

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER ADVANCED HOME HEALTH CARE INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 2834 B 45TH ST HIGHLAND, IN 46322
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G 0000 Bldg. 00	<p>This was the second revisit for a Federal home health recertification survey conducted on 4/16/15 to 4/21/15, previous revisit conducted on 6/4-5/15 and 6/8/15.</p> <p>Survey Date: 7/27-28/15</p> <p>Facility #: 011167</p> <p>Medicaid Vendor#: 200838680</p> <p>Two conditions and six standards were found to be corrected during the course of this survey.</p> <p>One new standard was cited during this survey.</p> <p>Advanced Home Health Care INC. is in compliance with the Conditions of Participation for home health agencies 42 CFR Part 484.</p> <p>QA; LD, R.N.</p>	G 0000		
G 0187 Bldg. 00	<p>484.32 THERAPY SERVICES</p> <p>The qualified therapist prepares clinical and progress notes.</p> <p>Based on clinical record review, policy review, and interview, the agency failed</p>	G 0187	The Clinical Director has in serviced all clinicians,including	08/26/2015

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>to ensure care was provided and documented by therapy services, Occupational Therapist (OT), employees, (Q) as stated in the agency's own policy for 1 (#2) of 4 clinical records reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Clinical record review of patient #2, start of care (SOC) 7/10/15, certification period 7/10/15-9/7/15, skilled therapy visit notes OT, employee Q, dated, 7/17/15, recorded no vital signs (blood pressure, temperature, respirations and heart rate) for this patient. 2. Interview on 7/27/15 at 3:00 PM, the director of nursing, employee A, indicated that he/she agrees therapy services should have taken vitals on patient's #2. 3. Agency policy titled "ONGOING ASSESSMENTS", October 2011, stated "Policy ...Using the standards of care identified by the organization, the clinician (... Clinician: Any Nurse, PT, OT, ST, MSW, or paraprofessional involved in the care of a patient ... as defined in agency policy titled "CARE PLANNING PROCESS" dated October 2011) will reassess the patient for: A. Blood pressure, pulse, respirations, temperature." 		<p>Nurse, PT, OT, ST, MSW, that Vital Signs will be taken and documented on all initial assessments and ongoing assessments of the patient. Contracted services have all been in serviced on the policy that vital signs will be taken and documented. Vital signs will include Blood pressure, pulse, respirations and temperature. The Performance Improvement Manager/Designee will perform the following: Audit 30% of all active clinical records for evidence that there is 100% compliance that vital signs are being documented according to policy. The Administrator and Agency supervisor will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and will not recur.</p>	

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N 0000 Bldg. 00	<p>4. Agency document titled "Total Rehabilitation Service, LLC AGREEMENT", stated, "The contractor will perform initial and ongoing assessments according to Agency policy and procedure. "</p>	N 0000		
N 0566 Bldg. 00	<p>This was the second revisit for a State re-licensure survey conducted on 4/16/15 to 4/21/15, previous revisit conducted on 6/4-5/15 and 6/8/15.</p> <p>Survey Date: 7/27-28/15</p> <p>Facility #: 011167</p> <p>Five deficiencies were found to be corrected during the course of this survey.</p> <p>One new deficiency was cited during this survey.</p> <p>QA; LD, R.N.</p> <p>410 IAC 17-14-1(c)(5) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall:</p>			

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	<p>(5) prepare clinical notes; Based on clinical record review, policy review, and interview, the agency failed to ensure care was provided and documented by therapy services, Occupational Therapist (OT), employees, (Q) as stated in the agency's own policy for 1 (#2) of 4 clinical records reviewed.</p> <p>Findings:</p> <p>1. Clinical record review of patient #2, start of care (SOC) 7/10/15, certification period 7/10/15-9/7/15, skilled therapy visit notes OT, employee Q, dated, 7/17/15, recorded no vital signs (blood pressure, temperature, respirations and heart rate) for this patient.</p> <p>2. Interview on 7/27/15 at 3:00 PM, the director of nursing, employee A, indicated that he/she agrees therapy services should have taken vitals on patient's #2.</p> <p>3. Agency policy titled "ONGOING ASSESSMENTS", October 2011, stated "Policy ...Using the standards of care identified by the organization, the clinician (... Clinician: Any Nurse, PT, OT, ST, MSW, or paraprofessional involved in the care of a patient ... as defined in agency policy titled "CARE PLANNING PROCESS" dated October</p>	N 0566	<p>The Clinical Director has in serviced all clinicians, including Nurse, PT, OT, ST, MSW, that Vital Signs will be taken and documented on all initial assessments and ongoing assessments of the patient. Contracted services have all been in serviced on the policy that vital signs will be taken and documented. Vital signs will include Blood Pressure, pulse, respirations and temperature. The Performance Improvement Manager/Designee will perform the following: Audit 30% of all active clinical records for evidence that there is 100% compliance that vital signs are being documented according to policy. The Administrator and Agency supervisor will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and will not recur.</p>	08/26/2015

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