

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2021
NAME OF PROVIDER OR SUPPLIER ADAPTIVE HOSPICE, LLC		STREET ADDRESS, CITY, STATE, ZIP COD 8844 RUFFIAN LANE, SUITE A NEWBURGH, IN 47630		
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S 0000 Bldg. 00	<p>This visit was for an initial state licensure survey.</p> <p>Survey Dates: June 7-8, 2021</p> <p>Facility #: 015228</p> <p>QR completed 6/18/2021 A4</p>	S 0000		
S 0655 Bldg. 00	<p>418.100(e) PROFESSIONAL MANAGEMENT RESPONSIBILITY</p> <p>A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be--</p> <p>(1) Authorized by the hospice; (2) Furnished in a safe and effective manner by qualified personnel; and (3) Delivered in accordance with the patient's plan of care.</p> <p>Based on record review and interview, the agency failed to ensure all written agreements with another agency, individual, or organization that furnish any services under arrangement were authorized by the hospice agency for 1 of 1 hospice agency.</p> <p>Findings include:</p> <p>1. A revised April 2016 policy titled Written Agreements for Contracted Services was provided by Administrator B on 6/8/2021 at 4:00 p.m. The</p>	S 0655	<p>Executive director will audit and edit all current contracts with all contracted providers with correct office address. Once contracts are corrected, new contracts will be provided to contracted provider. After the above have been revised, any contract moving forward, will be reviewed by the Executive Director to ensure proper addresses, locations,</p>	06/28/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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S 0663	<p>policy indicated, but was not limited to, "1. The written agreement between the organization and the contract service/individual will define the nature and scope of services provided by clinicians and technician and others not directly employed by the organization ... contracted services will be defined by a written agreement before individuals from that source will be permitted to provide services on behalf of the organization ... Written agreements are signed and dated by authorized individuals of each organization."</p> <p>2. A review of the Equipment and Respiratory Services Agreement stated, "This VENDOR AGREEMENT is entered into by and between [Entity 1], hereinafter referred to as "Hospice" and [Entity 7] hereinafter referred to as "Vendor"." The agency failed to ensure the agreement was for Adaptive Newburgh hospice agency and not of Entity 1.</p> <p>3. A review of the Entity 5's Hospice Service Agreement signed by Entity 1's President on 9/16/16 indicated the agreement was with and between Entity 5 Benefit Manager and Entity 1. The agency failed to ensure the agreement was for Adaptive Newburgh hospice agency.</p> <p>4. During an interview on 6/8/2021 at 11:30 a.m. the back-up Administrator C indicated the agreements are for billing purposes and billing was done out of Entity 1's hospice agency. At 4:00 p.m. Administrator B stated the agency used Entity 1's information on the agreements because they were unsure the agreements could be done under a provisional license.</p> <p>418.100(g)(3) TRAINING</p>		<p>and billing addresses reflect those of the Newburgh office. Expected completion date of 06/28/2021</p>	

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Bldg. 00	<p>(3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.</p> <p>Based on record review and interview, the agency failed to ensure skills and competencies were completed for the hospice agency for 2 of 6 employee file reviews. (Administrator B & RN M)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A revised April 2016 policy titled Personnel Record Contents was provided by the Administrator B on 6/8/2021 at 3:30 p.m. The policy indicated, but was not limited to, "Adaptive Hospice, Inc. will maintain current personnel files on all personnel ... easily retrievable ... H. Verification of education/training ... J. Orientation checklist (completed) ..." 2. Review of the Administrator/ Registered Nurse B's employee file on 6/8/2021, hire date 11/19/2020, evidenced the Initial Competency/Assessment Skills Checklist Registered Nurse dated 11/15/2016. The agency failed to ensure training was completed for the Adaptive Newburgh agency. 3. Review of RN M's employee file on 6/8/2021, hire date 12/8/2020, evidenced the Initial Competency/Assessment Skills Checklist Registered Nurse dated 11/15/2016. The agency failed to ensure training was completed for the 	S 0663	Plan of Correction: Administrator B and Nurse B's files will be updated with current skills and competency checklists to ensure updated trainings have been completed in accordance with the Newburgh office policies and procedures. Executive Director will audit personnel files for completion quarterly, thereafter. Expected completion date of 06/28/2021 !-[if !supportAnnotations]-->	06/28/2021

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S 0757 Bldg. 00	<p>Adaptive Newburgh agency.</p> <p>4. During employee record review along with the back-up Administrator C on 6/8/2021 at 10:00 a.m. he/she indicated hire dates for the Administrator B and RN M at Entity 1 were for 2016 and hire dates for Adaptive Newburgh were for 2020. The training provided was for Entity 1 and not the Adaptive Newburgh agency.</p> <p>418.110(n)(4) RESTRAINT OR SECLUSION STAFF TRAINING REQMTS Training documentation. The hospice must document in the staff personnel records that the training and demonstration of competency were successfully completed.</p> <p>Based on record review and interview, the agency failed to ensure training was completed for the hospice agency for 2 of 6 employee file reviews. (Administrator B & RN M)</p> <p>Findings include:</p> <p>1. A revised April 2016 policy titled Personnel Record Contents was provided by the Administrator B on 6/8/2021 at 3:30 p.m. The policy indicated, but was not limited to, "Adaptive Hospice, Inc. will maintain current personnel files on all personnel ... easily retrievable ... H. Verification of education/training ... J. Orientation checklist (completed) ..."</p> <p>2. Review of the Administrator/ Registered Nurse B's employee file on 6/8/2021, hire date 11/19/2020, evidenced the Initial Competency/Assessment Skills Checklist Registered Nurse dated 11/15/2016. The agency failed to ensure training was completed for the Adaptive Newburgh</p>	S 0757	<p>Plan of Correction: Administrator B and Nurse B's files will be updated with current skills and competency checklists by Executive Director to ensure updated trainings have been completed in accordance with the Newburgh office policies and procedures. All new hires for the Newburgh office will be monitored by Executive Director to ensure completion. Executive Director will monitor for completion initially and personnel files will be audited every quarter. Expected completion date of new competencies and skills for Administrator B and Nurse B is 06/28/2021.</p>	06/28/2021

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S 0763 Bldg. 00	<p>agency.</p> <p>3. Review of RN M's employee file on 6/8/2021, hire date 12/8/2020, evidenced the Initial Competency/Assessment Skills Checklist Registered Nurse dated 11/15/2016. The agency failed to ensure training was completed for the Adaptive Newburgh agency.</p> <p>4. During employee record review along with the back-up Administrator C on 6/8/2021 at 10:00 a.m. he/she indicated hire dates for the Administrator B and RN M at Entity 1 were for 2016 and hire dates for Adaptive Newburgh were for 2020. The training provided was for Entity 1 and not the Adaptive Newburgh agency.</p> <p>418.112(c) WRITTEN AGREEMENT The hospice and SNF/NF or ICF/MR must have a written agreement that specifies the provision of hospice services in the facility. The agreement must be signed by authorized representatives of the hospice and the SNF/NF or ICF/MR before the provision of hospice services. Based on record review and interview, the agency failed to evidence a written agreement specific to the hospice agency for the provision of hospice services in a LTC (long term care) facility for 3 of 5 LTC agreements reviewed. (Entity 2, 3, 4) Findings include: 1. A revised April 2016 policy titled Written Agreements for Contracted Services was provided by Administrator B on 6/8/2021 at 4:00 p.m. The policy indicated, but was not limited to, "1. The written agreement between the organization and the contract service/individual will define the</p>	S 0763	<p>Executive Director will audit and update all facility contracts to reflect offices current physical address of 8844 Ruffian Lane, Newburgh. Contract audits will occur initially upon service approved and then quarterly thereafter by the Executive Director. Corrected on 06/22/2021</p>	06/22/2021

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S 0782 Bldg. 00	<p>nature and scope of services ..."</p> <p>2. A review of the Agreement for the Provision of Services to Nursing Home Residents stated, "This Agreement is made by and between [Entity 1] and [Entity 2], [Address of Entity 2]". The agency failed to ensure the agreement was for Adaptive Newburgh hospice agency and not of Entity 1.</p> <p>3. A review of the Agreement for the Provision of Services to Nursing Home Residents stated, "This Agreement is made by and between [Entity 1] and [Entity 3], [Address of Entity 3]". The agency failed to ensure the agreement was for Adaptive Newburgh hospice agency and not of Entity 1.</p> <p>4. A review of the Agreement for the Provision of Services to Nursing Home Residents stated, "This Agreement is made by and between [Entity 1] and [Entity 4], [Address of Entity 4]". The agency failed to ensure the agreement was for Adaptive Newburgh hospice agency and not of Entity 1.</p> <p>5. During an interview on 6/8/2021 at 11:30 a.m. the back-up Administrator C indicated the agreements are for billing purposes and billing was done out of Entity 1's hospice agency. At 4:00 p.m. Administrator B stated the agency used Entity 1's information on the agreements because they were unsure the agreements could be done under a provisional license.</p> <p>418.112(f) ORIENTATION AND TRAINING OF STAFF Hospice staff must assure orientation of SNF/NF or ICF/MR staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles</p>			

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	<p>about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements.</p> <p>Based on record review and interview, the agency failed to ensure orientation of the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements was furnished to long term care staff providing care to hospice patients for 3 of 5 long term care facility agreements reviewed. (Entity 3,4,7)</p> <p>Findings include:</p> <p>A revised April 2016 policy titled Written Agreements for Contracted Services was provided by Administrator B on 6/8/2021 at 4:00 p.m. The policy indicated, but was not limited to, "1. The written agreement between the organization and the contract service/individual will define the nature and scope of services ... C. Contractor assures that all personnel providing care have the education, training ..."</p> <p>During an interview on 6/8/2021 at 3:00 p.m. Administrator B stated the agency delegates orientation on philosophy to a contracted preceptor at each long term care facility the agency contracts with. Administrator B stated Marketing Director O did not realize the signed contract for each preceptor providing education for each long term care needed to be available to review for compliance. Administrator B was unable to evidence Entity's 3,4, and 7's signed preceptor forms. Entity 2 & 8's forms that were provided did not specify the name of the long</p>	S 0782	<p>Per our service contract, Hospice orientation will occur to reflect the hospice philosophy and services provided. This will be achieved using a facility orientation binder with information specific to Adaptive Hospice, LLC and the Newburgh location. A preceptor from each contracted facility will be assigned. Evidence of orientation and preceptor assignment will be shown with signed preceptor document. Preceptor and orientation will be updated as needed. All services contracts will be audited quarterly for correct address, facility orientation and preceptor form. Anticipated correction date is 06/28/2021.</p> <p>!--[if !supportAnnotations]--></p>	06/28/2021

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	term care facility identified with each preceptor.			