

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

PRINTED: 05/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/09/2021
NAME OF PROVIDER OR SUPPLIER HOME NURSING SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 528 W WASHINGTON BLVD FORT WAYNE, IN 46802		
(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	
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a federal and state home health revisit survey to determine the removal of an Immediate Jeopardy on Conditions of Participation 42 CFR 484.55 Comprehensive Assessment, and 42 CFR 484.60 Care Planning, Coordination, Quality of Care originally identified on 12/18/2020. A revisit was made on 2/15/2021, and the IJ remained unabated.</p> <p>Survey date: 03/09/2021</p> <p>Facility number: IN005372</p> <p>Provider number: 157211</p> <p>After record review and interview during the onsite revisit, it was determined that the Immediate Jeopardy was abated for the Conditions of Participation 42 CFR 484.55 Comprehensive Assessment, and 42 CFR 484.60 Care Planning, Coordination, Quality of Care, after the agency evidenced actions were taken to ensure the threat of actual or potential immediate harm to all agency patients was addressed and resolved. The agency ensured all patients were properly and timely assessed; ensured (based on the agency IJ removal plan) all agency nurses completed training on (but not limited to) how to complete a comprehensive assessment, how to assess, measure, stage and characterize wounds; ensured all patients' plans of care contained all required information to ensure patients' needs were met; and ensured coordination of care was completed with outside entities to ensure all patients did not have new or worsening health conditions that could lead to an adverse event. Additionally (but not limited to),</p>	{G 000}			
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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{G 000}	Continued From page 1 the agency developed and implemented a best practice for all field nurses to call in report to the alternate clinical manager (or designee) every morning for patients seen the previous day (a questionnaire form was completed), and all needed follow up was immediately completed; the agency developed and implemented a hospital log book, which evidenced daily care coordination with the hospital (or other skilled rehabilitation facility) to ensure the agency could promptly meet the patients' needs upon inpatient discharge; the agency placed a temporary hold on acceptance of new patients (at time of survey, a date to resume accepting new patients had not been established) until it was determined it could safely meet the needs of all patients; and the agency established and filled a full time nurse position to ensure all care coordination with other entities was promptly and continually addressed. The administrator was notified that the IJ was removed on 03/09/2021 at 2:25 PM. Although the immediate jeopardy has been removed the agency remains out of compliance with Conditions of Participation 42 CFR 484.55 Comprehensive Assessment and 42 CFR 484.60 Care Planning, Coordination, Quality of Care.	{G 000}			