

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  153030	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/04/2015
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION HOSPITAL OF FORT WAYNE GENERAL PAR	STREET ADDRESS, CITY, STATE, ZIP CODE 7970 W JEFFERSON BLVD FORT WAYNE, IN 46804
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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
S 0000  Bldg. 00	The visit was for a State licensure survey.  Facility Number: 006245  Survey Date: 8-3/4-15  QA: cjl 09/01/15	S 0000		
S 0406  Bldg. 00	410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)  (a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following:  (1) All services, including services furnished by a contractor. Based on document review and interview, the facility failed to assure that all services including contracted services were evaluated and reviewed through its Quality Assessment and Performance Improvement (QAPI) program for 7 contracted services (2 fire protection providers, emergency generator, heating	S 0406	Citation Response:  1 & 2. The Leadership Team will develop a system for evaluating, reviewing results and obtaining approval for all contracted services and the Director of Quality Management will include this in the	11/10/2015

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>and air conditioning, medical waste, pest control and trash disposal services).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. The 2015 Performance Improvement Plan (approved 5-15) failed to indicate a provision for reviewing all contracted services through the QAPI program.</li> <li>2. During an interview on 8-04-15 at 1345 hours, the chief nursing officer and interim chief operating officer A1 confirmed the Performance Improvement plan lacked a provision for evaluating all contracted services at the facility.</li> <li>3. The 9-3-14 Medical Executive Committee minutes indicated that an annual review of patient care related contracted services was presented and approved and the documentation failed to indicate a review of the contracted services for 2 fire detection and control services (CS1, CS2), emergency generator (CS3), heating and air conditioning (CS4), medical waste (CS5), pest control (CS6), or trash disposal (CS7) services identified on the facility contracted summary sheet. The director of quality A2 was requested to provide documentation indicating the 7 contracted services were reviewed through the QAPI program and no</li> </ol>		<p>2016 Performance Improvement Plan. This will be completed by end of year and reviewed by the Performance Improvement Committee, The Medical Executive Committee and the Board of Trustees for discussion, changes, and/or approval. All department directors and managers will be educated on changes that affect their individual departments.</p> <p>3. All contracted services are currently evaluated but contracted services that did not provide direct care were not reviewed and approved by the Performance Improvement Committee, Medical Executive Committee and Board of Trustee. The Leadership team will review the evaluations for the 2 fire detection and control services, emergency generator, heating and air conditioning, medical waste, pest control, and trash disposal and the Director of Quality Management will bring the evaluation results to the Performance Improvement Committee on October 28, 2015 for review and discussion. Approval status will be documented in the meeting minutes. These evaluation results will be included in the listing of contract services to be reviewed by Medical Executive Committee on November 4, 2015 and then by Board of Trustees on November 10, 2015 and approval status documented in the meeting minutes. For 2016, the Director of</p>	

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	<p>documentation was provided prior to exit.</p> <p>4. During an interview on 8-04-15 at 1340 hours, the director of quality A2 confirmed that the QAPI committee minutes lacked documentation of ongoing monitoring for the 7 contracted services.</p>		<p>Quality Management will include in the Performance Improvement plan that the list of contracted services will be reviewed annually by the administrative team to ensure all contracts are listed and current. The administrative team will develop a schedule and ongoing monitors for each of these contracts and these will be added to the Performance Improvement report card by the Director of Quality Management to be reviewed in monthly Performance Improvement Committee meetings.</p> <p>4. All contracted services evaluation results will be summarized and reviewed at least annually by the Medical Executive Committee and Board of Trustees with discussion and approval status documented in meeting minutes.</p>	