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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157179 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/07/2014 |
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| NAME OF PROVIDER OR SUPPLIER ST FRANCIS HOME HEALTH AND HOSPICE | STREET ADDRESS, CITY, STATE, ZIP CODE 421 NORTH EMERSON GREENWOOD, IN 46143 |
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| G000000 | <p>This visit was for a home health partial extended recertification survey.</p> <p>Dates of survey: 10-31 to 11-07-2014</p> <p>Facility #: IN005346</p> <p>Medicaid Vendor #: 100264890A</p> <p>Surveyor: Deborah Franco, RN, PHNS</p> <p>Census: 1371 Skilled unduplicated admissions, past twelve months 290 Active patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 10, 2014</p> | G000000 | | |
| G000110 | <p>484.10(c)(2)(ii) RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives.</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>The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on document review, clinical record review, and interview, the agency failed to ensure patients were provided the current Indiana Advance Directives, including a description of applicable State law, in 20 of 20 records reviewed (1 - 20) with the potential to affect the exercise of rights of agency's current 290 patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The admission package given to agency patients failed to include the state of Indiana Advanced Directives revised July 1, 2013. The admission packet contained a state of Indiana Advance Directive brochure from May 2004. 2. Clinical record of patient #1, start of care (SOC) 7-18-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. During home visit on 11-3-14 at 10:30 AM, the patient's agency packet contained a May | G000110 | <p>On Friday, October 31, 2014 the state of Indiana Advance Directive information revised July 1, 2013 was replaced in all patient admission packets. An email was sent to all field staff instructing them to come into the branch office and exchange out all patient admission packets. In addition, a call was made to the clinicians assigned to any scheduled admission for an exchange to the 2013 ISDH Advance Directive information prior to seeing the patient. A correct version of the ISDH Advance Directive information will be mailed to all active patients on service as of 10/31/2014 by November 21, 2014. All staff was educated on the 2013 Advance Directive information as of Friday, November 7, 2014. In order to prevent reoccurrence an ongoing audit/monitoring will occur quarterly by reviewing the admission packet information and assuring the correct information is contained. The responsible party is Nancy Buss, Director Homecare. The deficiency will be corrected as of 11/21/2014.</p> | 11/21/2014 |

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| | <p>2004 copy of Indiana Advance Directives.</p> <p>3. Clinical record of patient # 2, SOC 2-28-13, contained a May 2004 Advance Directives brochure which was in effect at SOC. The clinical record lacked evidence of notification to patient #2 of updated description of state law when advance directives were revised in July 2013 to include Physician Orders for Scope of Treatment.</p> <p>4. Clinical record of patient #3, SOC 8-29-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>5. Clinical record of patient #4, SOC 10-29-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>6. Clinical record of patient #5, SOC 10-21-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>7. Clinical record of patient # 6, SOC 10-9-06, contained a May 2004 Advance Directives brochure which was in effect at SOC. The clinical record lacked evidence of notification to patient's guardian for patient #6 of updated</p> | | | |

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| | <p>description of state law when advance directives were revised in July 2013 to include Physician Orders for Scope of Treatment.</p> <p>8. Clinical record of patient #7, SOC 8-2-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>9. Clinical record of patient #8, SOC 9-20-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>10. Clinical record of patient #9, SOC 9-8-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>11. Clinical record of patient #10, SOC 10-9-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>12. Clinical record of patient #11, SOC 3-22-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>13. Clinical record of patient #12, SOC 12-20-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> | | | |

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| | 14. Clinical record of patient #13, SOC 5-28-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 15. Clinical record of patient #14, SOC 4-10-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 16. Clinical record of patient #15, SOC 9-13-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 17. Clinical record of patient #16, SOC 10-20-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 18. Clinical record of patient #17, SOC 9-27-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 19. Clinical record of patient #18, SOC 5-6-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 20. Clinical record of patient #19, SOC 7-9-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana | | | |

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| | <p>Advanced Directives.</p> <p>21. Clinical record of patient #20, SOC 3-8-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>22. The Administrator indicated on 11-7-14 at 3:00 PM that the agency failed to notify patients of their Advance Directive rights to include a description of current Indiana Advance Directives for all patients admitted after 7-1-13, and failed to update all active patients receiving agency services prior to that date regarding their Advance Directive rights as per Indiana Advance Directives brochure of July 1, 2013. The Administrator indicated the agency failed to change its admission packet when the Advance Directive brochure was updated.</p> | | | |

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| G000159 | <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, observation, policy review, and interview, the agency failed to ensure the plan of care contained all equipment required for 2 of 10 home visit observations (#8 and 9) with the potential to affect all agency's current 290 patients.</p> <p>Findings include:</p> <p>1. Clinical record of patient # 8, start of care (SOC) 9-20-14, contained a plan of care (POC) with certification period 9-20 to 11-18-14. During observation on 11-5-14 at 1:15 PM, durable medical equipment (DME) present in the patient's home included a hospital bed. The POC failed to include this DME.</p> | G000159 | <p>Reeducation occurred on Friday, November 11, 2014 of all staff regarding the requirement to ensure the plan of care contains all equipment/DME being utilized in the home. To prevent from reoccurring, an audit will occur listing all DME in the home to the Clinical Manager who will compare to the plan of care on the 485. Sample size will be 30 patients monthly x 3 months then quarterly. As indicated, correction to the POC and staff reeducation will occur. The responsible party is Nancy Buss, Director Homecare. This deficiency will be corrected as of 12/8/2014.</p> | 12/08/2014 |

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| N000000 | <p>2. Clinical record of patient # 9, SOC 9-8-14, contained a POC with certification period 9-8 to 11-6-14. During observation on 11-6-14 at 2:00 PM, DME present in the patient's home included a cane. The POC failed to include this DME.</p> <p>3. Agency policy "Medical Supervision in Plan of Care", last reviewed/revised 7-2013, stated, "Physician orders will be individualized, based on patient's needs, and include: ... D. A description of equipment ..."</p> <p>4. During interview with Nursing Supervisor on 11-7-14 at 3:00 PM, the Nursing Supervisor indicated the plans of care failed to include all medical equipment in patients' 8 and 9 homes as required by agency policy.</p> <p>This visit was for a home health state re-licensure survey,</p> <p>Survey dates: 10-31- to 11-7-2014</p> <p>Facility # IN005346</p> | N000000 | | |

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| N000518 | <p>Medicaid #: 100264890A</p> <p>Surveyor: Deborah Franco, RN, PHNS</p> <p>Census: 1371 Skilled unduplicated admissions, twelve months 290 Active patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 10, 2014</p> <p>410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on document review, clinical record review, and interview, the agency failed to ensure patients were provided the current Indiana Advance Directives, including a description of applicable</p> | N000518 | On Friday, October 31, 2014 the state of Indiana Advance Directive information revised July 1, 2013 was replaced in all patient admission packets. An email was sent to all field staff instructing them to come into the branch office and exchange out all | 11/21/2014 |

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| | <p>State law, in 20 of 20 records reviewed (1 - 20) with the potential to affect the exercise of rights of agency's current 290 patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The admission package given to agency patients failed to include the state of Indiana Advanced Directives revised July 1, 2013. The admission packet contained a state of Indiana Advance Directive brochure from May 2004. 2. Clinical record of patient #1, start of care (SOC) 7-18-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. During home visit on 11-3-14 at 10:30 AM, the patient's agency packet contained a May 2004 copy of Indiana Advance Directives. 3. Clinical record of patient # 2, SOC 2-28-13, contained a May 2004 Advance Directives brochure which was in effect at SOC. The clinical record lacked evidence of notification to patient #2 of updated description of state law when advance directives were revised in July 2013 to include Physician Orders for Scope of Treatment. 4. Clinical record of patient #3, SOC | | <p>patient admission packets. In addition, a call was made to the clinicians assigned to any scheduled admission for an exchange to the 2013 ISDH Advance Directive information prior to seeing the patient. A correct version of the ISDH Advance Directive information will be mailed to all active patients on service as of 10/31/2014 by November 21, 2014. All staff was educated on the 2013 Advance Directive information as of Friday, November 7, 2014. In order to prevent reoccurrence an ongoing audit/monitoring will occur quarterly by reviewing the admission packet information and assuring the correct information is contained. The responsible party is Nancy Buss, Director Homecare. The deficiency will be corrected as of 11/21/2014.</p> | | |

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| | <p>8-29-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>5. Clinical record of patient #4, SOC 10-29-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>6. Clinical record of patient #5, SOC 10-21-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>7. Clinical record of patient # 6, SOC 10-9-06, contained a May 2004 Advance Directives brochure which was in effect at SOC. The clinical record lacked evidence of notification to patient's guardian for patient #6 of updated description of state law when advance directives were revised in July 2013 to include Physician Orders for Scope of Treatment.</p> <p>8. Clinical record of patient #7, SOC 8-2-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>9. Clinical record of patient #8, SOC 9-20-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> | | | |

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| | 10. Clinical record of patient #9, SOC 9-8-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 11. Clinical record of patient #10, SOC 10-9-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 12. Clinical record of patient #11, SOC 3-22-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 13. Clinical record of patient #12, SOC 12-20-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 14. Clinical record of patient #13, SOC 5-28-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 15. Clinical record of patient #14, SOC 4-10-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. | | | |
| | 16. Clinical record of patient #15, SOC 9-13-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana | | | |

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| | <p>Advanced Directives.</p> <p>17. Clinical record of patient #16, SOC 10-20-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>18. Clinical record of patient #17, SOC 9-27-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>19. Clinical record of patient #18, SOC 5-6-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>20. Clinical record of patient #19, SOC 7-9-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>21. Clinical record of patient #20, SOC 3-8-14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.</p> <p>22. The Administrator indicated on 11-7-14 at 3:00 PM that the agency failed to notify patients of their Advance Directive rights to include a description of current Indiana Advance Directives for all patients admitted after 7-1-13, and failed to update all active patients</p> | | | |

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|--------------------|---|---------------|--|----------------------|
| N000524 | <p>receiving agency services prior to that date regarding their Advance Directive rights as per Indiana Advance Directives brochure of July 1, 2013. The Administrator indicated the agency failed to change its admission packet when the Advance Directive brochure was updated.</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (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, observation, policy review, and interview, the agency failed to ensure the</p> | N000524 | Reeducation occured on Friday, November 11, 2014 of all staff regarding the requirement to ensure the plan of care contains all equipment/DME being utilized | 12/08/2014 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157179 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/07/2014 |
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| NAME OF PROVIDER OR SUPPLIER ST FRANCIS HOME HEALTH AND HOSPICE | STREET ADDRESS, CITY, STATE, ZIP CODE 421 NORTH EMERSON GREENWOOD, IN 46143 |
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|--------------------|---|---------------|---|----------------------|
| | <p>plan of care contained all equipment required for 2 of 10 home visit observations (#8 and 9) with the potential to affect all agency's current 290 patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record of patient # 8, start of care (SOC) 9-20-14, contained a plan of care (POC) with certification period 9-20 to 11-18-14. During observation on 11-5-14 at 1:15 PM, durable medical equipment (DME) present in the patient's home included a hospital bed. The POC failed to include this DME. 2. Clinical record of patient # 9, SOC 9-8-14, contained a POC with certification period 9-8 to 11-6-14. During observation on 11-6-14 at 2:00 PM, DME present in the patient's home included a cane. The POC failed to include this DME. 3. Agency policy "Medical Supervision in Plan of Care", last reviewed/revised 7-2013, stated, "Physician orders will be individualized, based on patient's needs, and include: ... D. A description of equipment ..." 4. During interview with Nursing Supervisor on 11-7-14 at 3:00 PM, the Nursing Supervisor indicated the plans of | | <p>in the home. To prevent from reoccurring, an audit will occur listing all DME in the home to the Clinical Manager who will compare to the plan of care on the 485. Sample size will be 30 patients monthly x 3 months then quarterly. As indicated, correction to the POC and staff reeducation will occur. The responsible party is Nancy Buss, Director Homecare. This deficiency will be corrected as of 12/8/2014.</p> | |

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

PRINTED: 11/24/2014
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OMB NO. 0938-0391

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| | care failed to include all medical equipment in patients' 8 and 9 homes as required by agency policy. | | | | |