

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 04/04/2013
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NAME OF PROVIDER OR SUPPLIER CRITICAL CARE SYSTEMS	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 VANGUARD DR STE D FORT WAYNE, IN 46809
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N000000	<p>This was a Home Health state licensure survey</p> <p>Survey Dates: April 1, 2, 3, and 4, 2013</p> <p>Facility Number: IN005899</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type:</p> <p>Skilled: 148 Home Health Aide Only: 0 Personal Care Only: 0 Total: 148</p> <p>Sample: RR w/HV: 3 RR w/o HV: 3 Total: 6</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: right;">April 4, 2013</p>	N000000		

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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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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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>Based on home visit observation, clinical record review, and interview the agency failed to ensure the Plan of Care (POC) contained all Durable Medical Equipment (DME) for 2 of 3 home visits with the potential to affect all the agency's patients. (#1 and 3)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. Clinical record #1 included a POC for the certification period 3/30-5/30/13. 	N000524	The Nurse Manager will provide an inservice to nursing staff to instruct them to list all DME ordered by the physician in Box 14.) DME and Supplies.10% of all clinical records will be audited quarterly for evidence that DME is listed in Box 14.) DME and Supplies.Nurse Manager will make 2 supervised visits with each RN within 30 days to ensure all DME found in the home is listed on Plan of Treatment.The Nurse Manager will be responsible for monitoring these	05/04/2013			

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	<p>Section 14 labeled DME and Supplies was marked not applicable (n/a) and section 18.B. lists 1- No Restrictions, A- Cane and C- Walker. During home visit observation on 4/2/13 at 1:00 PM, DME observed in the home included a bedside commode, walker, and cane. The bedside commode was not listed on the POC.</p> <p>On 4/2/13 at 1:45 PM, the patient's spouse indicated the patient does use the bedside commode.</p> <p>2. Clinical record 3 included a POC for the certification period 3/10-5/10/13. Section 14 labeled DME and Supplies was marked not applicable (n/a) and section 18.B. lists 1- No Restrictions. During home visit observation on 4/3/13 at 3:00 PM, DME observed in the home included a wheelchair. The wheelchair was not listed on the POC.</p> <p>On 4/3/13 at 3:50 PM, patient #3 indicated the physician told him/her not to bear weight on the left leg until after the next surgery so he/she uses the wheelchair.</p> <p>3. On 4/4/13 at 9:35 AM, employee A indicated the agency only lists DME the agency provides for the patient.</p> <p>4. On 4/4/13 at 10:05 AM, employee G</p>		<p>corrective actions to ensure that this deficiency is corrected and will not occur. Reason for IDR: Critical Care Systems understands that patients may have DME in their home, but based on the fact that the Critical Care Systems home health agency does not provide for or bill any DME or supplies is the reason our nurses have been instructed to enter N/A into this section of the Plan of Treatment.</p>				

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	indicated the DME are only listed for billing issues if DME are provided by the agency.				