

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151594	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2014
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NAME OF PROVIDER OR SUPPLIER  GENTIVA HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 6845 E US HWY 36, SUITE 550 AVON, IN 46123
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L000000	<p>This visit was for a hospice state and federal complaint survey.</p> <p>Complaint IN 00149332 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey Dates: May 29 and 30, 2014</p> <p>Facility Number: 004875</p> <p>Medicaid Number: 2001123190</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>Census: Total - 68</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 10, 2014</p>	L000000		
L000562	<p>418.58(a)(2) PROGRAM SCOPE (2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to</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>assess processes of care, hospice services, and operations.</p> <p>Based on document review and interview, the hospice failed to ensure the quality assessment and performance improvement (QAPI) program analyzed and included patient's complaints of adverse events with the potential to affect all hospice patients.</p> <p>Findings:</p> <p>1. Review of the hospice's QAPI program failed to evidence the program analyzed and investigated for the root cause analysis of patient reports of adverse patient events.</p> <p>A. The facility document titled "2014 QAPI / Safety Meeting Quarterly Meeting Minutes" indicated the date of the meeting was 5/6/14 and referenced the information was for "April reflecting the first quarter." Previous date option on form was January "Reflecting 4th quarter." The QAPI minutes included one complaint and failed to evidence or represent the complaints identified below filed within the QAPI minutes.</p> <p>B. On 5/31/14 at 4:15 PM, employee A indicated the QAPI minutes acknowledged one complaint, did not elaborate on the type and outcome, and</p>	L000562	<p>1. How are you going to correct the deficiency? Compliant process was reviewed and revised. New process includes: Complaint to be entered into the system by Patient Care Manager and copy of complaint given to QM and ED. QM will immediately log the complaint for QAPI oversight and report complaints in appropriate QAPI quarter, to allow for measuring, analyzing and tracking of patient quality indicators. 2. How are you going to prevent the deficiency from recurring in the future, even if already corrected? Policy 03-28 Complaint Management and revised Complaint Process given to each staff member on June 18, 2014 for their review and signature. Review at in-service to all staff on June 25, 2014 of Policy 03-28 Complaint Management and revised Compliant Process and ongoing frequent reminders during regular meetings. 3. Who is going to be responsible for numbers 1 and 2 above? Quality Manger and Patient Care Manager 4. By what date are you going to have the deficiency corrected? June 20, 2014</p>	06/20/2014			

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	<p>was represented in the QAPI.</p> <p>2. The Legal representative for Patient 1 filed a complaint dated 4/17/14 that indicated the patient was coerced to signing a Do Not Resuscitate order prior to the hospital discharge.</p> <p>On 5/31/14 at 12:10 PM, employee C, the clinical director, indicated she reviewed the clinical record and did not interview the staff involved in the patient's care and named in the complaint.</p> <p>3. Complaint was filed with the hospice dated 2/25/14 regarding patient 6. The complaint indicated the admission nurse did not order comfort medications at the start of care 2/6/14 and that on 2/20/14 the volunteer was rude to the family.</p> <p>4. Complaint was filed with the hospice dated 2/25/14 regarding patient 7. The complaint indicated the case manager failed to respond and ensure durable medical equipment was ordered and arrived for the patient.</p> <p>5. Complaint filed with the hospice dated 2/25/14 regarding patient 8. The complaint indicated a member of the household was threatening and carried a weapon causing fear in the employee.</p>				

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	<p>6. Complaint filed with the hospice dated 2/25/14 regarding patient 9. The complaint indicated the staff member who arrived to provide care on 2/23/14 "reeked of cigarette smoke."</p> <p>7. Complaint filed with the hospice dated 3/7/14 regarding patient 10. The complaint indicated the RN case manager did not meet the patient's needs on 3/7/14. The complaint indicated that in response to the complaint another RN and social worker were dispatched to the home to assess and the patient's symptoms were treated.</p>				