

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/02/2014
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NAME OF PROVIDER OR SUPPLIER  LINCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8765 GUION RD STE E INDIANAPOLIS, IN 46268
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N000000	<p>This was a home health state re-licensure survey.</p> <p>Survey Date: May 29 and 30 and June 2, 2014</p> <p>Facility #: 006020</p> <p>Surveyors: Nina Koch, RN, PHNS Public Health Nurse Surveyor</p> <p>Skilled Patients: 3</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 4, 2014</p>	N000000		
N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</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>(iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the medical plan of care included the frequency and duration of skilled nursing visits for 4 (#s 2, 3, 6 and 8) of 8 clinical records reviewed creating the potential to affect all of the agency's patients that receive skilled nursing services.</p> <p>Findings include:</p> <p>1. Clinical record number 2, Start of Care (SOC) 5-16-2014, included a plan of care established by the physician for the certification period 5-16-2015 to 6-14-2014 that failed to evidence physician orders for frequency and duration of skilled nursing visiting to provide routine PICC (peripherally inserted central catheter) care.</p> <p>2. Clinical record number 3, SOC</p>	N000524	<p>Plan of Correction for deficient patient records indicated during this survey: Patients #6 and #8 have been discharged from this agency's care and services. Patient #2 and #3 will have a corrected Plan of Care that includes frequency and duration of nursing visits by 6/30/14.</p> <p>Plan of Correction: Person Responsible: Nurse Manager and Center Manager</p> <p>An in-service for all nursing staff will be given on 6/30/14. The agenda will cover the following information:</p> <p>1. The Company policy on the establishment of a "Plan of Care" must include orders for specific frequency and duration of skilled nursing visits. This requirement will be met by using the electronic Plan of Treatment document and shall be initiated for all patients receiving nursing services from this company</p> <p>2. Instruction for completion of "The Plan of Care" will be discussed with all nursing personnel. Agenda will include instruction that the Plan of Care shall:</p> <p>(A) Be developed in consultation with all nursing personnel providing care for the patient. (B) Include all services provided for the patient (C) Cover all pertinent diagnoses. (D) Include the following:</p>	06/30/2014			

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	<p>2-14-2014, included a plan of care established by the physician for the certification period, 2-14-2014 to 4-14-2014 that failed to evidence physician orders for frequency and duration of skilled nursing visits to provide routine PICC care.</p> <p>3. Clinical record number 6, SOC 5-2-2014, included a plan of care for the certification period 5-2-2014 to 6-30-2014 that failed to evidence physician orders for frequency and duration of skilled nursing visits.</p> <p>4. Clinical record number 8, SOC 7-11-2013, included a plan of care for the certification period 7-11-2013 to 8-9-2013 that failed to evidence physician orders for frequency and duration of skilled nursing visits.</p> <p>5. An undated agency policy titled "Plan of Treatment" states, "The plan of treatment should accurately and specifically describe the treatment the patient will receive."</p> <p>6. Employee A, a registered nurse, indicated on May 30th at 2 PM there were no orders for specific frequency and duration of skilled nursing visits listed on the plans of care.</p>		<p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Any other appropriate items.</p> <p><b>MONITORING ACTIVITY</b></p> <p>1) Nurse Manager will review 100% of all "Plan of Care" documents for a period of 6 months to ensure all the requirements are present and the "Plan of Care" meets the regulations as stated in this survey. At the end of 6 months, if a 95% compliance rate is reached for all documents as listed above, the NM will then follow the Company policy for Quarterly Patient Record Review and continue to note trends for any deficiencies and implement corrective measures as necessary.</p> <p>2) All documentation that is found to be deficient will be submitted back to the clinician for immediate correction.</p> <p>3) Any noted trends in deficient documentation will be discussed with the area manager. Will re-educate the nursing staff as necessary.</p> <p>4) Plan of Correction will be reviewed and re-evaluated when trends are noted with the nurse manager, area manager, and regional healthcare manager on a monthly basis for 6 months as well as PRN.</p>	

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

PRINTED: 06/20/2014  
FORM APPROVED  
OMB NO. 0938-0391

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