

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K050	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2013
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NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1614 E DAY RD MISHAWAKA, IN 46545
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G0000	<p>This was a federal home health complaint investigation.</p> <p>Complaint Numbers: IN 00121533 and IN 00121504 - Substantiated: Federal deficiencies related to the allegation are cited. An unrelated deficiency is also cited.</p> <p>Facility #: 012154</p> <p>Survey date: 1/23/13</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: right;">January 25, 2013</p>	G0000		

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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G0108	<p>484.10(c)(1) RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.</p> <p>The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>The HHA must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>Based on interview and review of clinical records, agency policy, and documents, the agency failed to ensure the patient was involved in changes in the plan of care affecting frequency of visits before the change was made in 1 of 3 clinical records reviewed with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1 contained a copy of a letter addressed to patient and sent via overnight mail dated 12/18/12 and states, "Re: Notice of Discharge Effective As of December 22, 2012."</p> <p>A. On 1/23/13 at 12:05 PM, patient #1 indicated there were no services provided by the agency on 12/21/12 and 12/22/12 and when agency was contacted on 12/21/12 with concern of staff not</p>	G0108	<p>Administrative Officer has reviewed policy HH-CL-016.2 Patient Visits- Scheduling with the recruiters.</p> <p>Administrative Officer has reviewed policy HH-ERR- 001.3 Patient Rights and Responsibilities with the recruiters.</p> <p>Recruiters will update the patients or caregivers daily regarding open shifts and efforts to fill. Documentation of these conversations will be logged in the system of record.</p> <p>Recruiters will document all calls to field staff when attempting to fill an open shift. Documentation will include employee's name, date and time of contact. Documentation will be maintained in the medical record.</p> <p>Initially the recruiters call all</p>	02/22/2013	

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	<p>arriving, patient indicated employee D informed patient the agency would not be providing services on 12/21 and 12/22/12.</p> <p>B. The record failed to evidence scheduled services were provided to patient on 12/21/12 and 12/22/12.</p> <p>C. On 1/23/13 at 9:45 AM, employee A indicated that no services had been provided on the dates stated above.</p> <p>2. A document titled "Missed Visit/Shift Report Log - "Homecare"" indicates that patient #1 had missed visits on "12/21/12 and 12/22/12" with "Reason Missed" as "(1) Employee Canceled."</p> <p>3. On 1/23/13 at 9:41 AM, employee B indicated three agency staff (employees E, F, and G) were contacted on 12/20/12 and asked to provide care for patient #1 on dates stated above and "every aide refused to go back due to environment and mistreatment from the patient." The employee was unable to provide documentation of the staff refusals to provide the services or of the agency's attempts to find alternate staff to provide the care.</p> <p>On 1/23/13 at 1:20 PM, a telephone interview with employee E was conducted. Employee E indicated</p>		<p>available direct care to staff to check availability to meet the staffing requirement per plan of care. Then, recruiters attempt to rearrange schedules to free up additional staff. If no staff available missed shift forms are filled out per policy and alternate forms of care are discussed with their primary care givers.</p> <p>If it is identified that staffing availability will not be intermittent but long-term then we will refer to our discharge policy because we have met one of the criteria for discharge that states available personnel are inadequate for the continuing needs of the client and notify our legal representative for guidance. Additionally, Administrative Officer will begin establishing contractual relationships with staffing agencies or alternate home health agencies to provide supplemental qualified staff when employees are not available to cover scheduled and/or unscheduled absences. The alternate agency will be contacted if the office cannot provide its own qualified staff. The contracting process will begin by 2/22/13. The Administrative officer , Director of Clinical Services or designee will assume responsibility to insure adherence to staffing per plan of care, discharge policy and contacting physicians and case-managers to assist with</p>				

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	<p>receiving no contact from agency staff regarding scheduling of care needed for patient #1 during the week of agency discharge.</p> <p>4. The agency policy titled "Subject: Discharge of Patients" with an effective date as 8/13/12 states, "3. Policy: 3.1 When the patient's plan of care changes and this change results in a discontinuation of a discipline and/or discharge from agency, the patient and/or family/caregiver, as well as the physician, will be notified and involved in planning decisions."</p>		<p>alternative staffing plans to meet the needs of the patient.</p> <p>100% of all missed visit/shift reports will be reviewed weekly to ensure all communication with clients and attempts to fill shifts with employees has been documented.</p> <p>The Administrator of Home Health Care services will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.</p>		

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G0341	<p>484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure the comprehensive assessment was updated at discharge in 1 of 3 discharged records reviewed with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1 contained a copy of a letter addressed to patient and sent via overnight mail dated 12/18/12 and states, "Re: Notice of Discharge Effective As of December 22, 2012." The record failed to evidence a comprehensive assessment was completed at discharge. 2. On 1/23/13, at 10:50 AM, employee B indicated last skilled nursing visit was on 12/19/12 and no discharge assessment was completed at this time. 3. The agency policy titled "Subject: Discharge of Patients" and with an effective date as 8/13/12 states, "6. Procedure: 6.2. At the time of agency discharge, the Registered Nurse or 	G0341	<p>The Director of Clinical Services has reviewed Policy HH-CL-021.4 Discharge of Patients with the Clinical Supervisors emphasizing 'At the time of agency discharge, the Registered Nurse or Therapist (as applicable) will complete the comprehensive assessment in the patient's home along with a Discharge Summary. For Medicare certified/Medicaid patients: Outcome and Assessment Information Set (OASIS) data must be collected on all patients receiving skilled care except for maternity patients and patients under the age of 18 years that a comprehensive assessment must be completed. Clinical Supervisors or qualified designee will complete a comprehensive assessment at the time of discharge for all patients being discharged from the agency. (Attachment C)</p> <p>10% of all discharged clinical records will be audited quarterly for evidence that a comprehensive assessment for each patient was completed at time of discharge.</p> <p>The Administrator of Home Health Care services will be</p>	01/28/2013	

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	Therapist (as applicable) will complete the comprehensive assessment in the patient's home along with a Discharge Summary. 6.2.1. For Medicare certified/Medicaid patients: Outcome and Assessment Information Set (OASIS) data must be collected on all patients receiving skilled care except for maternity patients and patients under the age of 18 years."		responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.		

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N0000	<p>This was a state home health complaint investigation.</p> <p>Complaint Numbers: IN 00121533 and IN 00121504 - Substantiated: State deficiencies related to the allegation are cited.</p> <p>Facility #: 012154</p> <p>Survey date: 1/23/13</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: right;">January 25, 2013</p>	N0000		

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N0490	<p>410 IAC 17-12-2(k) Q A and performance improvement Rule 12 Sec. 2(k) A home health agency must continue, in good faith, to attempt to provide services during the five (5) day period described in subsection (i) of this rule. If the home health agency cannot provide such services during that period, its continuing attempts to provide the services must be documented.</p> <p>Based on interview and review of clinical records, agency policy, and documents, the agency failed to ensure care was provided during the 5 day period prior to discharge in 1 of 3 clinical records reviewed with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1 contained a copy of a letter addressed to patient and sent via overnight mail dated 12/18/12 and states, "Re: Notice of Discharge Effective As of December 22, 2012."</p> <p>A. On 1/23/13 at 12:05 PM, patient #1 indicated there were no services provided by the agency on 12/21/12 and 12/22/12 and when agency was contacted on 12/21/12 with concern of staff not arriving, patient indicated employee D informed patient the agency would not be providing services on 12/21 and 12/22/12.</p>	N0490	<p>Administrative Officer has reviewed policy HH-CL-016.2 Patient Visits- Scheduling with the recruiters.</p> <p>Administrative Officer has reviewed policy HH-CL-021.4 Discharge of Patients with the recruiters.</p> <p>Recruiters will document all calls to field staff when attempting to fill an open shift. Documentation will include employee's name, date and time of contact. Documentation will be maintained in the medical record.</p> <p>Initially the recruiters call all available direct care to staff to check availability to meet the staffing requirement per plan of care. Then, recruiters attempt to rearrange schedules to free up additional staff. If no staff available missed shift forms are filled out per policy and alternate forms of care are discussed with their primary care givers.</p> <p>If it is identified that staffing availability will not be intermittent</p>	02/22/2013			

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	<p>B. The record failed to evidence scheduled services were provided to patient on 12/21/12 and 12/22/12.</p> <p>C. On 1/23/13 at 9:45 AM, employee A indicated that no services had been provided on the dates stated above.</p> <p>2. A document titled "Missed Visit/Shift Report Log - "Homecare"" indicates that patient #1 had missed visits on "12/21/12 and 12/22/12" with "Reason Missed" as "(1) Employee Canceled."</p> <p>3. On 1/23/13 at 9:41 AM, employee B indicated three agency staff (employees E, F, and G) were contacted on 12/20/12 and asked to provide care for patient #1 on dates stated above and "every aide refused to go back due to environment and mistreatment from the patient." The employee was unable to provide documentation of the staff refusals to provide the services or of the agency's attempts to find alternate staff to provide the care.</p> <p>On 1/23/13 at 1:20 PM, a telephone interview with employee E was conducted. Employee E indicated receiving no contact from agency staff regarding scheduling of care needed for patient #1 during the week of agency discharge.</p>		<p>but long-term then we will refer to our discharge policy because we have met one of the criteria for discharge that states available personnel are inadequate for the continuing needs of the client and notify our legal representative for guidance. Additionally, Administrative Officer will begin establishing contractual relationships with staffing agencies or alternate home health agencies to provide supplemental qualified staff when employees are not available to cover scheduled and/or unscheduled absences. The alternate agency will be contacted if the office cannot provide its own qualified staff. The contracting process will begin by 2/22/13. The Administrative officer , Director of Clinical Services or designee will assume responsibility to insure adherence to staffing per plan of care, discharge policy and contacting physicians and case-managers to assist with alternative staffing plans to meet the needs of the patient.</p> <p>100% of all missed visit/shift reports will be reviewed weekly to ensure all attempts to fill shifts with employees has been documented.</p> <p>The Administrator of Home Health Care services will be responsible for monitoring these corrective actions to ensure the</p>		

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	4. The agency policy titled "Subject: Discharge of Patients" with an effective date as 8/13/12 states, "3. Policy: 3.1 When the patient's plan of care changes and this change results in a discontinuation of a discipline and/or discharge from agency, the patient and/or family/caregiver, as well as the physician, will be notified and involved in planning decisions."		deficiency is corrected and will not recur.	

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N0504	<p>410 IAC 17-12-3(b)(2)(D)(i) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (i) The home health agency shall advise the patient in advance of the: (AA) disciplines that will furnish care; and (BB) frequency of visits proposed to be furnished.</p> <p>Based on interview and review of clinical records, agency policy, and documents, the agency failed to ensure the patient was involved in changes in the plan of care affecting frequency of visits before the change was made in 1 of 3 clinical records reviewed with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1 contained a copy of a letter addressed to patient and sent via overnight mail dated 12/18/12 and states, "Re: Notice of Discharge Effective As of December 22, 2012."</p> <p>A. On 1/23/13 at 12:05 PM, patient #1 indicated there were no services provided by the agency on 12/21/12 and 12/22/12 and when agency was contacted</p>	N0504	<p>Administrative Officer has reviewed policy HH-ERR- 001.3 Patient Rights and Responsibilities with the recruiters. (Attachment B)</p> <p>Recruiters will update the patients or caregivers daily regarding open shifts and efforts to fill. Documentation of these conversations will be logged in the system of record.</p> <p>100% of all missed visit/shift reports will be reviewed weekly to ensure all communication with clients regarding attempts to fill open shifts has been documented.</p> <p>The Administrator of Home Health Care services will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.</p>	02/12/2013	

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	<p>on 12/21/12 with concern of staff not arriving, patient indicated employee D informed patient the agency would not be providing services on 12/21 and 12/22/12.</p> <p>B. The record failed to evidence scheduled services were provided to patient on 12/21/12 and 12/22/12.</p> <p>C. On 1/23/13 at 9:45 AM, employee A indicated that no services had been provided on the dates stated above.</p> <p>2. A document titled "Missed Visit/Shift Report Log - "Homecare"" indicates that patient #1 had missed visits on "12/21/12 and 12/22/12" with "Reason Missed" as "(1) Employee Canceled."</p> <p>3. On 1/23/13 at 9:41 AM, employee B indicated three agency staff (employees E, F, and G) were contacted on 12/20/12 and asked to provide care for patient #1 on dates stated above and "every aide refused to go back due to environment and mistreatment from the patient." The employee was unable to provide documentation of the staff refusals to provide the services or of the agency's attempts to find alternate staff to provide the care.</p> <p>On 1/23/13 at 1:20 PM, a telephone interview with employee E was</p>				

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	<p>conducted. Employee E indicated receiving no contact from agency staff regarding scheduling of care needed for patient #1 during the week of agency discharge.</p> <p>4. The agency policy titled "Subject: Discharge of Patients" with an effective date as 8/13/12 states, "3. Policy: 3.1 When the patient's plan of care changes and this change results in a discontinuation of a discipline and/or discharge from agency, the patient and/or family/caregiver, as well as the physician, will be notified and involved in planning decisions."</p>				