

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157428	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2014
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NAME OF PROVIDER OR SUPPLIER PEDIATRIC NURSING SPECIALISTS OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6523 CONSTITUTION DR FORT WAYNE, IN 46804
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G000000	<p>This was a home health federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: June 18, 19, 20, and 23, 2014. Partial Extended Dates: June 19, 20, and 23, 2014.</p> <p>Facility Number: IN008490</p> <p>Medicaid Number: 200852870B</p> <p>Surveyors: Miriam Bennett, RN, BSN, PHNS Deborah Franco, RN, ASN, PHNS</p> <p>Census Service Type: Skilled: 37 Home Health Aide Only: 0 Personal Care Only: 0 Total: 37</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN,</p>	G000000		
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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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G000159	<p>BSN, RN\ June 25, 2014</p> <p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on observation, clinical record review, policy review, and interview, the agency failed to ensure all durable medical equipment (DME) used by patients was included on the plan of care (POC) for 3 of 5 home visit observations (#2, 4, and 5) creating the potential to affect all the agency's patients.</p> <p>Findings include</p> <p>1. Clinical record # 2, start of care (SOC) 12/1/09, contained a POC dated 5/9-7/7/14. During observation on 6/19/14 at 11:00 AM, DME present in the patient's home included a wheel chair and a stander. The POC failed to include these DME.</p> <p>On 6/19/14 at 1:55 PM, employee A</p>			G000159	<p>Measure taken to correct deficient practice: DON and CCM compared 485's to equipment and created interim orders as needed to correct any discrepancies. Measure taken to correct in future: ADM will audit 10% of client charts using the PI process quarterly. Ongoing education of nursing staff regarding comprehensive/complete/accurate assessment data.</p>		07/30/2014

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G000339	<p>indicated patient # 2 has had the wheel chair since SOC and can't believe it was missed.</p> <p>2. Clinical record # 4, SOC 9/9/02, contained a POC dated 5/9-7/7/14. During observation on 6/20/14 at 9:30 AM, DME present in the patient's home included a wheel chair. The POC failed to include the wheel chair.</p> <p>3. Clinical record #5, SOC date 11/20/97, contained a POC dated 6/17-8/15/14. During observation on 6/20/14 at 11:00 AM, DME present in the patient's home included a specialty bed, tube feeding pump, and shower chair. The POC failed to include these DME.</p> <p>4. The agency's policy titled "Plan of Care," # C-580, revised July 2012, states, "2. The Plan of Care shall be completed in full to include: ... m. Medical supplies and equipment required."</p> <p>484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary</p>			

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	<p>elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the comprehensive Outcome and Assessment Information Set (OASIS) was completed within the 5 day window for recertification for 1 of 10 clinical records reviewed of patients receiving services longer than 60 days with the potential to affect all the agency patients receiving services longer than 60 days. (#3)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. Clinical record #3, start of care 8/4/12, contained a plan of care dated 4/6-/6/4/14. The follow up assessment for the certification period 4/6-6/4/14 was completed on 6/5/14. 2. During interview on 6/23/14 at 10:53 AM, employee A indicated the nurse must have mis-dated the form because the agency had identified this problem in the past and had it corrected. 3. The agency's policy titled "Comprehensive Client Assessment," # C-145, revised June 2012, states, "All skilled clients except pediatric and post-partum will have comprehensive 	G000339	<p>Measure taken to correct deficient practice: DON will inservice CCM on 60 day window based on last assessment not the POC dates. Will implement having reminders in scheduling for each patient to show the last day assessment can be scheduled. Measure taken to correct in future: ADM will audit 10% of client charts using the PI process quarterly. Ongoing education of nursing staff regarding 60 day assessments and their due dates.</p>	07/30/2014

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N000000	<p>assessments with OASIS data sets specific to mandated time points. ... The depth and frequency of ongoing assessments will depend on client needs, goals and the care and treatments and services provided, but will be done at least every sixty (60) day period. ... 13. Reassessments are conducted based on client needs, physician orders, professional judgment and/or OASIS or other regulatory requirements, and for any changes indicated in the plan of care."</p> <p>This was a home health state license survey.</p> <p>Survey Dates: June 18, 19, 20, and 23, 2014.</p> <p>Facility Number: IN008490</p> <p>Medicaid Number: 200852870B</p> <p>Surveyors: Miriam Bennett, RN, BSN, PHNS Deborah Franco, RN, ASN, PHNS</p>	N000000		

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N000524	<p>Census Service Type: Skilled: 37 Home Health Aide Only: 0 Personal Care Only: 0 Total: 37</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN\ June 25, 2014</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (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</p>			

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	<p>referral.</p> <p>(xii) Therapy modalities specifying length of treatment.</p> <p>(xiii) Any other appropriate items.</p> <p>Based on observation, clinical record review, policy review, and interview, the agency failed to ensure all durable medical equipment (DME) used by patients was included on the plan of care (POC) for 3 of 5 home visit observations (#2, 4, and 5) creating the potential to affect all the agency's patients.</p> <p>Findings include</p> <p>1. Clinical record # 2, start of care (SOC) 12/1/09, contained a POC dated 5/9-7/7/14. During observation on 6/19/14 at 11:00 AM, DME present in the patient's home included a wheel chair and a stander. The POC failed to include these DME.</p> <p>On 6/19/14 at 1:55 PM, employee A indicated patient # 2 has had the wheel chair since SOC and can't believe it was missed.</p> <p>2. Clinical record # 4, SOC 9/9/02, contained a POC dated 5/9-7/7/14. During observation on 6/20/14 at 9:30 AM, DME present in the patient's home included a wheel chair. The POC failed to include the wheel chair.</p>	N000524	Measure taken to correct deficient practice: DON and CCM compared 485's to equipment and created interim orders as needed to correct any discrepancies. Measure taken to correct in future: ADM will audit 10% of client charts using the PI process quarterly. Ongoing education of nursing staff regarding comprehensive/complete/accurate assessment data.	07/30/2014

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