

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157638	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2013
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NAME OF PROVIDER OR SUPPLIER FOSTER HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 445 GRADLE DRIVE CARMEL, IN 46032
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N0000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: January 29-30, 2013</p> <p>Facility Number: 012508</p> <p>Surveyors: Kelly Ennis, BSN, RN, Public Health Nurse Surveyor, Team Leader</p> <p>David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 20 Home Health Aide Only: 19 Personal Care Only: 0 Total: 39</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p>	N0000		

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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	February 1, 2013			

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N0408	<p>410 IAC 17-10-1(d) Licensure Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or (D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article. (3) The corporation, association, or other company that is responsible for the management of the home health agency. (4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on Indiana State Department of Health (ISDH) document review, agency document review, and interview, the agency failed to notify ISDH in writing of all changes in management for 1 of 1 agency revived with the potential to affect all the patients of the agency.</p>	N0408	The Agency notified the State Department of Health of a change in management on January 29, 2013 and included the appropriate documentation that was effective January 24, 2012. In the future, changes in management will be reported timely to the State Board of Health and this will be the responsibility of the governing board.	02/01/2013			

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	<p>The findings include:</p> <ol style="list-style-type: none"> 1. The written information on file with ISDH evidenced Employee B was listed as Administrator and Nursing Supervisor. Employee SS was listed as Alternate Administrator and Alternate Nursing Supervisor. 2. Review of the agency organizational chart lists employee A as Administrator, President and C.E.O. Employee B is listed as DON (Director of Nursing)/Alternate Administrator. Employee QQ is listed as the Alternate DON. 3. During an interview on 1/29/13 at 10:30 AM, Employee A indicated self to be Owner/Administrator for the agency, Employee B to be Alternate Administrator/Nursing Supervisor, and employee QQ to be the Alternate Nursing Supervisor. Employee A indicated Employee SS had been the Alternate Administrator and Alternate Nursing Supervisor but was no longer with the agency, termination date unknown. Employee A indicated he had not notified ISDH of the change in writing but planned to when he sent in the paperwork for the addition of Speech Therapy Services. 				

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N0418	<p>410 IAC 17-10-1(l) Licensure Rule 10 Sec. 1(l) A home health agency may apply to provide a service that was not listed in its application or renewal application by notifying the department in writing of the new service, the date the service is intended to be offered, and all supporting documentation that shows the home health agency is qualified to provide the additional service. This documentation includes, but is not limited to the following:</p> <ol style="list-style-type: none"> (1) Personnel qualifications and licensing. (2) Limited criminal history from the Indiana Central Repository established by IC 10-13-3. (3) Procedures for the supervision of personnel. (4) Contracts between the home health agency and any person offering the new service. (5) Records of physical exams showing that personnel are free of communicable disease. <p>In the event the initial information submitted is not sufficient for the department to determine the home health agency's compliance regarding the new service, the department will inform the home health agency of the additional documents required. A home health agency may not offer additional services until it has received approval from the department to do so.</p> <p>Based on Indiana State Department of Health (ISDH) document review, clinical record review, and interview, the agency failed to receive approval from ISDH for the addition of Speech Therapy Services prior to offering the service for 1 of 1</p>	N0418	February 4, 2013 a letter was sent to the ISDH requesting Speech Therapy to be added to our services as of December 28, 2012. February 8, 2013 we received a letter from Kelly Hemmelgarn, Program Director confirming receipt regarding a change in our services. "The	02/04/2013	

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	<p>agency reviewed with the potential to affect all the patients of the agency who receive Speech Therapy Services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The written information on file with ISDH evidenced approved services for Foster Healthcare include Physical Therapy, Occupational Therapy, Skilled Nursing to include Licensed Practical Nurses, Home Health Aides, and Masters of Social Work. 2. During an interview on 1/29/13 at 10:30 AM, Employee A indicated services offered include Physical Therapy, Occupational Therapy, Skilled Nursing to include Licensed Practical Nurses, Home Health Aides, Masters of Social Work, and Speech Therapy. Employee A indicated Speech Therapy was offered through contract services. Employee A further indicated he was preparing the paperwork to send into ISDH for the addition of Speech Therapy. 3. Clinical record #4, start of care 10/15/12, included a home health certification and plan of care dated 12/14/12 to 2/11/13. Review of the record evidenced the following: <ul style="list-style-type: none"> A. A verbal order dated 12/21/12 was 		<p>correspondence received indicates that you are providing Speech therapy, effective 12/28/2012 and Medical Social Service effective 08/23/2012." Request is being sent to the Regional office for review and/or approval. Changes in our services will be submitted to the State Department of Health on a timely basis and this will be the responsibility of our governing body.</p>		

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	<p>received for speech therapy one time per week for 8 weeks to "evaluate swallowing, speech, voice, cognition, auditory comprehension and expressive comprehension, teach oral motor and swallowing exercise to strengthen [patient's] ability to swallow, educate family re: [regarding] appropriate food compensatory stratifier for safe swallowing and naming objects, tx [treatment] for dysphagia and expressive communication."</p> <p>B. On 12/21/12, a speech therapy initial evaluation was completed by employee TT, Speech Therapist.</p> <p>C. Follow up speech therapy visits were conducted by employee TT, Speech Therapist, on 12/28/12, 1/3/13, and 1/11/13.</p>				

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N0550	<p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on clinical record review and interview, the home health agency failed to ensure the registered nurse updated the home health aide (HHA) plan of care at least every 60 days in 1 of 3 active records reviewed of patients receiving home health aide services with the potential to affect all those patients who receive home health aide services. (#2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care 7/20/12, included a home health certification and plan of care dated 11/18/12 to 1/16/13. The record evidenced an Aide / Homemaker Care Plan that had not been updated every 60 days. The most recent Aide / Homemaker Care Plan was dated 7/20/12. 2. On 1/30/13 at 3:15 PM, Employee B, Registered Nurse, indicated the Aide / 	N0550	The nurses were inserviced on updating the HHA plan of care at least every 60 days and that their signature is required. Charts will be reviewed at least every 60 days for compliance. The Clinical Director is responsible for compliance.	03/29/2013			

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	Homemaker Care Plan was reviewed every 60 days, but staff was unaware to initial/date when no changes were made to HHA plan of care.				