

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157594	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/19/2014
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NAME OF PROVIDER OR SUPPLIER EXCEL HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 S LEBANON ST LEBANON, IN 46052
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G000000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey dates: 9-16-14 to 9-19-14</p> <p>Facility # IN011393</p> <p>Medicaid # 200869430</p> <p>Surveyors: Deborah Franco, RN, PHNS Shannon Pietraszewski, RN, PHNS</p> <p>Census: 344 Skilled unduplicated admissions, twelve months 69 Active patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 30, 2014</p>	G000000		

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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G000143	<p>484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Based on clinical record review and interview, the agency failed to assure that all personnel furnishing services coordinated those services for 1 of 1 (CR#1) record reviewed of patients receiving services from another agency with the potential to affect all agency clients receiving services from other agencies.</p> <p>Findings included:</p> <p>1. During home visit with Patient #1 on 9-17-14 at 8:30 AM, he agency's speech pathologist interviewed a personal care attendant regarding patient's status with regard to swallowing and choking episodes. The personal services attendant indicated he/she was employed by an</p>	G000143	<p>Administrator will inservice all staff 10/14/2014 that clients must have documentation of coordination of care who are receiving services from other agencies. The plan of care will include documentation of other services by other agencies and the case conference notes will include documentation of other services provided by another agency. The 485 reviewer will review clinical summaries to ensure documentation is included. Administrator revised the case conference notes on 10/3/2014 to include area to document other services from other agencies. 100 % of all clinical records will be reviewed for 3 months then 25 % thereafter. The Administrator will be responsible for monitoring these corrective actions to ensure</p>	10/14/2014

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	<p>another agency.</p> <p>2. Clinical record #1 evidenced a plan of care for Skilled Nursing (SN), Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST), with start of care (SOC) 9-10-14 and certification period of 9-10 to 11-8-14. The record failed to evidence the agency had coordinated care with the other agency providing services.</p> <p>3. The plan of care lacked documentation of personal attendant services being provided by another agency.</p> <p>4. During interview with the Director of Nursing (DoN) on 9-17-14 at 3:45 PM, the DoN indicated the patient had received personal care attendant services from another agency since the start of care, but this information had not been communicated to all personnel furnishing services. The DoN indicated the plan of care and case conference notes should have included the coordination of care of personal care attendant services from the another agency with the professional service providers of this agency.</p>		that this deficiency is corrected and will not recur.		

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G000159	<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 clinical record review, policy review, observation, and interview, the agency failed to ensure the plan of care included all the durable medical equipment in the patients' home for 3 of 10 clinical records reviewed (# 2, 3, and 4) with the potential to affect all patients with durable medical equipment needs; failed to include a secondary diagnosis for 1 of 10 clinical records reviewed (# 5) with the potential to affect all patients receiving services; and failed to ensure the plan of care specified duties for the Home Health Aide for 5 of 5 clinical</p>	G000159	<p>Administrator will inservice all staff 10/14/2014 for all clinicians to include/add all DME on the POC. All DME will be listed on the 485/POC including but not limited to walker, wheelchair, grabbars, toilet seat risers, tub-bench, insuling pump, O2 tanks, pain pumps etc. If a new piece of equipment is acquired in-between cert periods, clinician will update the POC at that time. The clinician will also update the POC to include new or added diagnosis. Administrator will inservice all staff on 10/14/2014 that the Home Health Aide Interventions on POC must</p>	10/14/2014

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	<p>records reviewed (# 3, 4, 7, 8, and 9) of patients receiving Home Health Aide services with the potential to affect all patients with receiving Home Health Aide services.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During home visit of patient # 2 on 9-17-14 at 9 AM, the durable medical equipment observed in the home were a wheelchair, walker, bath chair, and oxygen tanks. The plan of care for certification period 8-14 to 10-12-14 listed under item 14 "DME and Supplies" N/A. 2. During home visit of patient # 3 on 9-17-14 at 10 AM, the durable medical equipment observed in the home were a walker, bath chair, and commode frame with arms/handles. The plan of care for certification period 7-20 to 9-17-14 listed under item 14 "DME and Supplies" N/A. <p>The Home Health Aide (HHA) was observed assisting the patient with food and drink, transfers, shower using a bath/shower chair, shampooing of hair, drying, applying lotion, assisting with dressing, grooming of hair, and oral hygiene. The plan of care for certification period 7-20 to 9-17-14 listed HHA services 3xW9 (3 times a week for</p>		<p>be specific to each patient. Will discontinue using "personal care" and "ADL care" and include specific duties for each client that is specific to that client. Director of Nursing will review 100 % of all records for 3 months, then 25% thereafter. Administrator will be responsible for monitoring the corrective actions to ensure that this deficiency is corrected and will not recur</p>	

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	<p>9 weeks) with the order to "Assist With Personal Care." The plan of care failed to evidence the specific duties the aide was to perform.</p> <p>3. During home visit of patient # 4 on 9-17-14 at 1 PM, the durable medical equipment observed in the home were a walker, cane, bath chair, and toilet seat riser. The plan of care for certification period 9-3 to 11-1-14 listed under item 14 "DME and Supplies" N/A.</p> <p>The plan of care for patient #4 for the certification period of 9-3 to 11-1-14 included order for the HHA to "start on 9-4-14: 1W1, 2W8. [one time a week for one week, then 2 times a week for 8 weeks." No duties were specified for the HHA care ordered and no goals were established relative to the HHA services.</p> <p>4. During home visit of patient # 5 on 9-19-14 at 8:15 AM, the skilled nurse (SN) provided wound care of the left foot and made assessments related to patient's diabetes, insulin pump, and glucometer testing. The plan of care for the certification period 7-3- to 9-27-14 failed to evidence the secondary diagnosis of diabetes mellitus.</p> <p>5. The plan of care for patient #7 for the certification period of 8-9 to 10-7-14</p>						

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	<p>included an order for the HHA to "Assist With Personal Care." The plan of care failed to evidence the specific duties the aide was to perform.</p> <p>6. The plan of care for patient #8 for the certification period of 9-3 to 11-1-14 included orders for the HHA to "Assist with Tub/Shower Bath." The HHA documented care provided included TPR, Shower, Oral hygiene/denture prn, skin care/check pressure areas, lotion, shampoo, hair care: comb/brush, back rub on 9-3, 9-5 9-8, 9-10, and 9-12-14. These things were not listed on the plan of care.</p> <p>7. The plan of care for patient #9 for the certification period of 8-27 to 10-25-14 included an order for the HHA to "Assist with Tub/Shower Bath." HHA notes documented the HHA provided TPR, Shower, skin care/check pressure areas, foot care/tepid water soak, lotion, shampoo, hair care, assist patient to dress, peri care on 9-4, 9-6, 9-8, 9-10, and 9-17-14. These things were not listed on the plan of care.</p> <p>8. Agency policy "Plan of Care", last reviewed/revised 7-31-13, stated "#2 The plan of care shall include all services to be provided, cover all pertinent diagnosis and include the following: Mental status,</p>			

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	<p>Types of Services and equipment required, Frequency and duration of visits, Prognosis, Rehabilitation Potential, Functional limitations, Activities permitted, Nutritional requirements, Medications and treatments, Any safety measures to protect against injury, Instructions for a timely discharge or referral, Therapy modalities specifying length of treatment, Any other appropriate items."</p> <p>9. Agency policy "Home Health Aide Services", last reviewed/revised 7-31-13, stated "Qualified home health aide work as members of the home care team under the direction and guidance of a physician and a registered nurse. The assignment is made in accordance with a plan of care established by the patient's physician."</p> <p>10. During interview with the Director of Nursing on 9-17-14 at 3:45 PM, the DoN, the DME should have been listed on the plan of care for patients 2, 3, and 4; diabetes mellitus should have been on the plan of care for patient 5; and the plan of care orders for Home Health Aide services for patients 3, 4, 7, 8, and 9 were inadequate to identify specific duties of the HHA. The nursing staff should have obtained specific orders for duties the HHA was to perform.</p>			

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G000173	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. Based on clinical record review, policy review, and interview, the registered nurse failed to initiate revisions to the plan of care to include durable medical equipment for 3 of 10 (# 2, 3, and 4) clinical records reviewed with the potential to affect all patients with durable medical equipment needs; failed to initiate revision to the plan of care to include the secondary diagnosis for 1 of 10 clinical records reviewed (#5) with the potential to affect all patients receiving services; and failed to initiate revisions to the plan of care to include specific duties for Home Health Aide services for 5 of 5 clinical records reviewed (# 3, 4, 7, 8, and 9) of patients receiving Home Health Aide services with the potential to affect all patients receiving Home Health Aide services.</p> <p>Findings included:</p> <p>1. During home visit of patient # 2 on 9-17-14 at 9 AM, the durable medical</p>	G000173	<p>The Administrator will inservice all staff 10/14/2014 for clinicians to include/add all DME on the POC. AIIDME equipment will be listed on the 485/POC including but not limited to walker, wheelchair, grab-bars, toilet-seat risers, tub-bench, insuling pump, O2 tanks, pain pumps etc. If a new piece of equipment is acquired in between cert periods, clinicians will update the POC at that time. The clinician will also update the POC to include new or added diagnosis. Administrator will inservice all staff on 10/14/2014 that the Home Health Aide interventions on POC must be more specific to each patient. Director of Nursing will review 100 % of records for 3 months, then 25% thereafter. Administrator will be responsible for monitoring the corrective actions to ensure that this deficiency is corrected and will not recur.</p>	10/14/2014

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	<p>equipment (DME) observed in the home were a wheelchair, walker, bath chair, and oxygen tanks. The registered nurse failed to revise the plan of care for certification period 8-14 to 10-12-14 with the DME.</p> <p>2. During home visit of patient # 3 on 9-17-14 at 10 AM, the durable medical equipment observed in the home were a walker, bath chair, and commode frame with arms/handles. The registered nurse failed to revise the plan of care for certification period 7-20 to 9-17-14 with the DME.</p> <p>The Home Health Aide (HHA) was observed assisting the patient with food and drink, transfers, shower using a bath/shower chair, shampooing of hair, drying, applying lotion, assisting with dressing, grooming of hair, and oral hygiene. The plan of care for certification period 7-20 to 9-17-14 listed HHA services 3xW9 (3 times a week for 9 weeks) with the order to "Assist With Personal Care." The registered nurse failed to revise the plan of care failed to evidence the specific duties the aide was to perform.</p> <p>3. During home visit of patient # 4 on 9-17-14 at 1 PM, the durable medical equipment observed in the home were a</p>			

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	<p>walker, cane, bath chair, and toilet seat riser. The registered nurse failed to revise the plan of care for certification period 9-3 to 11-1-14 to include the DME.</p> <p>The plan of care for patient #4 for the certification period of 9-3 to 11-1-14 included order for the HHA to "start on 9-4-14: 1W1, 2W8. [one time a week for one week, then 2 times a week for 8 weeks." The registered nurse failed to revise the plan of care to include specific duties for the HHA.</p> <p>4. During home visit of patient # 5 on 9-19-14 at 8:15 AM, the skilled nurse (SN) provided wound care of the left foot and made assessments related to patient's diabetes, insulin pump, and glucometer testing. The registered nurse failed to revise the plan of care for the certification period 7-3- to 9-27-14 to include the secondary diagnosis of diabetes mellitus.</p> <p>5. The plan of care for patient #7 for the certification period of 8-9 to 10-7-14 included an order for the HHA to "Assist With Personal Care." The registered nurse failed to revise the plan of care to include the specific duties the aide was to perform.</p> <p>6. The plan of care for patient #8 for the</p>			

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	<p>certification period of 9-3 to 11-1-14 included orders for the HHA to "Assist with Tub/Shower Bath." The HHA documented care provided included TPR, Shower, Oral hygiene/denture prm, skin care/check pressure areas, lotion, shampoo, hair care: comb/brush, back rub on 9-3, 9-5 9-8, 9-10, and 9-12-14. The registered nurse failed to revise the plan of care to include these tasks.</p> <p>7. The plan of care for patient #9 for the certification period of 8-27 to 10-25-14 included an order for the HHA to "Assist with Tub/Shower Bath." HHA notes documented the HHA provided TPR, Shower, skin care/check pressure areas, foot care/tepid water soak, lotion, shampoo, hair care, assist patient to dress, peri care on 9-4, 9-6, 9-8, 9-10, and 9-17-14. The registered nurse failed to revise the plan of care to include these tasks.</p> <p>8. Agency policy "Plan of Care", last reviewed/revised 7-31-13, stated "#2 The plan of care shall include all services to be provided, cover all pertinent diagnosis and include the following: Mental status, Types of Services and equipment required, Frequency and duration of visits, Prognosis, Rehabilitation Potential, Functional limitations, Activities permitted, Nutritional</p>			

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N000000	<p>requirements, Medications and treatments, Any safety measures to protect against injury, Instructions for a timely discharge or referral, Therapy modalities specifying length of treatment, Any other appropriate items."</p> <p>9. During interview with the Director of Nursing on 9-17-14 at 3:45 PM, the DoN, the DME should have been listed on the plan of care for patients 2, 3, and 4; diabetes mellitus should have been on the plan of care for patient 5; and the plan of care orders for Home Health Aide services for patients 3, 4, 7, 8, and 9 were inadequate to identify specific duties of the HHA. The nursing staff should have obtained specific orders for duties the HHA was to perform.</p> <p>This was a home health relicensure</p>	N000000			

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N000486	<p>survey.</p> <p>Survey dates: 9-16 to 9-19-2014</p> <p>Facility: 011393</p> <p>Medicaid Vendor: 200869430</p> <p>Surveyors: Deborah Franco, RN, PHNS Shannon Pietraszewski, RN, PHNS</p> <p>Census: 69</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 30, 2014</p> <p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient. Based on clinical record review and interview, the agency failed to assure that all personnel furnishing services coordinated those services for 1 of 1 (CR#1) record reviewed of patients receiving services from another agency with the potential to affect all agency</p>	N000486	Administrator will inservice all staff on 10/14/2014 that clients must have documentation of coordination of care who are receiving services from other agencies. The plan of care will include documentation of other services by other agencies and the case conference notes will	10/14/2014

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	<p>clients receiving services from other agencies.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During home visit with Patient #1 on 9-17-14 at 8:30 AM, the agency's speech pathologist interviewed a personal care attendant regarding patient's status with regard to swallowing and choking episodes. The personal services attendant indicated he/she was employed by an another agency. 2. Clinical record #1 evidenced a plan of care for Skilled Nursing (SN), Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST), with start of care (SOC) 9-10-14 and certification period of 9-10 to 11-8-14. The record failed to evidence the agency had coordinated care with the other agency providing services. 3. The plan of care lacked documentation of personal attendant services being provided by another agency. 4. During interview with the Director of Nursing (DoN) on 9-17-14 at 3:45 PM, the DoN indicated the patient had received personal care attendant services from another agency since the start of 		<p>include documentation of other services provided by another agency. The 485 reviewer will review the clinical summaries to ensure documentation is included. Administrator revised the case conference notes on 10/3/14 to include an area to document other services from other agencies. 100% of all clinical records will be reviewed for 3 months and 25% thereafter. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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NAME OF PROVIDER OR SUPPLIER EXCEL HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 S LEBANON ST LEBANON, IN 46052
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N000524	<p>care, but this information had not been communicated to all personnel furnishing services. The DoN indicated the plan of care and case conference notes should have included the coordination of care of personal care attendant services from the another agency with the professional service providers of this agency.</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 referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on clinical record review, policy review, observation, and interview, the</p>	N000524	The Administrator will inservice all clinicians 10/14/2014 for all	10/14/2014

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	<p>agency failed to ensure the plan of care included all the durable medical equipment in the patients' home for 3 of 10 clinical records reviewed (# 2, 3, and 4) with the potential to affect all patients with durable medical equipment needs; failed to include a secondary diagnosis for 1 of 10 clinical records reviewed (# 5) with the potential to affect all patients receiving services; and failed to ensure the plan of care specified duties for the Home Health Aide for 5 of 5 clinical records reviewed (# 3, 4, 7, 8, and 9) of patients receiving Home Health Aide services with the potential to affect all patients with receiving Home Health Aide services.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During home visit of patient # 2 on 9-17-14 at 9 AM, the durable medical equipment observed in the home were a wheelchair, walker, bath chair, and oxygen tanks. The plan of care for certification period 8-14 to 10-12-14 listed under item 14 "DME and Supplies" N/A. 2. During home visit of patient # 3 on 9-17-14 at 10 AM, the durable medical equipment observed in the home were a walker, bath chair, and commode frame with arms/handles. The plan of care for 		<p>clinicians to include/add all DME on the POC. All DME will be listed on 485/POC including but not limited to walker, wheel-chair, grab-bars, toilet-seat risers, tub-bench, insuling pump, O2 tanks, pain pumps etc. If a new piece of equipment is acquired inbetween cert periods, the clinician will update the POC at that time. The clinician will also update the POC to include new or added diagnosis. Administrator inserviced all staff on 10/14/2014 that the Home Health Aide interventions on the POC must be specific to each patient. Will discontinue using "personal services" or "ADL care" and include specific duties for each client that is specific to that client. Director of Nursing will review 100 % of all records for 3 months, then 25% thereafter. Administrator will be responsible for monitoring the corrective actions to ensure that this deficiency is corrected and not recur.</p>	

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	<p>certification period 7-20 to 9-17-14 listed under item 14 "DME and Supplies" N/A.</p> <p>The Home Health Aide (HHA) was observed assisting the patient with food and drink, transfers, shower using a bath/shower chair, shampooing of hair, drying, applying lotion, assisting with dressing, grooming of hair, and oral hygiene. The plan of care for certification period 7-20 to 9-17-14 listed HHA services 3xW9 (3 times a week for 9 weeks) with the order to "Assist With Personal Care." The plan of care failed to evidence the specific duties the aide was to perform.</p> <p>3. During home visit of patient # 4 on 9-17-14 at 1 PM, the durable medical equipment observed in the home were a walker, cane, bath chair, and toilet seat riser. The plan of care for certification period 9-3 to 11-1-14 listed under item 14 "DME and Supplies" N/A.</p> <p>The plan of care for patient #4 for the certification period of 9-3 to 11-1-14 included order for the HHA to "start on 9-4-14: 1W1, 2W8. [one time a week for one week, then 2 times a week for 8 weeks." No duties were specified for the HHA care ordered and no goals were established relative to the HHA services.</p>			

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	<p>4. During home visit of patient # 5 on 9-19-14 at 8:15 AM, the skilled nurse (SN) provided wound care of the left foot and made assessments related to patient's diabetes, insulin pump, and glucometer testing. The plan of care for the certification period 7-3- to 9-27-14 failed to evidence the secondary diagnosis of diabetes mellitus.</p> <p>5. The plan of care for patient #7 for the certification period of 8-9 to 10-7-14 included an order for the HHA to "Assist With Personal Care." The plan of care failed to evidence the specific duties the aide was to perform.</p> <p>6. The plan of care for patient #8 for the certification period of 9-3 to 11-1-14 included orders for the HHA to "Assist with Tub/Shower Bath." The HHA documented care provided included TPR, Shower, Oral hygiene/denture prn, skin care/check pressure areas, lotion, shampoo, hair care: comb/brush, back rub on 9-3, 9-5 9-8, 9-10, and 9-12-14. These things were not listed on the plan of care.</p> <p>7. The plan of care for patient #9 for the certification period of 8-27 to 10-25-14 included an order for the HHA to "Assist with Tub/Shower Bath." HHA notes documented the HHA provided TPR,</p>			

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	<p>Shower, skin care/check pressure areas, foot care/tepid water soak, lotion, shampoo, hair care, assist patient to dress, peri care on 9-4, 9-6, 9-8, 9-10, and 9-17-14. These things were not listed on the plan of care.</p> <p>8. Agency policy "Plan of Care", last reviewed/revised 7-31-13, stated "#2 The plan of care shall include all services to be provided, cover all pertinent diagnosis and include the following: Mental status, Types of Services and equipment required, Frequency and duration of visits, Prognosis, Rehabilitation Potential, Functional limitations, Activities permitted, Nutritional requirements, Medications and treatments, Any safety measures to protect against injury, Instructions for a timely discharge or referral, Therapy modalities specifying length of treatment, Any other appropriate items."</p> <p>9. Agency policy "Home Health Aide Services", last reviewed/revised 7-31-13, stated "Qualified home health aide work as members of the home care team under the direction and guidance of a physician and a registered nurse. The assignment is made in accordance with a plan of care established by the patient's physician."</p> <p>10. During interview with the Director of</p>				

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N000542	<p>Nursing on 9-17-14 at 3:45 PM, the DoN, the DME should have been listed on the plan of care for patients 2, 3, and 4; diabetes mellitus should have been on the plan of care for patient 5; and the plan of care orders for Home Health Aide services for patients 3, 4, 7, 8, and 9 were inadequate to identify specific duties of the HHA. The nursing staff should have obtained specific orders for duties the HHA was to perform.</p> <p>410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on clinical record review, policy review, and interview, the registered nurse failed to initiate revisions to the plan of care to include durable medical equipment for 3 of 10 (# 2, 3, and 4) clinical records reviewed with the</p>	N000542	Administrator will inservice all staff on 10/14/2014 for all clinicians to include/add DME on the POC. All DME will be listed on the 485/POC including but not limited to walker, wheel-chair, grab-bars, toilet-seat risers, tub-bench, insulin pump, 02	10/14/2014

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	<p>potential to affect all patients with durable medical equipment needs; failed to initiate revision to the plan of care to include the secondary diagnosis for 1 of 10 clinical records reviewed (#5) with the potential to affect all patients receiving services; and failed to initiate revisions to the plan of care to include specific duties for Home Health Aide services for 5 of 5 clinical records reviewed (# 3, 4, 7, 8, and 9) of patients receiving Home Health Aide services with the potential to affect all patients receiving Home Health Aide services.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During home visit of patient # 2 on 9-17-14 at 9 AM, the durable medical equipment (DME) observed in the home were a wheelchair, walker, bath chair, and oxygen tanks. The registered nurse failed to revise the plan of care for certification period 8-14 to 10-12-14 with the DME. 2. During home visit of patient # 3 on 9-17-14 at 10 AM, the durable medical equipment observed in the home were a walker, bath chair, and commode frame with arms/handles. The registered nurse failed to revise the plan of care for certification period 7-20 to 9-17-14 with the DME. 		<p>tanks, pain pumps etc. If a new piece of equipment is acquired in-between cert periods, the clinician will update the POC at that time. The clinicians will also update the POC to new or added diagnosis. Administrator will inservice all staff on 10/14/2014 that the Home Health Aide interventions on POC must be specific to each patient. Will discontinue using "personal care" or "ADL care" and include specific duties for each client. Director of Nursing will review 100 % of all records for 3 months and 25 % thereafter. Administrator will be responsible for monitoring the corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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	<p>The Home Health Aide (HHA) was observed assisting the patient with food and drink, transfers, shower using a bath/shower chair, shampooing of hair, drying, applying lotion, assisting with dressing, grooming of hair, and oral hygiene. The plan of care for certification period 7-20 to 9-17-14 listed HHA services 3xW9 (3 times a week for 9 weeks) with the order to "Assist With Personal Care." The registered nurse failed to revise the plan of care failed to evidence the specific duties the aide was to perform.</p> <p>3. During home visit of patient # 4 on 9-17-14 at 1 PM, the durable medical equipment observed in the home were a walker, cane, bath chair, and toilet seat riser. The registered nurse failed to revise the plan of care for certification period 9-3 to 11-1-14 to include the DME.</p> <p>The plan of care for patient #4 for the certification period of 9-3 to 11-1-14 included order for the HHA to "start on 9-4-14: 1W1, 2W8. [one time a week for one week, then 2 times a week for 8 weeks." The registered nurse failed to revise the plan of care to include specific duties for the HHA.</p>						

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	<p>4. During home visit of patient # 5 on 9-19-14 at 8:15 AM, the skilled nurse (SN) provided wound care of the left foot and made assessments related to patient's diabetes, insulin pump, and glucometer testing. The registered nurse failed to revise the plan of care for the certification period 7-3- to 9-27-14 to include the secondary diagnosis of diabetes mellitus.</p> <p>5. The plan of care for patient #7 for the certification period of 8-9 to 10-7-14 included an order for the HHA to "Assist With Personal Care." The registered nurse failed to revise the plan of care to include the specific duties the aide was to perform.</p> <p>6. The plan of care for patient #8 for the certification period of 9-3 to 11-1-14 included orders for the HHA to "Assist with Tub/Shower Bath." The HHA documented care provided included TPR, Shower, Oral hygiene/denture pm, skin care/check pressure areas, lotion, shampoo, hair care: comb/brush, back rub on 9-3, 9-5 9-8, 9-10, and 9-12-14. The registered nurse failed to revise the plan of care to include these tasks.</p> <p>7. The plan of care for patient #9 for the certification period of 8-27 to 10-25-14 included an order for the HHA to "Assist with Tub/Shower Bath." HHA notes</p>						

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	<p>documented the HHA provided TPR, Shower, skin care/check pressure areas, foot care/tepid water soak, lotion, shampoo, hair care, assist patient to dress, peri care on 9-4, 9-6, 9-8, 9-10, and 9-17-14. The registered nurse failed to revise the plan of care to include these tasks.</p> <p>8. Agency policy "Plan of Care", last reviewed/revised 7-31-13, stated "#2 The plan of care shall include all services to be provided, cover all pertinent diagnosis and include the following: Mental status, Types of Services and equipment required, Frequency and duration of visits, Prognosis, Rehabilitation Potential, Functional limitations, Activities permitted, Nutritional requirements, Medications and treatments, Any safety measures to protect against injury, Instructions for a timely discharge or referral, Therapy modalities specifying length of treatment, Any other appropriate items."</p> <p>9. During interview with the Director of Nursing on 9-17-14 at 3:45 PM, the DoN, the DME should have been listed on the plan of care for patients 2, 3, and 4; diabetes mellitus should have been on the plan of care for patient 5; and the plan of care orders for Home Health Aide services for patients 3, 4, 7, 8, and 9</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	were inadequate to identify specific duties of the HHA. The nursing staff should have obtained specific orders for duties the HHA was to perform.				