevalence, and severity of problems in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and</p>	L000567	<p>1. RMCS will provide in-service and instruction related to performance improvement activities and identification of high risk, high volume and /or problem-prone areas. In-service will also assist CSD in understanding and utilizing data related to incidence, prevalence, and severity of problems in those areas. 2. CSD will continue to measure, analyze, record and report data elements which indicate patient outcomes to RMCS on a monthly basis. RMCS will review and identify any trends requiring interventions and/or resolution, which will be reviewed and discussed with CSD to provide input and direction when</p>	11/12/2014			

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	<p>performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an</p>		needed.				

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L000568	<p>ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(c)(1)(iii) PROGRAM ACTIVITIES [The hospice's performance improvement activities must:] (iii) Affect palliative outcomes, patient safety, and quality of care.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure the performance improvement activities affected palliative outcomes,</p>	L000568	<p>1. RMCS will provide in-service and instruction related to performance improvement activities and identification of high risk, high volume and /or problem-prone areas. In-service will also assist CSD in understanding and utilizing data</p>	11/12/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
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	<p>patient safety, and quality of care 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance</p>		<p>related to incidence, prevalence, and severity of problems in those areas. 2. CSD will continue to measure, analyze, record and report data elements which indicate patient outcomes to RMCS on a monthly basis. RMCS will review and identify any trends requiring intervention and /or resolution, which will be reviewed and discussed with CSD to provide input and direction when needed.</p>		

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	<p>and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
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L000569	<p>418.58(c)(2) PROGRAM ACTIVITIES (2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure performance improvement activities tracked adverse patient events, analyzed the causes, and implemented preventive actions and mechanisms that included feedback and learning throughout the hospice in 1 of 1 quality assessments and performance improvements programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could</p>	L000569	<p>1. CSD will utilize company educational materials such as "Best Practices", "Corporate Compliance Tip", and live case studies with cohorts. These opportunities to review and discuss adverse situations provide additional perspectives on dealing with adverse events and will provide experiential information to assist in root cause analysis. Following the systematic collection of data, the CSD will measure, analyze, and implement preventive actions. This process will become part of the QAPI committee review and monitoring as a PIP. 2. RMCS will in-service and instruct CSD on performance improvement activities related to adverse patient events, tracking and analyzing causes, and best practices in implementing preventive actions and mechanisms that include feedback and learning throughout the hospice. 3. RMCS will review monthly reports submitted by CSD. Following review of the reports and identifying any areas in questions, RMCS will review details with CSD and offer recommendations or provide direction as needed.</p>	11/12/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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	<p>locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2014
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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304
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L000570	<p>approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(c)(3) PROGRAM ACTIVITIES (3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure actions were taken aimed at performance improvement and, after implementing those actions, measured its success and tracked performance to ensure improvements are sustained in 1 of 1 quality assessment programs reviewed.</p>	L000570	<p>1. RMCS will conduct a comprehensive in-service related to QAPI and appropriate recording, storage, and reporting of QAPI monthly, quarterly and as changes occur. 2. RMCS will review records storage and access with CSD during in-service to be conducted.</p>	11/12/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2014
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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304
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	<p>Findings:</p> <ol style="list-style-type: none"> 1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance. <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> 2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data. 3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on 			
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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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L000571	<p>how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(d) PERFORMANCE IMPROVEMENT PROJECTS Beginning February 2, 2009, hospices must</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014	
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304			
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	<p>develop, implement and evaluate performance improvement projects.</p> <p>Based on document review, interview, and policy review, the hospice failed to develop, implement and evaluate performance improvement projects in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had</p>	L000571	<p>1. CSD /QAPI committee designee will review and analyze all reports submitted related to safety and infection control, record audits, personnel file audits, peer review audits, and complaint records. once logged, this data will be reviewed for trends, significant impact to care, safety or quality of care. 2. Performance Improvement Projects (PIP) for the organization are conducted annually and are based on the needs of the hospice's population and internal organizational needs. These projects reflect the scope, complexity, and past performance of the hospice's services and operations. This process will continue and be ongoing. Specific tools are developed to assist the Clinical Services Director in both obtaining data and reporting the cumulative results. 3. Current organization PIPs include; a. Reducing the number of potentially preventable live discharges. b. Reducing the incidence of patient falls.</p>	11/12/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2014
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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304
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	<p>collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization</p>			

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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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L000572	<p>management, 5. infectious control."</p> <p>418.58(d)(1) PERFORMANCE IMPROVEMENT PROJECTS (1) The number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations.</p> <p>Based on document review, interview, and policy review, the hospice failed to determine the number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and</p>	L000572	<p>1. Regional Manager of Clinical Services will provide in-service and instruction for Clinical Services Director to facilitate understanding of the scope, intent, and process of QAPI, including the CSD role in data collection and reporting. Components of in-service shall include quality management, assessment and improvement, risk management / safety, utilization management and infection control.</p>	11/12/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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	<p>performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014	
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304			
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L000573	Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control." 418.58(d)(2) PERFORMANCE IMPROVEMENT PROJECTS (2)The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. Based on document review, interview,	L000573	1. Regional Manager of Clinical Services (RMCS) will provide in-service and instruction for	11/12/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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	<p>and policy review, the hospice failed to document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract</p>		<p>Clinical Services Director to facilitate understanding of the scope, intent, and process of QAPI, including the CSD role in data collection and reporting. Components of in-service shall include quality management, assessment, and improvement, risk management/ safety, utilization management and infection control. 2. QAPI documentation will be submitted per schedule, the 5th day of the following month, by the CSD for review and follow up assistance as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2014
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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304
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	<p>infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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L000574	<p>418.58(e)(1) EXECUTIVE RESPONSIBILITIES The hospice's governing body is responsible for ensuring the following: (1)That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure the governing body was responsible for defining, implementing, and maintaining an ongoing program for quality improvement which is evaluated annually in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the</p>	L000574	<p>1. The Governing Body ensures that the complexity of the organization is reflected in the quality assessment and performance improvement program. Additionally, the Governing Body ensures that all hospice services, including those under agreement or contract are involved in the quality program. Further, the Governing Body ensures that the focus of assessment is on those indicators related to improving palliative outcomes and those actions taken demonstrate improvement.</p> <p>2. This process is reviewed annually by the Governing Body.</p>	11/12/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304		
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	<p>Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and</p>				

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NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304
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L000575	<p>care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.58(e)(2) EXECUTIVE RESPONSIBILITIES [The hospice's governing body is responsible for ensuring the following:] (2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure the governing body was responsible for the hospice-wide quality assessment and performance</p>	L000575	1. The Governing Body ensures that the complexity of the organization is reflected in the quality assessment and performance improvement program. Additionally, the Governing Body ensures that all hospice services, including those under agreement or contract are	11/12/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014	
NAME OF PROVIDER OR SUPPLIER HOSPICE ADVANTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N BRIARWOOD LN STE 1 MUNCIE, IN 47304			
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	<p>improvement efforts to address priorities for improved quality of care and patient safety, and all improvement actions were evaluated for effectiveness in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p>		<p>involved in the quality program. Further, the Governing Body ensures that the focus of assessment is on those indicators related to improving palliative outcomes and those actions taken demonstrate improvement. 2. This process is reviewed annually by the Governing Body.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014	
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	<p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p>						

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L000576	<p>418.58(e)(3) EXECUTIVE RESPONSIBILITIES [The hospice's governing body is responsible for ensuring the following:] (3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.</p> <p>Based on document review, interview, and policy review, the hospice failed to ensure the governing body was responsible to ensure that one or more individual(s) are designated as responsible for operating the quality assessment and performance improvement program are designated in 1 of 1 quality assessment and performance improvement programs reviewed.</p> <p>Findings:</p> <p>1. Hospice Advantage purchased Embrace Hospice in May 2014. Hospice Advantage put all quality assurance and performance improvement documents in storage. The previous quality and performance improvement was requested at the entrance.</p> <p>On 9/7/14 at 8 PM, Employee A, the</p>			L000576	<p>1. The Governing Body ensures that the complexity of the organization is reflected in the quality assessment and performance improvement program. Additionally, the Governing Body ensures that all hospice services, including those under agreement or contract are involved in the quality program. Further, the Governing Body ensures that the focus of assessment is on those indicators related to improving palliative outcomes and those actions taken demonstrate improvement. 2. This process is reviewed annually by the Governing Body.</p>		11/12/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2014
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	<p>Michigan Clinical Service Director, indicated it was very difficult to find these items and did not think they could locate them.</p> <p>2. On 9/9/14 at 9 AM, Employee B, the Indiana Clinical Service Director, presented the Quality Assurance and Performance Improvement for the Muncie office. The Quality Assurance and Performance Improvement materials presented started in May 2014. The documents identified the hospice had collected some data on urinary tract infections and falls but had not done anything with the data.</p> <p>3. On 9/15/14 at 1 PM, Employee B was asked about how the Quality Assurance and Performance Improvement was decided and put together. She indicated she has had no training or direction on how to do the Quality Assurance and Performance Improvement. She indicated she is just working off of what she remembers from previous jobs.</p> <p>4. A policy titled "Performance Improvement", dated 11/1/04, No. 090, states, "The company shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided; including inpatient care, home care, and</p>			

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L000607	<p>care provided under arrangements. The results shall be used by the company conducted in a systematic, planned approach with a designated manager (usually the Clinical Services Director) who shall implement and report on activities for monitoring the quality of patient care; by identifying and resolving problems and making recommendations for improving patient care. Components shall include: 1. quality management, 2. assessment and improvement, 3. risk management/safety, 4. utilization management, 5. infectious control."</p> <p>418.76 HOSPICE AIDE AND HOME MAKER SERVICES</p> <p>Based on personnel file and policy review and interview, it was determined the hospice failed to ensure all hospice aides had completed a competency evaluation program for 5 of 5 personnel files reviewed of hospice aides (See L 609), failed to ensure the hospice aide had successfully completed a competency evaluation program before providing care to the patient in 5 of 5 personnel files reviewed of hospice aides (See L 615),</p>	L000607	<p>1. CSD or QAPI committee designee will audit 100% of all current aide personnel records to ensure documentation of clinical competency prior to being assigned to patient care and service. 2. CSD or QAPI committee designee will conduct a monthly audit of 100% of all new hire aide personnel records to ensure documentation of clinical competency prior to being assigned to patient care and service. 3. CSD or QAPI committee designee will conduct</p>	11/12/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014	
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L000609	<p>failed to ensure the hospice aide had successfully completed a competency evaluation program before providing care to the patient in 5 of 5 personnel files reviewed of hospice aides (See L 619), and failed to ensure the hospice aide had 12 hours of inservice in a 12 month period in 5 of 5 personnel files reviewed (See L 620).</p> <p>The cumulative effect of these systemic problems resulted in the hospice being found out of compliance with the Condition of Participation 418.76: Hospice aide and homemaker services.</p> <p>418.76(a)(1) HOSPICE AIDE QUALIFICATIONS (1) A qualified hospice aide is a person who has successfully completed one of the following: (i) A training program and competency evaluation as specified in paragraphs (b) and (c) of this section respectively. (ii) A competency evaluation program that meets the requirements of paragraph (c) of this section. (iii) A nurse aide training and competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the State nurse aide registry. (iv) A State licensure program that meets the requirements of paragraphs (b) and (c)</p>				<p>a monthly audit of 10% of all aide personnel records for two (2) quarters to ensure continued compliance with documentation of clinical competency evaluation prior to assignment to patient care and service. 4. CSD or QAPI committee designee will then conduct a 100% audit of aide personnel records every quarter to ensure that compliance continues.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
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	<p>of this section.</p> <p>Based on personnel file and policy review and interview, the hospice failed to ensure all hospice aides had completed a competency evaluation program for 5 of 5 personnel files reviewed of hospice aides.</p> <p>Findings:</p> <ol style="list-style-type: none"> Personnel file C, date of hire 10/6/14, failed to evidence the aide had completed a competency evaluation program. Personnel file D, date of hire 8/12/13, failed to evidence the aide had completed a competency evaluation program. Personnel file E, date of hire 5/29/14, failed to evidence the aide had completed a competency evaluation program. Personnel file F, date of hire 11/3/09, failed to evidence the aide had completed a competency evaluation program. Personnel file G, date of hire 4/25/05, failed to evidence the aide had completed a competency evaluation program. On 10/15/14 at 1:55 PM, Employee B, Indiana Clinical Manager, was asked for the competency evaluations for the home 	L000609	<ol style="list-style-type: none"> Hospice office acquired in May of 2014; previous owner responsible for ensuring competency evaluation was conducted for each aide prior to assignment to patient care and service. A letter attesting the change in ownership was placed in the personnel file of each employee, including all aides. Letter was dated April 1, 2014. All future hires will complete a competency evaluation before being assigned for direct patient care. 	11/12/2014	

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L000615	<p>health aides, both a blank document and the actual documents for the aides listed on the personnel list. Employee B presented the blank document, but indicated there was no documentation the registered nurse had performed a competency evaluation of the aides according to the requirements.</p> <p>7. A policy titled "Home Health Aides", dated 3/9/05, No. 070, states, "Prior to the independent provision of care, the Home Health Aide shall complete a Home health Aide Clinical Competency Evacuation Form and be observed and supervised by a Registered Nurse."</p> <p>418.76(c)(1) COMPETENCY EVALUATION An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section. (1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may</p>			

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	<p>be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.</p> <p>Based on personnel file and policy review and interview, the facility failed to ensure the hospice aide had successfully completed a competency evaluation program before providing care to the patient in 5 of 5 personnel files reviewed of hospice aides.</p> <p>Findings:</p> <ol style="list-style-type: none"> Personnel file C, date of hire 10/6/14, failed to evidence the aide had completed a competency evaluation program. Personnel file D, date of hire 8/12/13, failed to evidence the aide had completed a competency evaluation program. Personnel file E, date of hire 5/29/14, failed to evidence the aide had completed a competency evaluation program. Personnel file F, date of hire 11/3/09, failed to evidence the aide had completed a competency evaluation program. Personnel file G, date of hire 4/25/05, failed to evidence the aide had completed a competency evaluation program. On 10/15/14 at 1:55 PM, Employee B, 	L000615	<ol style="list-style-type: none"> Hospice will evaluate the clinical competency of all aides prior to assigning an aide for hospice care and service. This will include the direct observation of the aide by Registered Nurse. Documentation of this evaluation will be completed and placed in the aide personnel file. CSD or QAPI committee designee will audit 100% of all current aide personnel records to ensure documentation of clinical competency prior to being assigned to patient care and service. CSD or QAPI committee designee will conduct a monthly audit of 100% of all new hire aide personnel records to ensure documentation of clinical competency prior to being assigned to patient care and service. CSD or QAPI committee designee will conduct a monthly audit of 10% of all aide personnel records for two (2) quarters to ensure continued compliance with documentation of clinical competence evaluation prior to assignment to patient care and service. CSD or QAPI committee designee will then conduct a 100% audit of aide personnel records every quarter to ensure that compliance continues. 	11/12/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2014
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L000619	<p>Indiana Clinical Manager, was asked for the competency evaluations for the home health aides, both a blank document and the actual documents for the aides listed on the personnel list. Employee B presented the blank document, but indicated there was no documentation the registered nurse had performed a competency evaluation of the aides according to the requirements.</p> <p>7. A policy titled "Home Health Aides", dated 3/9/05, No. 070, states, "Prior to the independent provision of care, the Home Health Aide shall complete a Home health Aide Clinical Competency Evacuation Form and be observed and supervised by a Registered Nurse."</p> <p>418.76(c)(5) COMPETENCY EVALUATION (5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met. Based on personnel file and policy review and interview, the facility failed to ensure the hospice aide had successfully completed a competency evaluation</p>	L000619	1. Hospice office acquired in May of 2014; previous owner responsible for ensuring competency evaluation was conducted for each aide prior to	11/12/2014	

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	<p>program before providing care to the patient in 5 of 5 personnel files reviewed of hospice aides.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Personnel file C, date of hire 10/6/14, failed to evidence the aide had completed a competency evaluation program. 2. Personnel file D, date of hire 8/12/13, failed to evidence the aide had completed a competency evaluation program. 3. Personnel file E, date of hire 5/29/14, failed to evidence the aide had completed a competency evaluation program. 4. Personnel file F, date of hire 11/3/09, failed to evidence the aide had completed a competency evaluation program. 5. Personnel file G, date of hire 4/25/05, failed to evidence the aide had completed a competency evaluation program. 6. On 10/15/14 at 1:55 PM, Employee B, Indiana Clinical Manager, was asked for the competency evaluations for the home health aides, both a blank document and the actual documents for the aides listed on the personnel list. Employee B presented the blank document, but indicated there was no documentation the 		<p>assignment to patient care and service. 2. A letter attesting the change in ownership was placed in the personnel file of each employee, including all aides. Letter was dated April 1, 2014. 3. All future hires will complete a competency evaluation before being assigned for direct patient care.</p>		

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L000620	<p>registered nurse had performed a competency evaluation of the aides according to the requirements.</p> <p>7. A policy titled "Home Health Aides", dated 3/9/05, No. 070, states, "Prior to the independent provision of care, the Home Health Aide shall complete a Home health Aide Clinical Competency Evacuation Form and be observed and supervised by a Registered Nurse."</p> <p>418.76(d) IN-SERVICE TRAINING A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient. Based on document review and interview, the facility failed to ensure the hospice aide had 12 hours of inservice in a 12 month period in 5 of 5 personnel files reviewed.</p> <p>Findings:</p> <p>1. Personnel file C, date of hire 10/6/14, failed to evidence the aide had completed 12 hours of inservices in 2013.</p>	L000620	<p>1. CSD or QAPI committee designee / RN will in service all aides monthly to ensure appropriate continuing education is provided. CSD or QAPI committee designee will conduct a 10% audit monthly of aide personnel records and documentation of monthly in-services by a Registered Nurse. This will continue for one quarter. 2. To assure continued compliance, CSD or QAPI committee designee will then</p>	11/12/2014	

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	<p>2. Personnel file D, date of hire 8/12/13, failed to evidence the aide had completed 12 hours of inservices in 2013.</p> <p>3. Personnel file E, date of hire 5/29/14, failed to evidence the aide had completed 12 hours of inservices in 2013.</p> <p>4. Personnel file F, date of hire 11/3/09, failed to evidence the aide had completed 12 hours of inservices in 2013.</p> <p>5, Personnel file G, date of hire 4/25/05, failed to evidence the aide had completed 12 hours of inservices in 2013.</p> <p>6. The previous administrator had a notebook with three dates for aide inservices that totaled six hours.</p> <p>7. On 10/15/14 at 1:55 PM, Employee B, Indiana Clinical Manager was asked for the aide inservice program for the home health aides. Employee B indicated there was not a program she knew about. The previous administrator had left suddenly and she was unsure of what had been completed. Employee B indicated she had completed a couple inservices but did not know the hourly value of them.</p>		<p>conduct a quarterly audit of 100% of aide personnel records for two quarters to ensure that monthly in-services are documented. 3. Annually, CSD or QAPI committee designee will conduct a 100% audit of aide personnel records to ensure that compliance is continued.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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