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
	157618		07/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCREDITED UNIVERSAL HOME HEALTH	6202 B CONSTITUTION DRIVE FORT WAYNE, IN 46804

(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 0000 Bldg. 00	This was a federal complaint investigation survey. Complaint IN00171081 and IN00172887 - Unsubstantiated: Lack of Sufficient Evidence. Unrelated deficiencies are cited. Survey Dates: July 14 and 15, 2015. Facility #: 012020 Medicaid #: 200957820 QR: JE 7/20/15	G 0000		
G 0141 Bldg. 00	484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. Based on employee file review, policy review, and interview, the agency failed to ensure all staff had a physical prior to providing care to patients for 2 of 4 employee files reviewed of employees who have patient contact. (F and G)	G 0141	In order to correct the cited deficiency, A meeting was scheduled on 7-20-15 with the above referenced field staff (F and G). Also a Governing Body Meeting was held to update the agency's policy in reference to having an employee do a physical	07/24/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157618	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/15/2015
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	Findings include 1. Employee file F, a home health aide (HHA), date of hire (DOH) 6/12/15 and first patient contact date (FPCD) 6/22/15, failed to evidence a physical. 2. Employee file G, a HHA, DOH 6/29/15 and FPCD 7/4/15, failed to evidence a physical. 3. During interview on 7/15/15 at 1:55 PM, employee C, the Administrator, indicated the agency does not require the HHAs to have a physical, and the policy says if they are not sick we do not need to have one. 4. During interview on 7/15/15 at 1:56 PM, employee D, the Alternate Administrator, indicated if the employee looks sick then we do require a physical. 5. The agency's undated policy titled "Personnel Records," # D-180, states, "1. Personnel Records: a. The personnel record for an employee will include, but not be limited to: ... e. medical History/Health Status-Maintained Confidentially: ... Physical, if required." (Indiana rules require a physical.)		before they are hired. During the staff meeting the Administrator instructed the both Employees to go to local clinic to complete the physical that was scheduled by the agency for the staff. During the GB meeting the agency's policy was updated to ensure we are in compliance with requiring a physical per Indiana State Guidelines. The staff agreed to attend scheduled appointment and will bring Physical documentation to the office once it is completed.In order to ensure this deficiency will not be repeated, the Administrator updated the policy and will require all new Employees to have a physical completed before they are assigned any clients. The Administrator will monitor this for the next 3 months to ensure we are in compliance.	
N 0000				

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Bldg. 00	This was a state complaint investigation survey of a deemed agency. Complaint #'s: IN00171081, IN00172887, and IN 0000175777-Unsubstantiated: Lack of Sufficient Evidence. Unrelated deficiencies are cited. Survey Dates: July 14 and 15, 2015. Facility #: 012020 Medicaid #: 200957820 QR: JE 7/20/15	N 0000		
N 0462 Bldg. 00	410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. Based on employee file review, policy review, and interview, the agency failed to ensure all staff had a physical prior to providing care to patients for 2 of 4 employee files reviewed of employees	N 0462	In order to correct the cited deficiency, A meeting was scheduled on 7-20-15 with the above referenced field	07/24/2015

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	who have patient contact. (F and G) Findings include 1. Employee file F, a home health aide (HHA), date of hire (DOH) 6/12/15 and first patient contact date (FPCD) 6/22/15, failed to evidence a physical. 2. Employee file G, a HHA, DOH 6/29/15 and FPCD 7/4/15, failed to evidence a physical. 3. During interview on 7/15/15 at 1:55 PM, employee C, the Administrator, indicated the agency does not require the HHAs to have a physical, and the policy says if they are not sick we do not need to have one. 4. During interview on 7/15/15 at 1:56 PM, employee D, the Alternate Administrator, indicated if the employee looks sick then we do require a physical. 5. The agency's undated policy titled "Personnel Records," # D-180, states, "1. Personnel Records: a. The personnel record for an employee will include, but not be limited to: ... e. medical History/Health Status-Maintained Confidentially: ... Physical, if required."		staff (F and G). Also a Governing Body Meeting was held to update the agency's policy in reference to having an employee do a physical before they are hired. During the staff meeting the Administrator instructed the both Employees to go to local clinic to complete the physical that was scheduled by the agency for the staff. During the GB meeting the agency's policy was updated to ensure we are in compliance with requiring a physical per Indiana State Guidelines. The staff agreed to attend scheduled appointment and will bring Physical documentation to the office once it is completed.In order to ensure this deficiency will not be repeated, the Administrator updated	

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