STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	157474	A. BUILDING 00 B. WING	02/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOME HEALTHCARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(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
N 000 Bldg. 00	This was a state home health complaint investigation. Complaints IN00159540, IN00156280, and IN00155991- Substantiated: No deficiencies related to the allegation are cited. Unrelated deficiencies are cited. Survey date: December 29, 2014, and February 23, 2015 Facility number: 009554 Medicaid Number: 200107010 Surveyors: Michelle Weiss RN MSN Linda Dubak RN ASN Ingrid Miller, RN Public Health Nurse Surveyors Current Census: 665 Quality Review: Joyce Elder, MSN, BSN, RN January 6, 2015	N 000		

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

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N 508 Bldg. 00	410 IAC 17-12-3(b)(2)(E) Patient Rights Rule 12 Sec. 3(b)(2)(E) (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: (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records. Based on document review the agency failed to safeguard clinical record information against loss or unauthorized use for a total of 1044 clients. Findings include: 1. Confidential medical information was observed on 2/23/15 at 8:30 AM in an unlocked office at the Crown Point Nightingale office location. Inside the desk at second observation (#3) were confidential medical documents for patient #1 and other patients. These included information for patients at the home health agency.	N 508	1 How will the deficiency be corrected? All patient clinical record information will be safeguarded All patient documentation will be removed from the space in Crown Point 2 How will the deficiency be prevented from recurring? All Home Health staff will be inserviced on HIPPA regulations and their responsibility to protect patient clinical record information 3 Who is responsible? The Director of Clinical Services 4 By what date will the deficiency be corrected? 04/21/2015	04/21/2015

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	2. This was the first observation. The agency address was located inside a brick 3 story professional office building. On arrival at the agency address on 2/23/15 at 8:30 AM, entering the front door, there was a large sign with the names and floors of the business entities located in the building. The hospice name was not observed on this signage. Surveyor took the elevator, located next to the sign, to the 3rd floor. To the left of the elevator was a corridor, and immediately to the right of the corridor was a glass door with the name of another agency and daily hours of operation listed as 8:30 AM - 4:30 PM Monday-Friday and a phone number 219-310-8537. Inside the glass door was a hallway with two suites. No one answered when the surveyor knocked on the door. 3. This was the second observation. On 2/23/15 at 9:06 AM, surveyor #2 visited the office on the 3rd floor for a second time. The front door to these suites was unlocked. The suite mentioned in the complaint was to the far right of the entry way. The surveyor knocked on the door. There was no answer. The surveyor opened the door and asked if anyone was inside. No one answered. Inside this office were a conference room, three individual offices, a kitchen area with a copy machine, and a storage room. One			

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	office had a fax machine and large L shaped desk and file cabinet. Inside the file cabinet were two large lists of patients with the name of the Hospice as a header. One list was dated 2003 (Document A) and one was dated 12/3/14 (Document B) Inside the desk drawer were resumes of applicants for nursing and marketing positions and other documents C - F and H and J. Another office contained a large box with marketing material and a letter from terminated employee C of the Ft. Wayne office (Document #I). The storage room was filled with medical supplies including syringes and blood specimin tubes. There was also a box with blank chart documents with the name of the Ft. Wayne hospice or the Ft. Wayne hospice phone number on the documents including document #G. (These documents are explained fully in the complaint narrative for the hospice.) 4. An agency document titled "Information sheet" with the name of patient #1 scratched out but still legible included the patient's address, date of birth, diagnosis of liver cancer, Medicare number (scratched out but still legible), and other information about this patient. This document was found in the office desk drawer of the unlocked office. This is document #C listed above and in the			

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	complaint narrative. 5. On 2/23/15 at 11:45 AM, Employee A, registered nurse (RN), from the Ft. Wayne office via telephone call, indicated the Crown Point office should have been locked up to protect what had been left behind in the unattended office when the contents of the office were moved back to Ft. Wayne. 6. On 2/23/15, a complaint survey was being conducted at Nightingale Home Healthcare(HHA). At 10:30 AM, a phone call was received from the PHNSS (Public Health Nurse Surveyor Supervisor) for Home Health, Hospice, ESRD (End Stage Renal Disease), and RHC (Rural Health Clinic). The PHNSS indicated that surveyor #2 had entered a hospice facility in Crown Point and discovered a client list which included patient names, diagnosis type, and Current site which was listed as ' IN NGHT HH. " 7. At 1:16 pm, an email with an attachment was received from Surveyor 2. The attachment contained employee information that included a resume and interview notes(?).			

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	8.Surveyor #2 sent another email and attachment at 3:44 pm. The attachment was one sheet listing patient name, med record #, start of care date, type of service, discipline, primary payer, priority, and site. It also contained Comcast billing information, another resume with interview notes, blank Nightingale Home Healthcare application including the signature of the administrator of the home health agency, an agenda for the hospice facility (unknown where) that listed discharges/bereavement, admissions, level of care changes, recertifications due for todays interdisciplinary team (IDT) meeting, and Recertifications due next IDT meeting: Wednesday 12/3/14, a third resume, billing information, personal day off request with employee ' s name and hire date, and an offer letter from nightingale home heatlth for the Masters of social work position. 9. At 3:52 pm, email was received from the PHNSS that stated, "Her [surveyor 2] records were of 1044 patients and because of the obscurity of who these patient belong [sic] to [the Division Director] has decided for this to be cited in all complaints. They [unknown] told			

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	(one of you) [unknown] this was a drop site for the HH [home heatlh] and HHP [hospice] of Carmel." In an email dated February 26, 2015, at 10:55 AM, surveyor 3 indicated the PHNSS indicated the agency failed to maintain the confidentiality of the patient records.			
N 614 Bldg. 00	410 IAC 17-15-1(c) Clinical Records Rule 15 Sec. 1(c) Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern use and removal of records and conditions for release of information. Patient's written consent shall be required for release of information not authorized by law. Current service files shall be maintained at the parent or branch office from which the services are provided until the patient is discharged from service. Closed files may be stored away from the parent or branch office provided they can be returned to the office within seventy-two (72) hours. Closed files do not become current service files if the patient is readmitted to service. Based on document review the agency failed to safeguard clinical record information against loss or unauthorized use for a total of 1044 clients.	N 614	1 How will the deficiency be corrected? All patient clinical record information will be safeguarded against loss or unauthorized use All patient documentation will be removed from the space in Crown Point 2 How will the deficiency be	04/21/2015

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	Findings include: 1. Confidential medical information was observed on 2/23/15 at 8:30 AM in an unlocked office at the Crown Point Nightingale office location. Inside the desk at second observation (#3) were confidential medical documents for patient #1 and other patients. These included information for patients at the home health agency. 2. This was the first observation. The agency address was located inside a brick 3 story professional office building. On arrival at the agency address on 2/23/15 at 8:30 AM, entering the front door, there was a large sign with the names and floors of the business entities located in the building. The hospice name was not observed on this signage. Surveyor took the elevator, located next to the sign, to the 3rd floor. To the left of the elevator was a corridor, and immediately to the right of the corridor was a glass door with the name of another agency and daily hours of operation listed as 8:30 AM - 4:30 PM Monday-Friday and a phone number 219-310-8537. Inside the glass door was a hallway with two suites. No one answered when the surveyor knocked on the door. 3. This was the second observation. On		prevented from recurring? All Home Health staff will be inserviced on HIPPA regulations and their responsibility to protect patient clinical record information 3 Who is responsible? The Director of Clinical Services 4 By what date will the deficiency be corrected? 04/21/2015	

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