

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 06/29/2012
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NAME OF PROVIDER OR SUPPLIER  NOBLE HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2449 45TH STREET SUITE D HIGHLAND, IN 46322
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G0000	<p>This visit was for a home health initial Medicaid certification survey. The survey was partially extended on 6-27-12.</p> <p>Facility: 012829</p> <p>Medicaid Vendor #: N/A.</p> <p>Dates of Survey: June 25, 26, 27, 2012.</p> <p>Number of records reviewed: 05</p> <p>Number of active records reviewed: 04</p> <p>Number of closed records reviewed: 1</p> <p>Surveyor: Janet Brandt, RN,PHNS.</p> <p>Quality Review: Linda Dubak, R.N. July 6, 2012</p>	G0000		
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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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G0159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review, policy review and interview, the agency failed to ensure the medical plan of care included a list of medications with dose, frequency and route for 3 of 5 clinical records reviewed in which the patient was provided with a skilled service. (#S 1, 3, 4) with the potential to affect all patients of the agency receiving skilled services.</p> <p>Findings include:</p> <p>1. Patient #1 with start of care (SOC) 6-11-12 failed to evidence a list of medications with dose, frequency, and route of administration documented on the Plan of Care. In an Interview on 6-25-12 at 1:00 PM Employee C indicated that a list of medications with dose, frequency and route was not on the Plan of Care for patient #1, Employee C</p>	G0159	G159 - The Director of Nursing and Administrator have worked together to correct all patient files. Medications are now listed on the CMS 485 Plan of Care (POC), which includes the medication, dose, frequency, and route of administration. Medication information is no longer kept as a separate attachment. Patients' POC now includes all pertinent diagnosis, mental status, type of services, equipment, frequency and duration, prognosis, rehabilitation potential, functional limitation, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, therapy modalities specifying length of treatment and any other appropriate items. To ensure proper patient care, documentation, and compliance with State and Federal regulations a checklist has been created to list all the POC's	07/09/2012			

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	<p>indicated a separate medication review sheet was utilized and updated with medication changes as needed and Employee C was not aware the medication list and dose, frequency and route of administration needed to be documented on the Plan of Care.</p> <p>2. Patient #3 with a SOC 6-13-12 failed to evidence a list of medications with dose, frequency and route of administration documented on the Plan of Care. Employee D on 6-26-12 at 9 AM indicated not being aware that a list of medications with dose, frequency and route of administration was not documented on the Plan of Care for patient #3.</p> <p>3. Patient #4 with a SOC 6-3-12 failed to evidence a list of medications with dose, frequency and route of administration documented on the Plan of Care. Employee B on 6-27-12 indicated that patient #4 did not have medications with dose, route of administration, and frequency documented on the Plan of Care but did have a separate medication review document that was updated as needed with medication changes and new physician orders. Employee B indicated that the agency management will amend all Plans of Care for all patients of the agency according to</p>		<p>required information. To prevent this deficiency from recurring, the checklist will be used when creating each patient's POC. To further ensure continued proper patient care, documentation, and compliance with State and Federal regulations the Administrator will review all Plans of Care within 7 days from date of patient admission. The Administrator will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.</p>				

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	<p>agency policy effective 6-27-12 and will follow agency policy for physician review of POC as amended.</p> <p>4. Review of agency policy 1.009.1 (Policy undated) #4.b: "The plan of care must be developed in conjunction with agency staff and must cover all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits at the time of admission, prognoses, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, and any other appropriate items." Per Employee B on 6-27-12 at 10:00 AM 3 of 5 medical records reviewed did not have medications listed on the Plan of Care as per agency policy.</p>			

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N0466	<p>410 IAC 17-12-1(j) Home health agency administration/management Rule 12 Sec. 1(j) The information obtained from the:</p> <p>(1) physical examinations required by subsection (h); and (2) tuberculosis evaluations and clinical follow-ups required by subsection (i) must be maintained in separate medical files and treated as confidential medical records, except as provided in subsection (k).</p> <p>Based on observation, policy review and interview, the agency failed to ensure the confidential medical records of employees were treated as confidential and maintained in separate medical files for 6 of 6 (A, B, C, D, E, F) personnel files reviewed with the potential to affect all employees of the agency.</p> <p>Findings include:</p> <p>1. On 6-27-12 at 8:15 AM Employee C retrieved six (6) binders from a locked cupboard. Employee C indicated the binders held all documentation for employee files except for the criminal histories for the employees which were kept in a separate binder and the physical exam (PEX) documentation and TB (tuberculin test) documentation which was kept in a separate binder. The medical portion of the employee files were co-mingled, observation evidenced medical information for files</p>	N0466	<p>N466 - The Administrator has placed each employee's medical record information in separate folder. To prevent this deficiency from recurring, Policy 2.002.1 has been redefined and edited to include the wording: "A <b>separate</b> second personnel folder for <b>each employee</b> with sensitive data shall include, but not..." The Administrator will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.</p>	07/09/2012			

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	<p>A, B, C, D, E, F to be contained in one (1) blue binder not kept separate or treated as confidential for each employee.</p> <p>2. On 6/27/12 at 12:00 Noon, Employee C indicated not being aware that the medical portion of employee files needed to be kept separate from the administrative portion of the employees file and agency staff were amending the issue as of 6-27-12 with the creation of separate medical files for each employee to be kept separate from the administrative portion of the employee personnel file. Employee C indicated the agency had not been following its own policy related to personnel records.</p> <p>3. Review of policy 2.002.1 (Policy undated) "Personnel Records" states, "a second personnel record with sensitive data shall include, but not be limited to:</p> <p style="padding-left: 40px;">A. Statement of Employability and Criminal History Request for Review and related documents.</p> <p style="padding-left: 40px;">B. Health status, including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Medical History</li> <li>2. Vaccinations, Initial TB testing</li> <li>3. Benefit forms</li> <li>4. Drug and Alcohol Screening." </li></ol>			

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N0524	<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. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</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) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record review, policy review and interview, the agency failed to ensure the medical plan of care included a list of medications with dose, frequency and route for 3 of 5 clinical records reviewed in which the patient was provided with a skilled service. (#S 1, 3, 4) with the potential to affect all patients of the agency receiving skilled services.</p> <p>Findings include:</p>	N0524	N524 - The Director of Nursing and Administrator have worked together to correct all patient files. Medications are now listed on the CMS 485 Plan of Care (POC), which includes the medication, dose, frequency, and route of administration. Medication information is no longer kept as a separate attachment. Patients' POC now includes all pertinent diagnosis, mental status, type of services, equipment, frequency and duration, prognosis, rehabilitation	07/09/2012			

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	<p>1. Patient #1 with start of care (SOC) 6-11-12 failed to evidence a list of medications with dose, frequency, and route of administration documented on the Plan of Care. In an Interview on 6-25-12 at 1:00 PM Employee C indicated that a list of medications with dose, frequency and route of administration was not on the Plan of Care for patient #1, Employee C indicated a separate medication review sheet was utilized and updated with medication changes as needed and Employee C was not aware the medication list and dose, frequency and route of administration needed to be documented on the Plan of Care.</p> <p>2. Patient #3 with a SOC 6-13-12 failed to evidence a list of medications with dose, frequency and route of administration documented on the Plan of Care. Employee D on 6-26-12 at 9 AM indicated not being aware that a list of medications with dose, frequency and route of administration was not documented on the Plan of Care for patient #3.</p> <p>3. Patient #4 with a SOC 6-3-12 failed to evidence a list of medications with dose, frequency and route of administration documented on the Plan of Care.</p>		<p>potential, functional limitation, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, therapy modalities specifying length of treatment and any other appropriate items. To ensure proper patient care, documentation, and compliance with State and Federal regulations a checklist has been created to list all the POC's required information. To prevent this deficiency from recurring, the checklist will be used when creating each patient's POC. To further ensure continued proper patient care, documentation, and compliance with State and Federal regulations the Administrator will review all Plans of Care within 7 days from date of patient admission. The Administrator will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.</p>				

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	<p>Employee B on 6-27-12 indicated that patient #4 did not have medications with dose, route of administration, and frequency documented on the Plan of Care but did have a separate medication review document that was updated as needed with medication changes and new physician orders.</p> <p>Employee B indicated that the agency management will amend all Plans of Care for all patients of the agency according to agency policy effective 6-27-12 and will follow agency policy for physician review of POC as amended.</p> <p>4. Review of agency policy 1.009.1 (Policy undated) #4.b: "The plan of care must be developed in conjunction with agency staff and must cover all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits at the time of admission, prognoses, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, and any other appropriate items." Per Employee B on 6-27-12 at 10:00 AM 3 of 5 medical records reviewed did not have medications listed on the Plan of Care as per agency policy.</p> <p>4. Review of agency policy 1.009.1(Policy undated) #4.b: "The plan of care must be developed in conjunction</p>						

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