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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K054 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/21/2012 |
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| NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE ASSOCIATES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 2038 W 2ND STREET MARION, IN 46952 |
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| G0000 | <p>This visit was a Home Health federal recertification survey. This was a partial extended survey.</p> <p>Survey Date: 9/18/12 to 9/21/12</p> <p>Facility #: 012169</p> <p>Medicaid #: NA</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 61</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 25, 2012</p> | G0000 | <p>The creation and submission of the plan of correction does not constitute and admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulations. This provider respectfully requests the plan of correction be considered the letter of credible allegation and request a post survey review on or after 10/03/2012</p> | |
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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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| G0158 | <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record review and interview, the agency failed to ensure home health aide (HHA) services had been provided as ordered by the physician on the plan of care in 2 of 11 records reviewed. (#2 and #9)</p> <p>Findings:</p> <p>1. Clinical record number 2 included a plan of care established by the physician for the care provided 08/18/2012 to 10/16/2012 that evidenced home health aide services were to be provided 2 hours per day, 1 day per week, for 1 week and 2 hours per day, 3 days per week, for 8 weeks.</p> <p>A. The record evidenced HHA services had been provided for 2 days for the week of 08/19/12 to 08/25/12.</p> <p>B. On 09/18/2012 at 1:15 PM, the alternate administrator, employee B, indicated no documentation of the missed visit could be located.</p> | | | G0158 | <p>HHCA will ensure that care provided to clients by all disciplines will follow an established plan of care.</p> <p>Action Taken</p> <ul style="list-style-type: none"> · Policy was revised to ensure coordination of planned care. · All team members was in-serviced on the Plan of Care Policy. · Staff education provided regarding missed visits process and policy. · Client/family caregiver educated and provided information to contact HHCA in the event of missed visits by field staff. · HR Director/Designee and Director of Nursing/Designee will be responsible for implementation for compliance and continual monitoring. | | 10/31/2012 |

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| | <p>2. Clinical record number 9 included a plan of care established by the physician for the care provided 07/20/2012 to 09/17/2012 that evidenced home health aide services were to be provided 4 hours per day, 7 days per weeks.</p> <p>A. The record failed to evidence HHA services had been provided on 07/29/2012 and 08/31/2012.</p> <p>B. On 09/21/2012 at 11:45 AM, employee B indicated that no documentation of HHA missed visits for these dates could be located.</p> | | <ul style="list-style-type: none"> · Director of Nursing/Designee will monitor missed visits 5 times weekly for compliance. Audits will be monitored and action plans will be developed as needed to ensure continual compliance. · Date of Compliance 10/31/2012 | | |

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| N0000 | <p>This visit was a Home Health state relicensure survey.</p> <p>Survey Date: 9/18/12 to 9/21/12</p> <p>Facility #: 012169</p> <p>Medicaid #: NA</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 61</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 25, 2012</p> | N0000 | <p>The creation and submission of the plan of correction does not constitute and admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulations. This provider respectfully requests the plan of correction be considered the letter of credible allegation and request a post survey review on or after 10/03/2012</p> | | |

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| N0522 | <p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record review and interview, the agency failed to ensure home health aide (HHA) services had been provided as ordered by the physician on the plan of care in 2 of 11 records reviewed. (#2 and #9)</p> <p>Findings:</p> <p>1. Clinical record number 2 included a plan of care established by the physician for the care provided 08/18/2012 to 10/16/2012 that evidenced home health aide services were to be provided 2 hours per day, 1 day per week, for 1 week and 2 hours per day, 3 days per week, for 8 weeks.</p> <p>A. The record evidenced HHA services had been provided for 2 days for the week of 08/19/12 to 08/25/12.</p> <p>B. On 09/18/2012 at 1:15 PM, the alternate administrator, employee B, indicated no documentation of the missed visit could be located.</p> | N0522 | <p>HHCA will ensure that care provided to clients by all disciplines will follow an established plan of care. Action Taken · The policy was revised to ensure coordination of planned care. · All team members were in-serviced on the Plan of Care Policy. · Staff education provided regarding missed visits process and policy. · Client/family caregiver educated and provided information to contact HHCA in the event of missed visits by field staff. · HR Director/Designee and Director of Nursing/Designee will be responsible for implementation for compliance and continual monitoring. · Director of Nursing/Designee will monitor missed visits 5 times weekly for compliance. Audits will be monitored and action plans will be developed as needed to ensure continual compliance. · Date of Compliance 10/31/2012</p> | 10/31/2012 | | | |

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