

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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L 0000 Bldg. 00	<p>This was a Federal hospice recertification and State re-licensure survey.</p> <p>Survey Dates: 2-23-16, 2-24-16, 2-25-16, 2-29-16, and 3-1-16</p> <p>Facility #: 00009765</p> <p>Medicare Provider # 15-1558</p> <p>Medicaid Vendor #: 200141350A</p> <p>Census: 81 patients Evansville 59 patients Jasper 140 total patients</p> <p>Gentiva Hospice was found to be out of compliance with 42 CFR 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services.</p>	L 0000		
L 0533 Bldg. 00	<p>418.54(d) UPDATE OF COMPREHENSIVE ASSESSMENT</p> <p>The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a</p>			

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>reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.</p> <p>Based on record review and interview, the hospice failed to ensure comprehensive assessments had been updated and that all members of the interdisciplinary group (IDG) had participated in the update of the comprehensive assessments in 5 (#s 1, 2, 4, 5, and 10) of 13 total records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Clinical record number 1 failed to evidence the spiritual care portion of the comprehensive assessment had been updated at least every 15 days. The record evidenced the spiritual care counseling (SCC) portion had been updated on 1-7-16 and on 1-29-16. The record failed to evidence any further updates since 1-29-16. Clinical record number 2 failed to evidence the SCC portion of the comprehensive assessment had been updated at least every 15 days. The record evidenced the SCC portion had been updated on 1-5-16 and 2-3-16. The record failed to evidence any further updates since 2-3-16. 	L 0533	<p>418.54 Initial & Comprehensive Assessment L533 Update comprehensive assessment Correction: Each of the identified patient's comprehensive assessments have been reviewed and updated at a minimum of every 15 days by all IDG members involved in the patient's care. (Date of correction: 4/8 Comprehensive assessments of all current patients receiving SW or SCC services have been reviewed and updated by all IDG members involved in the patient's care at a minimum of every 15 days. Education: 1. The administrator or designee will provide education on the survey findings that all comprehensive assessments will be updated by the IDG every 15 days or more frequently as needed will be reviewed with all clinicians/staff. 2. The administrator or designee will provide education to all clinical staff and with the IDG members involved in the care of the patients cited regarding comprehensive assessments and updates are at a minimum of every 15 days by all IDG member involved in care. Monitor: 1. The administrator or designee</p>	04/14/2016			

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	<p>3. Clinical record number 4 failed to evidence the medical social services (MSS) portion of the comprehensive assessment had been updated at least every 15 days. The record evidenced the MSS portion had been updated on 1-26-16 and 2-16-16.</p> <p>4. Clinical record number 5 failed to evidence the MSS portion of the comprehensive assessment had been updated at least every 15 days. The record evidenced the MSS portion had been updated on 1-19-16 and 2-3-16. The record failed to evidence any further updates since 2-3-16.</p> <p>5. Clinical record number 10 failed to evidence the MSS portion of the comprehensive assessment had been updated at least every 15 days. The record evidenced the MSS portion of the assessment had been updated on 1-15-16. The record failed to evidence any further updates since 1-15-16.</p> <p>6. The hospice administrator, the quality manager, and 2 clinical managers, employees M and N were unable to provide any additional documentation and/or information when asked regarding the above-stated findings on 3-1-16 at 11:00 AM.</p>		<p>will review 50% SW and SCC clinicians' notes weekly x4 weeks to assess for compliance with update of the comprehensive assessment occurring no less than every 15 days, until 95% compliance is achieved. Once 95% compliance is achieved; further monitoring will be incorporated in to Clinical record review and reported in Quarterly QAPI.</p>	

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L 0536 Bldg. 00	<p>The quality manager and a clinical manager, employee N, were unable to provide any additional documentation and/or information when asked again on 3-1-16 at 2:30 PM.</p> <p>7. The hospice's 12-14-15 "Assessment and Reassessment" policy number 03-04 states, "The comprehensive assessment and Plan of Care will be updated by the hospice interdisciplinary group . . . will consider changes that have taken place since the initial assessment . . . The assessment and Plan of Care update will be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days."</p> <p>Based on record review and interview, it was determined the hospice failed to ensure assessments, medications, and services had been provided in accordance with the hospice plan of care in 4 of 13 total clinical records reviewed (See V 543); failed to ensure plans of care stated in detail care and services necessary to meet the patients' needs in 2 of 13 total records reviewed (See V 547); failed to ensure initial plans of care included measurable goals and outcomes in 7 of 7 records with initial plans of care</p>	L 0536	L536 418.56 IDG, Care Plans and Coordination of Care The administrator attestation of credible allegation of compliance that the hospice program is providing assessments, medication and services in accordance with the hospice plan of care including [543] detail care plans and services to meet the patients needs;[547] initial plans of care with measureable goals; [548] updated plan of care to included updated information as necessary [553].	04/14/2016			

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L 0543 Bldg. 00	<p>reviewed of the total 13 records reviewed (See V 548); and failed to ensure failed to ensure updates to plan of care included update information in 12 of 13 records reviewed (See V 553).</p> <p>The cumulative effect of these systemic problems resulted in the hospice's inability to maintain compliance with this condition, 42 CFR 418.56 Interdisciplinary Group, Care Planning, and Coordination of Services.</p> <p>418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.</p> <p>Based on record review and interview, the hospice failed to ensure assessments, medications, and services had been provided in accordance with the hospice plan of care in 4 (#s 4, 8, 10, and 12) of 13 total clinical records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 4 included</p>	L 0543	L543 Plan of Care Correction: Records of identified and all other current patients have been reviewed and updated to reflect assessments, medications and services are being provided in accordance with the patient plan of care. Education: 1. The administrator or designee will educate all administrative and clinical staff that the hospice must provide patients and families care and services following an	04/14/2016

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	<p>updates to the plan of care dated 1-21-16, 2-4-16, and 2-18-16. The 1-21-16 and 2-4-16 update states, with regards to identified integumentary (skin) problems, "Assess skin integrity each visit . . . Utilize positioning devices, pillows, w/c [wheelchair] cushions. Special mattress type: pressure reducing." The 2-18-16 update identifies "reddened/purple area to buttocks" and includes the same interventions.</p> <p>A. A SN visit note dated 1-18-16 states, "Buttock pressure State I large purple area to buttock that pt has pain with at times . . . monitored, cream applied."</p> <p>B. A SN visit note dated 1-25-16 states, "reddened buttocks."</p> <p>C. SN visit notes, dated 2-1-16, 2-11-16, and 2-18-16 failed to evidence an assessment of the patient's buttocks and skin integrity.</p> <p>2. Clinical record number 8 included an update to the plan of care dated 1-8-16. The update failed to evidence the plan of care had been revised to address an integumentary issue identified the the registered nurse on 12-28-16.</p>		<p>individualized written plan of care established by the IDG group in collaboration with the attending MD., patient or representative.</p> <p>2. The administrator or designee will provide 1:1 education/coaching with the clinicians involved in the care of the patients cited as well as the IDG group.</p> <p>3. The administrator or designee will provide education to the SN on wound care to be completed via a self paced workbook – Wound I. Monitor:</p> <p>1. The administrator or designee will review 100% of current patient's plan of care to ensure that services are provided per the written plan including services and frequency of visits.</p> <p>2. After the current patient roster is reviewed the administrator or designee will review a minimum of 15 plans of care weekly x 4 weeks to monitor for care provided per the written plan and frequency. Once 90% compliance is achieved; ongoing monitoring will be incorporated into clinical record review and quarterly QAPI.</p>	

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	<p>1.) A SN visit note dated 12-28-16 states, "Patient penis red with swelling. Foreskin pulled back and patient states [the patient] has not been able to pull it forward. Penis washed, zinc oxide applied and able to pull foreskin back in place. Patient and [adult child] instructed to wash well daily."</p> <p>2.) The 1-8-16 update failed to evidence a revision to address the identified issue.</p> <p>3. Clinical record number 10 included updates to the plan of care, dated 1-22-16, 2-3-16, and 2-17-16, that identified hospice aide services were to be provided 2 times per week. The record evidenced hospice aide services had been provided 3 times per week the weeks of 1-24-16, 1-31-16, 2-7-16, and 2-14-16.</p> <p>4. Clinical record number 12 included updates to the plan of care dated 2-10-16 and 2-24-16. The updates identified hospice aide services had been increased to 3 times per week. The record evidenced aide services had been provided only 2 times per week the weeks of 2-14-16 and 2-21-16.</p> <p>5. The hospice administrator, the quality manager, and 2 clinical managers,</p>			

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L 0547 Bldg. 00	<p>employees M and N were unable to provide any additional documentation and/or information when asked regarding the above-stated findings on 3-1-16 at 11:00 AM.</p> <p>The quality manager and a clinical manager, employee N, were unable to provide any additional documentation and/or information when asked again on 3-1-16 at 2:30 PM.</p> <p>6. The hospice's 12-14-15 "Plan of Care" policy number 03-12 states, "All hospice care and services furnished to patients and their families must follow an individualized written Plan of Care (POC) established by the Hospice Interdisciplinary Group (ID) in collaboration with the attending physician (if any), the patient or designated legal representative, and the primary caregiver in accordance with the patient's needs if any of them so desire."</p> <p>418.56(c)(2) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p>			
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	<p>Based on record review and interview, the hospice failed to ensure plans of care stated in detail care and services necessary to meet the patients' needs in 2 (#s 11 and 13) of 13 total records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 11 included updates to the plan of care dated 1-13-16, 1-27-16, 2-10-16, and 2-24-16. The updates state, "Pt/Cg will demonstrate ability to perform proper skin/wound care." The update failed to evidence a detailed description of the wound care to be provided and failed to specify the body part affected.</p> <p>A. A skilled nurse (SN) visit note dated 1-18-16 identifies a State II pressure ulcer on the left ear 1 centimeter (cm) by 0.3 cm by 0 cm in depth.</p> <p>B. A SN visit note dated 1-25-16 states, "Wound # 1 location: coccyx, nearly healed."</p> <p>C. A SN visit note dated 2-5-16 states, "[the patient] states felt good after [the patient's] shower and reported that the area at [the patient's] coccyx is nearly healed."</p>	L 0547	<p>L547 Content of the plan of Care Correction: The Plans of Care for identified and all other current patients have been reviewed and updated with IDG to reflect detailed care and services necessary to meet the patient's needs. Education: 1. The administrator or designee will educate all administrative and clinical staff on the survey findings regarding necessary services for the palliation and management of the terminal illness including a detailed statement of the scope and frequency of services needed to meet the specific patient and family needs. 2. The administrator or designee will provide 1:1 education/coaching to the individuals involved in the patient Survey findings 3. The administrator or designee will provide Education to all administrative and clinical staff on proper documentation of visit frequencies and scope of services. Monitor: 1. The administrator or designee starting March 31, 2016 will monitor weekly 100% of the patients scheduled for IDG current plan care frequencies and documented scope of services. Audit results will be shared with the clinician in one-on-one education/coaching sessions. 2. The administrator or designee will monitor the IDG weekly x4 weeks for updates and review for the appropriate content</p>	04/14/2016

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	<p>D. The 2-24-16 update states, "The area at [the patient's] coccyx is healed."</p> <p>2. Clinical record number 13 included a "Hospice Initial Order" dated 11-23-15. The order states, "flush port w/ [with] 10 cc [cubic centimeters] nacl [sodium chloride], followed by 5 cc heparin 100u/cc." The order failed to evidence a frequency for the flush.</p> <p>3. The hospice administrator, the quality manager, and 2 clinical managers, employees M and N were unable to provide any additional documentation and/or information when asked regarding the above-stated findings on 3-1-16 at 11:00 AM.</p> <p>The quality manager and a clinical manager, employee N, were unable to provide any additional documentation and/or information when asked again on 3-1-16 at 2:30 PM.</p> <p>4. The hospice's 12-14-15 "Plan of Care" policy states, "The Plan of Care must: . . . Include all services necessary for the palliation and management of the terminal illness and related conditions, including the following: . . . A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs."</p>		<p>of the plan of care based on patient needs. 3. The administrator or designee will monitor 100% of new Admissions starting March 31, 2016 to ensure visit frequencies and detailed scope of services are included in the plan of care based on patients needs until 95% compliance is achieved. Once 95% compliance is achieved; further monitoring will be provided through clinical record review and reported in quarterly QAPI.</p>				

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L 0548 Bldg. 00	<p>418.56(c)(3) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (3) Measurable outcomes anticipated from implementing and coordinating the plan of care.</p> <p>Based on record review and interview, the hospice failed to ensure initial plans of care included measurable goals and outcomes in 7 (#s 1, 5, 6, 7, 10, 11, 12, and 13) of 7 records with initial plans of care reviewed of the total 13 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included an initial plan of care established by the interdisciplinary group (IDG) on 10-10-15. The plan of care failed to evidence measurable goals for identified problems.</p> <p>A. The plan of care identified a cardiopulmonary problem of difficulty breathing and shortness of breath. The plan failed to evidence a measurable goal related to the identified cardiopulmonary problem.</p> <p>B. The plan of care identified a nutrition problem of altered swallowing</p>			L 0548	<p>L 548 Content of the plan of care Correction: Plan of Care for all identified and current patients have been reviewed and updated to include measurable goals for identified problems.</p> <p>Education:</p> <p>1. The administrator or designee will provide education to all administrative and clinical staff that the initial plans of care include measureable outcomes.</p> <p>2. The administrator or designee will provide 1:1 education/counseling with the clinicians involved in the care of the patients cited as well as the IDG group regarding measurable goals.</p> <p>Monitor:</p> <p>1. The administrator or designee starting March 31,2016 will monitor 100% of all current patient care plan for evidence of measurable goals . Audit results will be shared with the clinician in 1:1 coaching sessions if necessary.</p> <p>2. The administrator or designee will monitor 100% of new Admissions starting March 31,2016 to ensure that measureable goals are included</p>		04/14/2016

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	<p>status. The plan of care failed to evidence a measurable goal related to the identified nutrition problem.</p> <p>C. The plan of care identified an incontinence of bowel problem. The plan failed to evidence a measurable goal related to the bowel incontinence problem.</p> <p>2. Clinical record number 5 included an initial plan of care established by the IDG on 1-21-16. The plan of care failed to evidence measurable goals for identified problems.</p> <p>The plan of care identified a cardiopulmonary problem of difficulty breathing and shortness of breath. The plan failed to evidence a measurable goal related to the identified cardiopulmonary problem.</p> <p>3. Clinical record number 6 included an initial plan of care established by the IDG on 12-3-15. The plan of care failed to evidence measurable goals for identified problems.</p> <p>A. The plan of care identified a cardiopulmonary problem related to the patient's lack of understanding of oxygen safety and swelling in the right lower extremity. The plan failed to evidence</p>		<p>in the plan of care until 95% compliance is achieved. Once 95% compliance is achieved; further monitoring will be provided through clinical record review and reported in quarterly QAPI.</p>		

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	<p>measurable goals related to the identified cardiopulmonary problem.</p> <p>B. The plan of care identified a problem with bladder incontinence. The plan failed to evidence a measurable goal related to the identified bladder incontinence problem.</p> <p>3. Clinical record number 7 included an initial plan of care established by the IDG on 1-22-16. The plan of care failed to evidence measurable goals for identified problems.</p> <p>The plan of care identified a cardiopulmonary problem related to end-stage heart failure and chronic obstructive pulmonary disease. The plan failed to evidence a measurable goal related to the identified cardiopulmonary problem.</p> <p>4. Clinical record number 10 included an initial plan of care established by the IDG on 1-8-16. The plan failed to evidence measurable goals for the identified problems.</p> <p>The plan of care identified an incontinence of bowel and bladder problem and constipation. The plan failed to evidence a measurable goal for the identified incontinence problems.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>5. Clinical record number 11 included an initial plan of care established by the IDG on 10-14-15. The plan failed to evidence measurable goals for identified problems.</p> <p>The plan of care identified problems with chest pain, shortness of breath, and lower extremity swelling. The plan failed to evidence measurable goals related to the cardiopulmonary problems.</p> <p>6. Clinical record number 12 included an initial plan of care established by the IDG on 12-30-15. The plan failed to evidence measurable goals for identified problems.</p> <p>The plan of care identified incontinence of bowel and bladder and history of urinary tract infections. The plan failed to evidence measurable goals related to the bowel and bladder incontinence.</p> <p>7. Clinical record number 13 included an initial plan of care established by the IDG on 11-24-15. The plan failed to evidence measurable goals for identified problems.</p> <p>A. The plan of care identified a cardiopulmonary problem related to swelling of the lower extremities and shortness of breath and difficulty breathing. The plan failed to evidence</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>measurable goals related to the swelling and difficulty breathing.</p> <p>B. The plan identified an integumentary (skin) problem related to the presence of a port. The plan failed to evidence measurable goals related to the presence of the port.</p> <p>C. The plan identified problems with bowel and bladder incontinence and constipation. The plan failed to evidence a measurable goal related to the bowel and bladder incontinence.</p> <p>8. The hospice administrator, the quality manager, and 2 clinical managers, employees M and N were unable to provide any additional documentation and/or information when asked regarding the above-stated findings on 3-1-16 at 11:00 AM.</p> <p>The quality manager and a clinical manager, employee N, were unable to provide any additional documentation and/or information when asked again on 3-1-16 at 2:30 PM.</p> <p>9. The hospice's 12-14-15 "Plan of Care" policy number 03-12 states, "The Plan of Care must: . . . include all services necessary . . . including the following: . . . Measurable outcomes anticipated from</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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L 0553 Bldg. 00	<p>implementing and coordinating the Plan of Care."</p> <p>418.56(d) REVIEW OF THE PLAN OF CARE A revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care. Based on record review and interview, the hospice failed to ensure updates to plan of care included update information in 12 (#s 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, and 13) of 13 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 failed to evidence revisions to the plan of care, established by the interdisciplinary group (IDG) on 10-10-15, included progress towards stated goals and updated information.</p> <p>A. The record included an update to the plan of care dated 1-6-16. The update</p>	L 0553	<p>L 553 Review of the Plan of Care Correction: All identified and current patient records have been reviewed and updated to note the patient's progress toward outcomes and goals identified in the plan of care. Education: 1. The administrator or designee will educate all administrative and clinical staff that a revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals identified in the plan of care. 2. The administrator or designee will provide 1:1 education/counseling to those clinicians cited in the survey findings regarding a revised plan of care must include information</p>	04/14/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>included cardiopulmonary goals of "frequency and intensity of SOB [shortness of breath] are decreased" and "Pt/Cg [patient/caregiver] will understand oxygen safety." The update failed to evidence progress towards achieving these goals.</p> <p>The 1-6-16 update included a genitourinary/lower gastrointestinal goal of "Pt/Cg will verbalize elimination status is acceptable." The update failed to evidence progress toward achieving the goal.</p> <p>The 1-6-16 update included a safety/falls goals of "Pt will remain free of injury" and "Behavioral safety risk factors will be considered when caring for Pt." The update failed to evidence progress towards achieving these goals.</p> <p>B. The record included an update to the plan of care dated 1-20-16. The update included cardiopulmonary goals of "frequency and intensity of SOB [shortness of breath] are decreased" and "Pt/Cg [patient/caregiver] will understand oxygen safety." The update failed to evidence progress towards achieving these goals.</p> <p>1.) The 1-20-16 update included a genitourinary/lower gastrointestinal goal</p>		<p>from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals identified in the plan of care.</p> <p>Monitor:</p> <p>1. The administrator or designee will review 100% patient records scheduled for IDG weekly to ensure the plan of care are updated with evidence of progress towards goals. Once 95% compliance is achieved; further monitoring will be included in clinical record review quarterly and reported into the quarterly QAPI meeting.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016	
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715			
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	<p>of "Pt/Cg will verbalize elimination status is acceptable." The update failed to evidence progress toward achieving the goal.</p> <p>2.) The 1-20-16 update included safety/falls goals of "Pt will remain free of injury" and "Behavioral safety risk factors will be considered when caring for Pt." The update failed to evidence progress towards achieving these goals.</p> <p>3.) The record included a skilled nurse (SN) visit note dated 1-19-16 that states, "mood depressed and discouraged." The note identifies the SN telephoned the patient's spouse per the patient's request and the spouse indicated the patient "is becoming increasingly hateful and reacts negatively to things that [the patient] historically wound [sic] not have." The note identifies the spouse requested an adjustment in the patient's anxiety medications and that the situation had caused "stress between [patient] and the [spouse]."</p> <p>4.) The "Comprehensive Assessment Medication Profile" identified the patient's anxiety medication, Buspar, had been increased on 1-19-16 per a verbal order from the attending physician.</p> <p>5.) The 1-20-16 update to the plan of</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>care failed to evidence the change in the patient's mood and anxiety level had been discussed with the entire IDG and the plan of care updated to identify the change in the patient's psychosocial status.</p> <p>C. The record included an update to the plan of care dated 2-3-16. The update included cardiopulmonary goals of "frequency and intensity of SOB [shortness of breath] are decreased" and "Pt/Cg [patient/caregiver] will understand oxygen safety." The update failed to evidence progress towards achieving these goals.</p> <p>1.) The 2-3-16 update included a genitourinary/lower gastrointestinal goal of "Pt/Cg will verbalize elimination status is acceptable." The update failed to evidence progress toward achieving the goal.</p> <p>2.) The record included a SN visit note dated 1-26-16 that states, "RN and SW [social worker] met at pt's home for conversation regarding a call from [spouse] stating pt has been more disagreeable, agitated, and withdrawn." The 2-3-16 update failed to evidence the patient's mood and the subsequent joint visit by the RN and the SW had been discussed with the entire IDG and the</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>plan of care updated to reflect the patient's current status.</p> <p>3.) The record included a SN visit note dated 2-2-16 that identified the patient was experiencing urinary incontinence and states, "urgency that leads to occasional stress." The 2-3-16 update to the plan of care failed to evidence the patient' problem with occasional stress urinary incontinence.</p> <p>D. The record included an update to the plan of care dated 2-17-16. The update included cardiopulmonary goals of "frequency and intensity of SOB [shortness of breath] are decreased" and "Pt/Cg [patient/caregiver] will understand oxygen safety." The update failed to evidence progress towards achieving these goals.</p> <p>2. Clinical record number 2 failed to evidence revisions to the plan of care, established by the IDG on 7-21-15, included progress towards stated goals.</p> <p>A. The plan of care included an update to the plan of care dated 1-14-16. The update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on assessment." The update failed to evidence progress towards</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>achieving this goal.</p> <p>1.) The 1-14-16 update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving this goal.</p> <p>2.) The 1-14-16 update included an integumentary (skin) goal of "Altered skin will heal to maximum potential" and "Resolution/decrease of itching." The update failed to evidence progress towards achieving this goal.</p> <p>3.) The 1-14-16 update included a nutrition/fluid maintenance/upper GI (gastrointestinal) goal of "Pt/Cg will report adequate nutritional intake to maintain comfort." The update failed to evidence progress towards achieving this goal.</p> <p>4.) The 1-14-16 update included a genitourinary/lower GI goal of "Pt will have a BM [bowel movement] at least every 3 days, or at least 1 times every 4 day(s)." The update failed to evidence progress towards achieving this goal.</p> <p>5.) The 1-14-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible",</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>"Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg verbalize personal care needs are met", and "Pt/Cg verbalize that ADL [activities of daily living] needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) The 1-14-16 update included a safety/falls goal of "Pt will remain free of injury." The update failed to evidence progress towards achieving this goal."</p> <p>7.) The record included an "Attending Physician Review and Input to Patient Plan of Care (POC)" dated 1-14-16. The review sent to the attending physician states, "Pt has lost 5# this month. [The patient] is nonverbal, is able to [?] w/c [wheelchair] for mobility. Continues on pureed diet with thickened liquids. Pt has fragile skin. Frequent skin tears to arms and hands. No falls. Incontinent of B and B [bowel and bladder]."</p> <p>B. The record included an update to the plan of care dated 1-28-16. The update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on assessment." The update failed to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>evidence progress towards achieving this goal.</p> <p>1.) The 1-28-16 update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving this goal.</p> <p>2.) The 1-28-16 update included a nutrition/fluid maintenance/upper GI goal of "Pt/Cg will report adequate nutritional intake to maintain comfort." The update failed to evidence progress towards achieving this goal.</p> <p>3.) The 1-28-16 update included a genitourinary/lower GI goal of "Pt will have a BM [bowel movement] at least every 3 days, or at least 1 times every 4 day(s)." The update failed to evidence progress towards achieving this goal.</p> <p>4.) The 1-28-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg verbalize personal care needs are met", and "Pt/Cg verbalize that ADL [activities of daily living] needs are met through the proper use of assistive devices/equipment." The</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
---	--

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	<p>update failed to evidence progress towards achieving the stated goals.</p> <p>5.) The 1-28-16 update included a safety/falls goal of "Pt will remain free of injury." The update failed to evidence progress towards achieving this goal."</p> <p>6.) The record included an "Attending Physician Review and Input to Patient Plan of Care (POC)" dated 2-4-16. The review states, "Pt is nonverbal. Needs total assist with ADL care. Incontinent of B and B. Lungs are clear. On pureed diet with thickened liquids. Skin intact. Has some bruising to knees. Wt at 90#. Has been eating better in the past week. Able to propel self around facility in w/c. No signs of pain. Sleeps 18 hours a day. Pt still able to occupy time with placing pegs in a peg board."</p> <p>C. The record included an update to the plan of care dated 2-11-16. The update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on assessment." The update failed to evidence progress towards achieving this goal."</p> <p>1.) The 2-11-16 update included an integumentary goals of "Altered skin</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
---	--

(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>will heal to maximum potential" and "Resolution/decrease of itching." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-11-16 update included a genitourinary/lower GI goal of "Pt will have a BM [bowel movement] at least every 3 days, or at least 1 times every 4 day(s)." The update failed to evidence progress towards achieving this goal.</p> <p>3.) The 2-11-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg verbalize personal care needs are met", and "Pt/Cg verbalize that ADL [activities of daily living] needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>3. Clinical record number 3 failed to evidence revisions to the plan of care, established by the IDG on 10-8-15, included progress towards stated goals.</p> <p>A. The record included an update to the plan of care dated 1-15-16. The update included pain management goals</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
---	--

(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>of "Pt's pain level will be assessed objectively", "Pt will receive pain medication(s) as prescribed", "Cg will verbalize understanding of pain medication regimen", and "Pain will not interfere with . . . daily activities . . . appetite." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 1-15-16 update included nutrition/fluid management/upper GI goals of "Pt/Cg will report adequate nutritional intake to maintain comfort" and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards the stated goals.</p> <p>2.) The 1-15-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days." The update failed to evidence progress towards the stated goals.</p> <p>3.) The 1-15-16 update included safety/falls goals of "Pt will remain free of injury", "A safe environment will be maintained", "Pt/Cg will verbalize understanding of pt's risk of falls", "Cg will participate in maintaining safety of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>pt's environment", "behavioral safety risk factors will be considered when caring for pt", and "Pt will take medications as prescribed." The update failed to evidence progress towards the stated goals.</p> <p>4.) The 1-15-16 update included an integumentary goal of "Altered skin integrity will heal to maximum potential." The update states, "Multiple scattered abrasions to BLE [bilater lower extremities]/BUE [bilateral upper extremities] in different stages of healing. Pt [patient] reports abrasions caused by cats. Bruise noted to right wrist." The update failed to evidence progress towards achieving the stated goal.</p> <p>B. The record included an update to the plan of care dated 1-29-16. The update included psychosocial well-being goals of "Pt/Cg will demonstrate effective coping skills . . . adjustment techniques . . . financial resources", "Pt/Cg will verbalize being supported by the hospice team", and "Pt to be in a safe environment." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 1-29-16 update included nutrition/fluid maintenance/upper GI goals of "Pt/Cg will report adequate</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>nutritional intake to maintain comfort" and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-29-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days." The update failed to evidence progress towards the stated goals.</p> <p>3.) The 1-29-16 updated included safety/falls goals of "Pt will remain free of injury", "A safe environment will be maintained", "Pt/Cg will verbalize understanding of pt's risk of falls", "Cg will participate in maintaining safety of pt's environment", "behavioral safety risk factors will be considered when caring for pt", and "Pt will take medications as prescribed." The update failed to evidence progress towards the stated goals.</p> <p>4.) The 1-29-16 update included an integumentary goal of "Altered skin integrity will heal to maximum potential." The update states, "Multiple scattered abrasions to BLE [bilater lower extremities]/BUE [bilateral upper</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>extremities] in different stages of healing. Pt [patient] reports abrasions caused by cats." The update failed to evidence progress towards achieving the stated goal.</p> <p>C. The record included an update to the plan of care dated 2-10-16. The update included psychosocial well-being goals of "Pt/Cg will identify/demonstrate effective: coping skills . . . adjustment techniques . . . financial resources", "Pt/Cg will verbalize being supported by the hospice team", and "Pt to be in a safe environment." The update failed to evidence progress towards the stated goals.</p> <p>1.) The 2-10-16 update included pain management goals of "Pt's pain level will be assessed objectively", "Pt will receive pain medication(s) as prescribed", "Cg will verbalize understanding of pain medication regimen", and "Pain will not interfere with: sleep, daily activities, and energy." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-10-16 update included an integumentary goal of "Altered skin integrity will heal to maximum potential." The update states, "Multiple scattered abrasions to BLE [bilater lower</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>extremities]/BUE [bilateral upper extremities] in different stages of healing. Pt [patient] reports abrasions caused by cats." The update failed to evidence progress towards achieving the stated goal.</p> <p>D. The record included an update to the plan of care dated 2-24-16. The update included safety/falls goals of "Pt will remain free of injury", "A safe environment will be maintained", "Pt/Cg will verbalize understanding of pt's risk for falls", "Cg will participate in maintaining safety of pt's environment", "behavioral safety risk factors will be considered when caring for pt", and "Pt will take medications as prescribed." The update failed to evidence progress towards achieving the stated goals.</p> <p>The 2-24-16 update included an integumentary goal of "Altered skin integrity will heal to maximum potential." The update states, "Multiple scattered abrasions to BLE [bilater lower extremities]/BUE [bilateral upper extremities] in different stages of healing. Pt [patient] reports abrasions caused by cats." The update failed to evidence progress towards achieving the stated goal.</p> <p>4. Clinical record number 4 failed to</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>evidence revisions to the plan of care, established by the IDG on 5-14-15, included progress towards stated goals.</p> <p>A. The record included an update to the plan of care dated 1-7-16. The update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on the assessment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 1-7-16 update included neurological/cognitive/behavioral goals of "Pt safety care needs will be met" and "Pt will receive medications as prescribed." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-7-16 update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased", Pt/Cg will understand oxygen safety", "Pt/Cg will understand importance of cardiac/respiratory medications." The update failed to evidence progress towards achieving the stated goals.</p> <p>3.) The 1-7-16 updated included an integumentary goal of "Skin integrity will remain unaltered." The update failed to evidence progress towards achieving</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>the stated goal.</p> <p>4.) The 1-7-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days, or at least 1 times every 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>5.) The 1-7-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg will verbalize personal care needs are met", and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) An "Attending Physician Review and Input to Patient Plan of Care (POC) dated 1-4-16 states, "Pt is SOA [short of air] with minimal exertion & occasionally at rest. No O2 needed at this time. Irregular HR [heart rate]. BLE [bilateral lower extremity] dependent edema. Using Lasix BID [2 times per day]. Lung sounds diminished. HOH</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>[hard of hearing]. Decreased cognition at times, simple conversation only with pt. Needs assist with all ADLs. PPS 30. Fast 6E [?] Incontinent bowel/bladder. Uses lift to transfer continues to be forgetful at Q [every] visit. Eating 25-75% of meals & being fed. No pain noted. No pain medications being given. No open skin areas. No falls." The 1-7-16 update failed to evidence the progress provided to the attending physician had been discussed by the IDG and had been incorporated into the update to the plan of care.</p> <p>B. The record included an update to the plan of care dated 1-21-16. The update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on the assessment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 1-21-16 update included neurological/cognitive/behavioral goals of "Pt safety care needs will be met" and "Pt will receive medications as prescribed." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-21-16 update included cardiopulmonary goals of "Frequency and</p>			

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	<p>intensity of SOB are decreased", Pt/Cg will understand oxygen safety", "Pt/Cg will understand importance of cardiac/respiratory medications." The update failed to evidence progress towards achieving the stated goals.</p> <p>3.) The 1-21-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days, or at least 1 times every 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 1-7-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg will verbalize personal care needs are met", and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>5.) An "Attending Physician Review and Input to Patient Plan of Care (POC) dated 1-20-16 states, "Pt has BLE +1 pitting edema, keeps feet in a</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>dependent position most of the day. SOA with minimal exertion. No O2 needed at this time. HR irregular. NP noted cough at last visit. Treated with PRN [as needed] cough syrup. Increased confusion & agitation. Difficult to communicate with at times. Only follows simple conversations. Needs assistance with all ADLs. PPS 30. Incontinent of bowel & bladder. Not aware when [the patient] goes Decreased cognition, decreased appetite. Eating 25-75% meals. Pain managed. No falls reported. Buttocks reddish/purple. Not open." The update to the plan of care failed to evidence the progress reported to the attending physician had been discussed by the IDG and had been incorporated into the update to the plan of care.</p> <p>6.) The 1-21-16 update included an integumentary goal of "skin integrity will remain unaltered." The plan failed to include an update regarding the "reddish/purple" buttocks reported to the attending physician on 1-20-16 prior to the IDG meeting on 1-21-16.</p> <p>C. The record included an update to the plan of care dated 2-4-16. The update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased", "Pt/Cg will understand</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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	<p>oxygen safety", and "Pt/Cg will understand importance of cardiac/respiratory medications." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 2-4-16 update included an integumentary goal of "Skin integrity will remain unaltered." The update failed to evidence progress towards achieving the stated goal.</p> <p>2.) The 2-4-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days or 1 times every 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>3.) The 2-4-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg will verbalize personal care needs are met", and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>4.) An "Attending Physician Review and Input to Patient Plan of Care (POC) dated 2-3-16 states, "Pt has BLE edema. Taking Lasix. SOA with exertion. O2 sat 90%. Educated to staff to put O2 in patient's room for prn comfort. Irregular HR. Decreased cognition at times. Difficult to communicate with at all times. Fast 6E. Unable to hold head up on occasion. Pt is unable to feed self. Needs assist with all ADLs. Up with lift to toilet. Incontinent most of the time. Educate on meds & disease process. Pt has decreased appetite. FSN [facility skilled nurse] reports that pt seems to be eating less. No pain reported. No falls. Monitoring buttocks as pt is seated in W/C all day." The update to the plan of care failed to evidence the progress reported to the attending physician had been discussed by the IDG and had been incorporated into the update to the plan of care.</p> <p>D. The record included an update to the plan of care dated 2-18-16. The update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased", "Pt/Cg will understand oxygen safety", and "Pt/Cg will understand importance of cardiac/respiratory medications." The</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 2-18-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days or 1 times every 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-18-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg will verbalize personal care needs are met", and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>3.) An "Attending Physician Review and Input to Patient Plan of Care (POC) dated 2-16-16 states, "Pt is SOA with minimal exertion. HR irregular. Pt has +1 pitting edema. Taking Lasix daily. Decreased cognition & increased confusion. Simple conversation with pt needs assistance with all ADLs PPS 30.</p>			

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	<p>Incontinent of bowel & bladder. No aware when pt has an incontinent episode. Family needs education on disease process. Pt does have some increased confusion that is normal for pt. Family consider UA. Stand aid to transfer, no open skin areas. Dryness to face & behind ears. Pt does have reddened/purple buttocks from sitting all day."</p> <p>4.) The 2-18-16 update include an integumentary goal of "Skin integrity will remain unaltered" with interventions to monitor the patient's buttocks and the use of pressure prevention devices. The plan failed to evidence an update regarding the "reddened/purple" buttocks reported to the attending physician on 2-16-16.</p> <p>5. Clinical record number 5 failed to evidence revisions to the plan of care, established by the IDG on 1-15-16, included progress towards stated goals.</p> <p>A. The record included an update to the plan of care dated 1-21-16. The update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on assessment." The update failed to evidence progress towards achieving the stated goal.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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	<p>1.) The 1-21-16 update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased" and "Pt/Cg will understand oxygen safety." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-21-16 update included a nutrition/fluid maintenance/upper GI goal of "Pt/Cg will report adequate nutritional intake to maintain comfort." The update failed to evidence progress towards achieving the stated goals.</p> <p>3.) The 1-21-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days or at least 1 times in 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 1-21-16 update included functional status goals of "Pt/Cg verbalize personal care needs are met" and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>B. The record included an update to the plan of care dated 2-4-16. The update</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>included cardiopulmonary goals of "Frequency and intensity of SOB are decreased" and "Pt/Cg will demonstrate proper use and care of oxygen equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 2-4-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days of 1 times every 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-4-16 update included functional status goals of "Pt/Cg verbalize personal care needs are met", "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment", and "Pt/Cg is able to demonstrate proper use/care of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>3.) The 2-4-16 update included safety/falls goals of "Pt will remain free of injury", "A safe environment will be maintained", and "Pt/Cg will verbalize understanding of pt's risk for falls." The update failed to evidence progress</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>towards achieving the stated goals.</p> <p>4.) An "Attending Physician Review and Input to Patient Plan of Care (POC)" dated 2-3-16 states, "Pt has SOA with exertion, refuses to use O2 most of the time. Does have it available in the home, but states [the patient] 'rarely uses it'. Pt is able to shower self with minimal assistance, shower chair was ordered as pt becomes weak while showering, educated on safety. Pt refuses HA [hospice aide] at this time, continue to offer. Pt is incontinent of bladder, using pads. Hx constipation, needs education on hospice services. Pt having some confusion, continue to educate pt states [the patient] eats but continues to lose weight. No N/V, abdomen soft, non-tender, pain managed with Tramadol & Norco. Increased frequency of meds d/t increased pain. Effective, no falls reported, but pt is at risk for falls." The 2-4-16 update failed to evidence the progress towards goals reported to the attending physician had been incorporated into the update on 2-4-16.</p> <p>C. The record included an update to the plan of care dated 2-18-16. The update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have BM at least every 3 days or at</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>least 1 times every 4 day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 2-18-16 update included safety/falls goals of "Pt will remain free of injury", "A safe environment will be maintained", and "Pt/Cg will verbalize understanding of pt's risk for falls." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) An "Attending Physician Review and Input to Patient Plan of Care (POC) dated 2-16-16 states, "Pt has SOA with exertion. Does not use O2, but does have it available. Pt has SOA when is showering. Using shower chair to help with exhaustion. Pt is able to communicate appropriately at this time. Altered dental status. Pt is able to ambulate without assistance. PPS 50. Mostly up during the day. Incontinent of bladder. Can be constipated at times. Needs education on 24 hour hospice services. Decreased appetite. Pain managed at this time. No falls reported. Pt is at risk for falls." The 2-18-16 update failed to evidence the progress reported to the attending physician had been incorporated into the update.</p> <p>3.) The record included a SN visit note dated 2-4-16 that states, "[The</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016	
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715			
(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>patient] has a port that will need flushed again in 6 weeks. Educated to [the patient] that this RN can do that. This RN will foow up with Cancer Center to get orders for port flush." The 2-18-16 update failed to evidence the plan of care had been updated to include the need for the port flush.</p> <p>6. Clinical record number 6 failed to evidence revisions to the plan of care, established by the IDG on 12-3-15, included progress towards stated goals.</p> <p>A. The record included an update to the plan of care dated 1-14-16. The update included pain management goals of "Pt/Family goal for pain rating of [less than or equal to] 3 will be maintained", "Pt's pain level will be assessed objectively", "Pt will receive pain medication(s) as prescribed", "Pain will not interfere with . . . energy, mood." The update failed to evidence progress towards achieving the stated goals.</p> <p>The 1-14-16 update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased", "Pt/Cg will demonstrate proper use and care of oxygen/equipment", "Pat/Cg will understand oxygen safety", and "Pt/Cg will understand importance of cardiac/respiratory</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>medication/treatment." The update failed to evidence progress towards achieving the stated goals.</p> <p>B. The record included an update to the plan of care dated 1-28-16. The update included pain management goals of "Pt/Family goal for pain rating of [less than or equal to] 3 will be maintained", "Pt's pain level will be assessed objectively", "Pt will receive pain medication(s) as prescribed", "Pain will not interfere with . . . energy, mood." The update failed to evidence progress towards achieving the stated goals.</p> <p>The 1-28-16 update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased", "Pt/Cg will demonstrate proper use and care of oxygen/equipment", "Pat/Cg will understand oxygen safety", and "Pt/Cg will understand importance of cardiac/respiratory medication/treatment." The update failed to evidence progress towards achieving the stated goals.</p> <p>C. The record included an update to the plan of care dated 2-11-16. The update included pain management goals of "Pt/Family goal for pain rating of [less than or equal to] 3 will be maintained", "Pt's pain level will be assessed</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>objectively", "Pt will receive pain medication(s) as prescribed", "Pain will not interfere with . . . energy, mood." The update failed to evidence progress towards achieving the stated goals.</p> <p>The 2-11-16 update included cardiopulmonary goals of "Frequency and intensity of SOB are decreased", "Pt/Cg will demonstrate proper use and care of oxygen/equipment", "Pat/Cg will understand oxygen safety", and "Pt/Cg will understand importance of cardiac/respiratory medication/treatment." The update failed to evidence progress towards achieving the stated goals.</p> <p>7. Clinical record number 8 failed to evidence revisions to the plan of care, established by the IDG on 6-23-15, included updated information and progress towards stated goals.</p> <p>A. The record included an update to the plan of care dated 1-8-16. The update failed to evidence the plan of care had been revised to address an integumentary issue identified the the registered nurse on 12-28-16.</p> <p>1.) A SN visit note dated 12-28-16 states, "Patient penis red with swelling. Foreskin pulled back and patient states</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>[the patient] has not been able to pull it forward. Penis washed, zinc oxide applied and able to pull foreskin back in place. Patient and [adult child] instructed to wash well daily."</p> <p>2.) The 1-8-16 update failed to evidence a revision to address the identified issue.</p> <p>B. The record included an update to the plan of care dated 1-22-16. The update included communication goals of "Pt/Cg is able to use a form of communication to ensure needs are met and relate effectively with persons and his/her environment" and "Pt will report no eye pain or at acceptable level for pt." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 1-22-16 update included neurological/cognitive/behavioral a goal of "Pt safety care needs will be met." The update failed to failed to evidence progress towards achieving the stated goal.</p> <p>2.) The 1-22-16 update included an integumentary goal of "Resolution/decrease of itching." The update failed to evidence progress towards achieving the stated goal.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>3.) The 1-22-16 update included a genitourinary/lower GI goal of "Pt will have a BM at least every 3 days or at least [blank] times every [blank] day(s)." The update failed to evidence progress towards achieving the stated goal.</p> <p>4.) The 1-22-16 update included a functional status goal of "Pt/Cg verbalize personal care needs are met." The update failed to evidence progress towards achieving the stated goal.</p> <p>C. The record included an update to the plan of care dated 2-3-16. The update included communication goals of "Pt/Cg is able to use a form of communication to ensure needs are met and relate effectively with persons and his/her environment" and "Pt will report no eye pain or pain at acceptable level for pt." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 2-3-16 update included neurological/cognitive/behavioral a goal of "Pt safety care needs will be met." The update failed to failed to evidence progress towards achieving the stated goal.</p> <p>2.) The 2-3-16 update included an integumentary goal of "Resolution/decrease of itching." The</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>update failed to evidence progress towards achieving the stated goal.</p> <p>3.) The 2-3-16 update included a functional status goal of "Pt/Cg will verbalize personal care needs are met." The update failed to evidence progress towards achieving the stated goal.</p> <p>D. The record included an update to the plan of care dated 2-17-16. The update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 2-17-16 update included an integumentary goal of "Resolution/decrease of itching." The update failed to evidence progress towards achieving the stated goal.</p> <p>2.) The 2-17-16 genitourinary/lower GI goal of "Pt will have a BM at least every 3 days or at least [blank] times every [blank] day(s)." The update failed to evidence progress towards achieving the stated goal.</p> <p>3.) The 2-17-16 update included a functional status goal of "Pt/Cg verbalize personal care needs are met." The update failed to evidence progress towards</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>achieving the stated goal.</p> <p>8. Clinical record number 9 failed to evidence revisions to the plan of care, established by the IDG on 1-6-15, included progress towards stated goals.</p> <p>A. The record included an update to the plan of care dated 1-20-16. The update included a knowledge goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on assessment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 1-20-16 update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving the stated goal.</p> <p>2.) The 1-20-16 update included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequency and intensity of SOB are decreased", "PtCg will demonstrate proper use and care of oxygen/equipment", "Pt/Cg will understand oxygen safety", "Edema/Ascites will be managed at a level that is acceptable to the Pt/Cg", and "Pt/Cg will understand importance of cardiac/respiratory</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>medication/treatment." The update failed to evidence progress towards the stated goals.</p> <p>3.) The 1-20-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's oral/dental status will be returned to/maintained at maximum potential", "Pt/Cg can demonstrate ability to perform proper oral care", "Pt's diet will be appropriate for ability to swallow", "Cg will verbalize understanding of aspiration precautions", "Pt will not aspirate", "Pt/Cg will report adequate nutritional intake to maintain comfort", "Pt will be free of nausea/vomiting", "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 1-20-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days or at least [blank] times every [blank] day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>5.) The 1-20-16 update included functional status goals of "Pt's current functional independence will be</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
(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>maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg verbalize personal care needs are met", "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment" and "Pt/Cg is able to demonstrate proper use/care of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) The 1-20-16 update included safety/falls goals of "Pt will remain free of injury", "A safe environment will be maintained", "Pt/Cg will verbalize understanding of pt's risk for falls", "Cg will participate in maintaining safety of pt's environment", "Pt/Cg will verbalize understanding potential effect of medications on pt's risk for fall", "Environmental hazard(s) will be removed/repared", and "Behavioral safety risk factors will be considered when caring for pt." The update failed to evidence progress towards achieving the stated goals.</p> <p>B. The record included an update to the plan of care dated 2-3-16. The update included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequency</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>and intensity of SOB are decreased", "PtCg will demonstrate proper use and care of oxygen/equipment", "Pt/Cg will understand oxygen safety", "Edema/Ascites will be managed at a level that is acceptable to the Pt/Cg", and "Pt/Cg will understand importance of cardiac/respiratory medication/treatment." The update failed to evidence progress towards the stated goals.</p> <p>The 2-3-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days or at least [blank] times every [blank] day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>C. The record included an update to the plan of care dated 2-17-16. The update included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequency and intensity of SOB are decreased", "PtCg will demonstrate proper use and care of oxygen/equipment", "Pt/Cg will understand oxygen safety", "Edema/Ascites will be managed at a level that is acceptable to the Pt/Cg", and "Pt/Cg will understand importance of cardiac/respiratory</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>medication/treatment." The update failed to evidence progress towards the stated goals.</p> <p>1.) The 2-17-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days or at least [blank] times every [blank] day(s)." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-17-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of independence is supported by assistance with personal care", "Pt/Cg verbalize personal care needs are met", "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment" and "Pt/Cg is able to demonstrate proper use/care of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>9. Clinical record number 10 failed to evidence revisions to the plan of care, established by the IDG on 1-8-16, included progress towards stated goals.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>A. The record included an update to the plan of care dated 1-22-16. The update included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively with persons and his/her environment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 1-22-16 update included pain management goals of "Pt/Family goal for pain rating of 4 will be maintained", "Pt's pain level will be assessed objectively", "Cg will verbalize understanding of pt's nonverbal signs of pain", "Cg will demonstrate correct use of pain [?]", "Pt will receive pain medication(s) as prescribed", "Cg will verbalize understanding of pain medication regimen", and "Pain will not interfere with sleep, daily activities, energy." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-22-16 update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving the stated goal.</p> <p>3.) The 1-22-16 update included nutrition/fluid maintenance/upper GI</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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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>goals of "Pt's diet will be appropriate for ability to swallow", "Cg will understand pt's limited ability to swallow due to disease process", "pt will not aspirate", "Pt/Cg will report adequate nutritional intake to maintain comfort", "Pt/Cg will be compliant with diabetic medication regimen" and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 1-22-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days of at least 1 times every 4 day(s)". The update failed to evidence progress towards achieving the stated goals.</p> <p>5.) The 1-22-16 update include functional status goals of "Pt/Cg verbalize personal care needs are met", "Pt/Cg verbalize that ADL needs are met through proper use of assistive devices/equipment", and "Pt/Cg is able to demonstrate proper use/care of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) The 1-22-16 update included a</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>safety/falls goals of "Pt will remain free of injury." The update failed to evidence progress towards achieving the stated goal.</p> <p>7.) The 1-22-16 update included spiritual goals of "Pt/Cg will express that their spiritual needs are met", "Pt/Cg will verbalize receiving needed support", and "Pt/Cg will participate in life review activities and discuss life meaning." The update failed to evidence progress towards achieving the stated goals.</p> <p>B. The record included an update to the plan of care dated 2-3-16. The update included included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively with persons and his/her environment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 2-3-16 update included pain management goals of "Pt/Family goal for pain rating of 4 will be maintained", "Pt's pain level will be assessed objectively", "Cg will verbalize understanding of pt's nonverbal signs of pain", "Cg will demonstrate correct use of pain [?]", "Pt will receive pain medication(s) as prescribed", "Cg will verbalize understanding of pain</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>medication regimen", and "Pain will not interfere with sleep, daily activities, energy." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-3-16 update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving the stated goal.</p> <p>3.) The 2-3-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's diet will be appropriate for ability to swallow", "Cg will understand pt's limited ability to swallow due to disease process", "pt will not aspirate", "Pt/Cg will report adequate nutritional intake to maintain comfort", "Pt/Cg will be compliant with diabetic medication regimen" and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 2-3-16 update included genitourinary/lower GI goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will have a BM at least every 3 days of at least 1 times every 4 day(s)". The update failed to evidence progress towards achieving the stated</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>goals.</p> <p>5.) The 2-3-16 update include functional status goals of "Pt/Cg verbalize personal care needs are met", "Pt/Cg verbalize that ADL needs are met through proper use of assistive devices/equipment", and "Pt/Cg is able to demonstrate proper use/care of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) The 2-3-16 update included a safety/falls goals of "Pt will remain free of injury." The update failed to evidence progress towards achieving the stated goal.</p> <p>10. Clinical record number 11 failed to evidence revisions to the plan of care, established by the IDG on 10-14-15, included progress towards stated goals and update information.</p> <p>A. The record included an update to the plan of care dated 1-13-16. The update included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively with persons and his/her environment." The update failed to evidence progress towards achieving the stated goal.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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	<p>1.) The 1-13-16 update included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequent cy and intensity of SOB are decreased", and "Pt will receive cardiac/respiratory medications/treatments as prescribed." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-13-16 update included integumentary goals of "Altered skin will heal to maximum potential", "Altered skin will be free of infection", "Pt/Cg will demonstrate ability to perform proper skin/wound care", and "Pt/Cg will verbalize understanding of how altered skin status is affected by disease process." The update failed to evidence progress towards achieving the stated goals.</p> <p>The record included a SN visit note dated 1-11-16 that states, "Wound # 1. Location: coccyx . . . Wound care performed: calazyme." The 1-11-16 SN visit note also identifies the patient "has sinus infection-had MD appt [appointment] Friday and started on z pack Sat." The 1-13-16 update failed to evidence the plan of care had been updated with the information regarding the "sinus infection."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>3.) The 1-13-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's diet will be appropriate for ability to swallow", "Pt will not aspirate", "Pt will be free of nausea and/or vomiting", "Pt's blood glucose will be maintained as an acceptable level", and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 1-13-16 update included a genitourinary/lower GI goal of "Pt will have a BM at least every 3 days or at least 1 to 2 times every 7 day(s)." The update failed to evidence progress towards achieving the stated goal.</p> <p>5.) The 1-13-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible" and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) An "Attending Physician Review and Input to Patient Plan of Care (POC) dated 1-13-16 states, "[The patient] is currently O2 dependent and</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>has had an episode of anxiety/panic attack since last week. It was controlled with a extra ativan and an additional nursing visit from me. [The patient] has lost some weight, [the patient's] pain continues to be controlled well with the fentanyl patch and roxonal for breakthrough pain. The wound within [the patient's] gluteal cleft is nearly healed." The update failed to evidence the progress reported to the attending physician had been incorporated into the update.</p> <p>B. The record included an update to the plan of care dated 1-27-16. The update included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively wit persons and his/her environment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 1-27-16 update included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequency cy and intensity of SOB are decreased", and "Pt will receive cardiac/respiratory medications/treatments as prescribed." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 1-27-16 update included</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>integumentary goals of "Altered skin will heal to maximum potential", "Altered skin will be free of infection", "Pt/Cg will demonstrate ability to perform proper skin/wound care", and "Pt/Cg will verbalize understanding of how altered skin status is affected by disease process." The update failed to evidence progress towards achieving the stated goals. The update failed to evidence information regarding a new wound identified by the SN on 1-18-16.</p> <p>a.) The record included a SN visit note dated 1-18-16. The visit note states, "Wound # 1: Location L ear, Type: Pressure and state II L 1 cm W 03 cm D No measurable depth . . . Color: Red Tissue: pale Drainage: Amt: None, Odor: None Wound care performed: [Employee G] [patient name]. Patient response to treatment: Satisfactory."</p> <p>b.) The record included a SN visit note dated 1-25-16 that states, "Wound # 1 Location: coccyx, nearly healed."</p> <p>3.) The 1-27-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's diet will be appropriate for ability to swallow", "Pt will not aspirate", "Pt will be free of nausea and/or vomiting", "Pt's blood glucose will be</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>maintained as an acceptable level", and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 1-27-16 update included a genitourinary/lower GI goal of "Pt will have a BM at least every 3 days or at least 1 to 2 times every 7 day(s)." The update failed to evidence progress towards achieving the stated goal.</p> <p>5.) The 1-27-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible" and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) The 1-27-16 update included spiritual goals of "Pt/Cg will express that their spiritual needs are met", "Pt/Cg will verbalize receiving needed support", "Pt/Cg will participate in life review activities and discuss life meaning", and "Pt will respond positively to spiritual reassurance." The update failed to evidence progress towards achieving the stated goals.</p>				

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	<p>7.) The record included an "Attending Physician Review and Input to Patient Plan of Care (POC)" dated 1-27-16. The review states, "lungs have been clear . . . pain is controlled . . . anxiety is currently being controlled as well . . . continues to lose weight . . . wound at coccyx is nearly healed . . . continues to be O2 dependent." The 1-27-16 update to the plan of care failed to evidence the progress towards achieving goals relayed to the attending physician.</p> <p>C. The record included an update to the plan of care dated 2-10-16. The update included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively wit persons and his/her environment." The update failed to evidence progress towards achieving the stated goal.</p> <p>1.) The 2-10-16 update included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequent cy and intensity of SOB are decreased", and "Pt will receive cardiac/respiratory medications/treatments as prescribed." The update failed to evidence progress</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715			
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	<p>towards achieving the stated goals.</p> <p>2.) The 2-10-16 update included integumentary goals of "Altered skin will heal to maximum potential", "Altered skin will be free of infection", "Pt/Cg will demonstrate ability to perform proper skin/wound care", and "Pt/Cg will verbalize understanding of how altered skin status is affected by disease process." The update failed to evidence progress towards achieving the stated goals. The update failed to evidence information regarding a new wound identified by the SN on 1-18-16.</p> <p>The record included a SN visit note dated 2-5-16 that states, "[the patient] felt good after [the patient's] shower and reported that the area at [the patient's] coccyx is nearly healed. We did flush [the patient's] port today." The update failed to evidence information regarding the patient's coccyx wound and the port</p> <p>3.) The 2-10-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's diet will be appropriate for ability to swallow", "Pt will not aspirate", "Pt will be free of nausea and/or vomiting", "Pt's blood glucose will be maintained as an acceptable level", and "Pt/Cg will understand expected changes</p>						

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 2-10-16 update included a genitourinary/lower GI goal of "Pt will have a BM at least every 3 days or at least 1 to 2 times every 7 day(s)." The update failed to evidence progress towards achieving the stated goal.</p> <p>5.) The 2-10-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible" and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6. The 2-10-16 update included spiritual goals of "Pt/Cg will express that their spiritual needs are met", "Pt/Cg will verbalize receiving needed support", "Pt/Cg will participate in life review activities and discuss life meaning", and "Pt will respond positively to spiritual reassurance." The update failed to evidence progress towards achieving the stated goals.</p> <p>D. The record included an update to</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>the plan of care dated 2-24-16. The updated included cardiopulmonary goals of "Frequency and intensity of chest pain/pressure are decreased", "Frequency and intensity of SOB are decreased", and "Pt will receive cardiac/respiratory medications/treatments as prescribed." The update failed to evidence progress towards achieving the stated goals.</p> <p>1.) The 2-24-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's diet will be appropriate for ability to swallow", "Pt will not aspirate", "Pt will be free of nausea and/or vomiting", "Pt's blood glucose will be maintained as an acceptable level", and "Pt/Cg will understand expected changes in nutritional status associated with pt decline." The update failed to evidence progress towards achieving the stated goals.</p> <p>2.) The 2-24-16 update included a genitourinary/lower GI goal of "Pt will have a BM at least every 3 days or at least 1 to 2 times every 7 day(s)." The update failed to evidence progress towards achieving the stated goal.</p> <p>3.) The 2-10-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible"</p>			

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	<p>and "Pt/Cg verbalize that ADL needs are met through the proper use of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>4.) The 2-10-16 update included spiritual goals of "Pt/Cg will express that their spiritual needs are met", "Pt/Cg will verbalize receiving needed support", "Pt/Cg will participate in life review activities and discuss life meaning", and "Pt will respond positively to spiritual reassurance." The update failed to evidence progress towards achieving the stated goals.</p> <p>11. Clinical record number 12 failed to evidence revisions to the plan of care, established by the IDG on 12-31-15, included progress towards stated goals and updated information.</p> <p>A. The record included an update to the plan of care dated 1-15-16. The update included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively with persons and his/her environment."</p> <p>1.) The 1-15-16 update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge</p>			

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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	<p>deficit(s) identified on assessment." The update failed to evidence progress towards achieving the stated goal.</p> <p>2.) The 1-15-16 update included a neurological/cognitive/behavioral goal of "Pt safety care needs will be met." The update failed to evidence progress towards achieving the stated goal.</p> <p>3.) The 1-15-16 update included nutrition/fluid maintenance/upper GI goals of "Pt's diet will be appropriate for ability to swallow", "Cg will understand pt's limited ability to swallow due to disease process", "Cg will verbalize understanding of aspiration precautions", "Pt will not aspirate", and "Pt/Cg will report adequate nutritional intake to maintain comfort."</p> <p>4.) The 1-15-16 update included genitourinary goals of "Pt/Cg will verbalize elimination status is acceptable" and "Pt will remain free of S/S [signs and symptoms] of infection." The update failed to evidence progress towards achieving the stated goals.</p> <p>5.) The 1-15-16 update included functional status goals of "Pt's current functional independence will be maintained as long as safely possible", "Pt/Cg will report optimum level of</p>			

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	<p>independence is supported by assistance with personal care", "Pt/Cg verbalize personal care needs are met.; "Pt/Cg verbalize that ADL needs are met through he proper use of assistive devices/equipment", and "Pt/Cg is able to demonstrate proper use/care of assistive devices/equipment." The update failed to evidence progress towards achieving the stated goals.</p> <p>6.) The 1-15-16 update included safety/falls goals of "Pt will remain free of injury", " A safe environment will be maintained", "Pt/Cg will verbalize understanding of Pt's risk for falls", "Cg will participate in maintaining safety of pt's environment", and "Behavioral safety risk factors will be considered when caring for pt."</p> <p>B. The record included an update to the plan of care dated 1-29-16. The update included a communication goal of "Pt/Cg is able to use a form of communication to ensure needs are met and to relate effectively with persons and his/her environment."</p> <p>1.) The 1-29-16 update included a knowledge deficit goal of "Pt/Cg will verbalize understanding of knowledge deficit(s) identified on assessment." The update failed to evidence progress</p>			

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L 0629 Bldg. 00	<p>towards achieving the stated goal.</p> <p>2.) The 1-29-16 update included a neurological/cognitive/beh 418.76(h)(1)(i) SUPERVISION OF HOSPICE AIDES (l) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.</p> <p>Based on record review and interview, the hospice failed to ensure the registered nurse (RN) ad completed an on-site visit to the patient's home at least every 14 days in 4 (#s 9, 10, 11, and 13) of 10 records reviewed of patients that received hospice aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 9 evidenced hospice aide services had been provided 3 times per week during the benefit period 1-1-16 to 2-29-16. The record failed to evidence any hospice aide supervisory visits had been completed during the benefit period. 2. Clinical record number 10 evidenced hospice aide services had been provided 2 times per week during the benefit 	L 0629	<p>L 629 Supervision of the Hospice Aide Correction: Internal process for scheduling and documenting supervisory visits has been reviewed and updated to ensure supervisory visits occur no less frequently than q 14 days Education: 1.The administrator or designee will educate all staff that a RN must make a on-site visit to the patients home no less frequently than q 14 days to assess the quality of care and services provided by the hospice aide and to ensure that the services ordered by the hospice IDG meet the patient's needs. 2. The administrator or designee will provide 1:1 education/counseling to the clinician's [RN] cited in the survey; to ensure they understand the requirements of q 14 day supervisory visits to ensure quality of care and that the services are provided as ordered</p>	04/14/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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	<p>period 1-5-16 to 4-3-16. The record evidenced a supervisory visit had been completed on 1-21-16 and not again until 2-25-16.</p> <p>3. Clinical record number 11 evidenced hospice aide services had been provided 5 times per week during the benefit period 1-11-16 to 4-9-16. The record failed to evidence any hospice aide supervisory visits had been completed during the benefit period.</p> <p>4. Clinical record number 13 evidenced hospice aide services had been provided 1 time per week during the benefit period 11-23-15 to 2-20-16. The record failed to evidence any hospice aide supervisory visits had been completed during the benefit period.</p> <p>5. The hospice administrator, the quality manager, and 2 clinical managers, employees M and N were unable to provide any additional documentation and/or information when asked regarding the above-stated findings on 3-1-16 at 11:00 AM.</p> <p>The quality manager and a clinical manager, employee N, were unable to provide any additional documentation and/or information when asked again on 3-1-16 at 2:30 PM.</p>		<p>by the IDG. Monitor: 1. The administrator or designee will monitor a minimum of 15 records weekly x 4 to ensure that the supervisory visits are being performed. Once 95% compliance is achieved; further monitoring will be performed via clinical record review quarterly and reported in quarterly QAPI meetings.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151558	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715
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L 0651 Bldg. 00	<p>418.100(b) GOVERNING BODY AND ADMINISTRATOR A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body. Based on record review and interview, the hospice failed to ensure the governing body had provided management and oversight of the hospice's quality assessment performance improvement (QAPI) program in 1 (2015) of 1 year reviewed.</p> <p>The findings include:</p> <p>1. The hospice's administrative records included governing body meeting minutes dated 11-3-15. The meeting minutes failed to evidence discussion, oversight, or management of the hospice's QAPI program.</p>	L 0651	<p>L 651 Governing Body and Administrator The Governing Body minutes have been reviewed to validate the review and approval of the program's QAPI program was present at the 11.3.15 meeting. The program will continue to submit their QAPI program data to the regional team and to the Governing Body.</p> <p>Education:</p> <ol style="list-style-type: none"> 1.The administrator and clinical leadership team will receive education on process for Governing Body's oversight of the Program's quality assessment and performance improvement program. 2.The administrator or designee will provide education to all 	04/14/2016

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NAME OF PROVIDER OR SUPPLIER GENTIVA HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 METRO AVE EVANSVILLE, IN 47715		
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	<p>2. The hospice administrator was unable to provide any documentation and/or information when asked, on 3-1-16 at 10:20 AM, how the governing body provided management and oversight of the hospice's QAPI program.</p> <p>3. The hospice's 8-30-11 "Quality Assessment and Performance Improvement Program" policy number 02-25 states, "The Governing Body bears overall responsibility for the approval and implementation of the Hospice QAPI Program."</p>		<p>administrative and clinical staff that the Governing Body provides management and oversight to the hospice's quality assessment and performance improvement program.</p> <p>Monitor: The Governing Body will provide an addendum to the Governing Body meeting notes of 11.3.15 and the addendum will be attached to this statement of deficiency.</p>		