

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157285	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2014
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NAME OF PROVIDER OR SUPPLIER ADVANTAGE HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4008 N WHEELING AVE MUNCIE, IN 47304
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G000000	<p>This visit was a home health agency federal complaint.</p> <p>Complaint #: IN00148586 Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies are also cited.</p> <p>Survey date: May 21, 22, 23 and 27, 2014</p> <p>Facility #: 007116</p> <p>Medicaid Vendor : 100374770</p> <p>Surveyors: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Facility Census</p> <table> <tr> <td>Skilled Patients</td> <td>366</td> </tr> <tr> <td>Home Health Aide Only Patients</td> <td>643</td> </tr> <tr> <td>Personal Service Only Patients</td> <td>38</td> </tr> <tr> <td>Total</td> <td>1047</td> </tr> </table> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 5, 2014</p>	Skilled Patients	366	Home Health Aide Only Patients	643	Personal Service Only Patients	38	Total	1047	G000000		
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Home Health Aide Only Patients	643											
Personal Service Only Patients	38											
Total	1047											
G000157	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER											

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>Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.</p> <p>Based on clinical record and complaint log review and interview, the agency failed to ensure care was provided long enough to meet the patient's needs for 4 of 5 clinical records reviewed with the potential for harm to all patients whose needs were not met. (#1, 2, 3, and 5)</p> <p>Findings:</p> <p>1. On 2/6/14 Patient 5 mother filed a complaint that she had not received a phone call stating the home health aide would not be giving care for the 2/6/14 am shift and did not want the client to "lay".</p> <p>On 4/21/14 Patient 3 filed a complaint over staffing issues and communication. The patient had several shifts open due to the primary aide quitting. The patient called the office and was told formal notice had not been given. The patient reiterated to the registered nurse (RN) to staff the shifts as the home health aide had quit.</p> <p>2. Clinical record 1, start of care (SOC) 5/17/10, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1</p>	G000157	<p>Memo was issued to all Nursing Supervisors to contact patients with missed shifts to assure patient needs are being met, 060614.Memo issued to all Nursing Supervisors reminding them that existing admission requirements must be met prior to patient admission to agency. Nursing Supervisors will be required to have Nursing Administrative approval to admit patients for the next 90 days to reinforce policy requirements and assure Nursing Supervisors are admitting patients based on current policy that requires agency to be able to meet patient needs prior to admission, 062414.Nurse Administrators contacted patients 1, 2, 3 and 5 to assure patients current needs are being met by agency and assist with alternative placement if requested, 061314.Staffing Communication Policy and Form revised and implemented to require staffing managers to notify Nursing Supervisor and Administrative Staff prior to any missed shifts (other than patient/client initiated cancellation) for assistance with scheduling care and to assure patient's needs are being met. Nursing Supervisors will review patient's care at least weekly and</p>	06/26/2014

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	<p>to 5 shifts a day, 5 to 7 days a week for the certification period 3/2/14 through 4/30/14. The least amount of care was on 4/11/14 and 4/26/14 with 1 shift. There are 18 days when the patient did not receive any care in the evening to meet the patient's needs and the family back up had to put the patient to bed or the patient would be left in the wheelchair all night. This occurred on 3/3/14, 3/4/14, 4/5/14, 4/6/14, 4/7/14, 4/8/14, 4/9/14, 4/10/14, 4/12/14, 4/15/14, 4/19/14, 4/21/14, 4/22/14, 4/25/14, 4/27/14, 4/28/14, and 4/29/14.</p> <p>3. Clinical record 2, SOC 5/19/08, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 2/28/14 through 4/28/14. The least amount of time in the home was on 3/28/14 for one shift 5-6 PM, and there were only 3 days in the certification period where care was provided long enough to meet the patient's needs on 3/4/14, 3/30/14 and 4/8/14.</p> <p>4. Clinical record 3, SOC 1/28/14, evidenced physician orders for home health aides 1 to 2 hour shifts, 2 to 5 shifts a day, 5-7 days a week for the certification period 3/29/14 through 5/27/14. The clinical record evidenced</p>		<p>contact any patient/family that has missed medically necessary care to assure patient's needs are being met, 062614. "Writing Ranges Policy" corrected and implemented to reflect need for more specific ranges of care, 062614. Nurse Administrators to review ranges for all current patients in the agency with each Nursing Supervisor to assure ranges are appropriate per revised policy, 062614. Missed shifts for all branches will be reviewed at regularly scheduled (2-4 month) administrative/PAG sub-committee meetings for evidence that care is being provided long enough to meet the patient's needs. 10% of clinical records will be reviewed quarterly for evidence that care is being provided long enough to meet the patient's needs. The Director of Nursing and Alternate Director of Nursing will be responsible for monitoring these corrective actions and ensure that this deficiency is corrected and will not recur.</p>				

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	<p>extended periods of time when no one was available to meet the patient's needs. This occurred at 11 PM 4/23/14 through 4 PM 4/24/14, 11 PM 4/25/14 through 12 PM 4/26/14, 11 PM 4/26/14 through noon 4/27/14, and 11 PM 4/27/14 through 11:30 AM 4/28/14.</p> <p>5. Clinical record 5, SOC 10/19/11, evidenced physician orders for home health aide 3-6 hours a day, 1 to 4 times a day, 5-7 times a week for the certification period 3/7/14 through 5/5/14. The clinical record failed to evidence HHA care as ordered 3/9/14, 3/11/14, 3/12/14, 3/13/14, 3/18/14, 3/30/14, 3/31/14, 4/2/14, 4/5/14, and 4/25/14. The clinical record failed to evidence someone was available to meet the patient's needs in the evenings on 3/9/14, 3/18/14, 3/22/14, 3/24/14, 3/26/14, 3/27/14, 3/28/14, 3/29/14, 4/11/14, 4/19/14, 4/20/14, 4/30/14, 5/3/14, and 5/4/14.</p> <p>6. On 5/21/14 at 8:50 AM, Patient 2 indicated the patient had been left in the wheelchair all night when staff had not shown for shifts. The patient habitats with patient 1, and patient 1 was also left in the wheelchair all night. Patient 2 indicated shifts are often missed. The patient has the understanding the agency will be there 5 times a day for short periods of time and care will be provided</p>						

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	<p>to both when there. Patient 2 indicated patient 1 had skin breakdown and asked that their power of attorney be contacted for an interview.</p> <p>6. On 5/22/14 at 4:31 PM, the power of attorney (POA) for patient 1 and 2 indicated the patients had been left in their wheelchairs all night but it had been a year since this happened. The POA has a greater concern for urinary tract infections when the lunchtime visit is missed for patient 2 and high sugars results for patient 1 when the lunch visits are missed. The POA has recently been there 14 of 16 bedtimes. He's to be the back up or that's his understanding. The POA indicated that patient 1 is sore from sitting a lot but the skin is not broken open. The POA indicated the care is not particularly good. Sometimes there will be a week between baths, hair won't be washed, patient's perineum will not be wiped after urinating. One aide brought children to the home and they had money missing afterwards. The POA indicated phone calls are not always made or they aren't made timely when staff isn't coming. The POA indicated he has made many calls to the agency and has discussed at length with the Branch Manager and RN Case Manager to solve the issues.</p>			

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G000159	<p>7. On May 27, 2014, at 10:18 AM, patient 5 indicated the agency doesn't always call when someone isn't going to show. The patient feels there should be a call. The patient has a blue tooth earpiece for his phone. The earpiece is charged at night. The family and friends have a system worked out that if the patient doesn't answer, they come to the apartment and check on the patient. The patient feels safe in the apartment.</p> <p>8. On 5/22/14 at 9:18 AM, patient 3 indicated many shifts are still uncovered. The patient did file a complaint with the agency a few weeks past.</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 clinical record review and interview, the agency failed to ensure a specific and limited range for visits was provided on the plan of care to ensure</p>	G000159	Memo issued to Nursing Supervisors regarding how to write appropriate ranges, 060614. "Writing Ranges" Policy corrected and implemented to reflect need for more "specific and limited"	06/26/2014

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	<p>level of service is provided to the patient for 4 of 5 clinical records reviewed with the potential for harm to all patients who receive . (#1, 2, 3, and 5)</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Clinical record 1, start of care (SOC) 5/17/10, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 3/2/14 through 4/30/14. The range of 1 to 5 is too large to ensure the level of service provided is adequate to meet the patient's needs. 2. Clinical record 2, SOC 5/19/08, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 2/28/14 through 4/28/14. The range of 1 to 5 is too large to ensure the level of service provided is adequate to meet the patient's needs. 3. Clinical record 3, SOC 1/28/14, evidenced physician orders for home health aides 1 to 2 hour shifts, 2 to 5 shifts a day, 5-7 days a week for the certification period 3/29/14 through 5/27/14. The range of 2 to 5 is too large to ensure the level of service provided is adequate to meet the patient's needs. 		<p>ranges of care, 062614. Nursing Administrative staff to review ranges for all current patients in the agency with each Nursing Supervisor and counsel them regarding ranges that are not "specific and limited" to assure ranges are appropriate per revised policy, 062614. Nursing Supervisors will make any changes in the POCs noted above, 062614. 10% of clinical records will be audited quarterly to ensure that a specific and limited range for visits is provided on the plan of care and this deficiency will not recur. The Director of Nursing and Alternate Director of Nursing will be responsible for monitoring these corrective actions and ensure that this deficiency is corrected and will not recur.</p>	

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N000000	<p>4. Clinical record 5, SOC 10/19/11, evidenced physician orders for home health aide 3-6 hours a day, 1 to 4 times a day, 5-7 times a week for the certification period 3/7/14 through 5/5/14. The ranges of 3 to 6 and 1 to 4 is too large to ensure the level of service provided is adequate to meet the patient's needs.</p> <p>5. On 5/21/14 at 8:50 AM, Patient 2 indicated the patient had been left in the wheelchair all night when staff had not shown for shifts. The patient lives with patient 1, and patient 1 was also left in the wheelchair all night. The patient has the understanding the agency will be there 5 times a day for short periods of time.</p> <p>This was a home health state complaint investigation survey.</p> <p>Complaint #: IN00148586 - Substantiated: State deficiencies related to the allegation are cited. Unrelated deficiencies are also cited.</p> <p>Survey date: May 21, 22, 23 and 27, 2014</p> <p>Facility #: 157285</p>	N000000		

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N000520	<p>Medicaid Vendor: 100374770</p> <p>Surveyor: Susan Sparks, RN, Public Health Nurse Surveyor (PHNS)</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 5, 2014</p> <p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the home health agency in the patient's place of residence.</p> <p>Based on clinical record and complaint log review and interview, the agency failed to ensure care was provided long enough to meet the patient's needs for 4 of 5 clinical records reviewed with the potential for harm to all patients whose needs were not met. (#1, 2, 3, and 5)</p> <p>Findings:</p> <p>1. On 2/6/14 Patient 5 mother filed a complaint that she had not received a phone call stating the home health aide would not be giving care for the 2/6/14 am shift and did not want the client to "lay".</p> <p>On 4/21/14 Patient 3 filed a</p>	N000520	<p>Memo was issued to all Nursing Supervisors to contact patients with missed shifts to assure patient needs are being met, 060614. Memo issued to all Nursing Supervisors reminding them that existing admission requirements must be met prior to patient admission to agency. Nursing Supervisors will be required to have Nursing Administrative approval to admit patients for the next 90 days to reinforce policy requirements and assure Nursing Supervisors are admitting patients based on current policy that requires agency to be able to meet patient needs prior to admission, 062414. Nurse Administrators contacted patients 1, 2, 3 and 5 to assure patients current needs are</p>	06/26/2014

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	<p>complaint over staffing issues and communication. The patient had several shifts open due to the primary aide quitting. The patient called the office and was told formal notice had not been given. The patient reiterated to the registered nurse (RN) to staff the shifts as the home health aide had quit.</p> <p>2. Clinical record 1, start of care (SOC) 5/17/10, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 3/2/14 through 4/30/14. The least amount of care was on 4/11/14 and 4/26/14 with 1 shift. There are 18 days when the patient did not receive any care in the evening to meet the patient's needs and the family back up had to put the patient to bed or the patient would be left in the wheelchair all night. This occurred on 3/3/14, 3/4/14, 4/5/14, 4/6/14, 4/7/14, 4/8/14, 4/9/14, 4/10/14, 4/12/14, 4/15/14, 4/19/14, 4/21/14, 4/22/14, 4/25/14, 4/27/14, 4/28/14, and 4/29/14.</p> <p>3. Clinical record 2, SOC 5/19/08, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 2/28/14 through 4/28/14. The least amount of time in the home was on 3/28/14 for one shift</p>		<p>being met by agency and assist with alternative placement if requested, 061314. Staffing Communication Policy and Form revised and implemented to require staffing managers to notify Nursing Supervisor and Administrative Staff prior to any missed shifts (other than patient/client initiated cancellation) for assistance with scheduling care and to assure patient's needs are being met. Nursing Supervisors will review patient's care at least weekly and contact any patient/family that has missed medically necessary care to assure patient's needs are being met, 062614. "Writing Ranges Policy" corrected and implemented to reflect need for more specific ranges of care, 062614. Nurse Administrators to review ranges for all current patients in the agency with each Nursing Supervisor to assure ranges are appropriate per revised policy, 062614. Missed shifts for all branches will be reviewed at regularly scheduled (2-4 month) administrative/PAG sub-committee meetings for evidence that care is being provided long enough to meet the patient's needs. 10% of clinical records will be reviewed quarterly for evidence that care is being provided long enough to meet the patient's needs. The Director of Nursing and Alternate Director of Nursing will be responsible for monitoring these corrective</p>				

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	<p>5-6 PM, and there were only 3 days in the certification period where care was provided long enough to meet the patient's needs on 3/4/14, 3/30/14 and 4/8/14.</p> <p>4. Clinical record 3, SOC 1/28/14, evidenced physician orders for home health aides 1 to 2 hour shifts, 2 to 5 shifts a day, 5-7 days a week for the certification period 3/29/14 through 5/27/14. The clinical record evidenced extended periods of time when no one was available to meet the patient's needs. This occurred at 11 PM 4/23/14 through 4 PM 4/24/14, 11 PM 4/25/14 through 12 PM 4/26/14, 11 PM 4/26/14 through noon 4/27/14, and 11 PM 4/27/14 through 11:30 AM 4/28/14.</p> <p>5. Clinical record 5, SOC 10/19/11, evidenced physician orders for home health aide 3-6 hours a day, 1 to 4 times a day, 5-7 times a week for the certification period 3/7/14 through 5/5/14. The clinical record failed to evidence HHA care as ordered 3/9/14, 3/11/14, 3/12/14, 3/13/14, 3/18/14, 3/30/14, 3/31/14, 4/2/14, 4/5/14, and 4/25/14. The clinical record failed to evidence someone was available to meet the patient's needs in the evenings on 3/9/14, 3/18/14, 3/22/14, 3/24/14, 3/26/14, 3/27/14, 3/28/14, 3/29/14, 4/11/14, 4/19/14, 4/20/14,</p>		actions and ensure that this deficiency is corrected and will not recur.				

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	<p>4/30/14, 5/3/14, and 5/4/14.</p> <p>6. On 5/21/14 at 8:50 AM, Patient 2 indicated the patient had been left in the wheelchair all night when staff had not shown for shifts. The patient habitats with patient 1, and patient 1 was also left in the wheelchair all night. Patient 2 indicated shifts are often missed. The patient has the understanding the agency will be there 5 times a day for short periods of time and care will be provided to both when there. Patient 2 indicated patient 1 had skin breakdown and asked that their power of attorney be contacted for an interview.</p> <p>6. On 5/22/14 at 4:31 PM, the power of attorney (POA) for patient 1 and 2 indicated the patients had been left in their wheelchairs all night but it had been a year since this happened. The POA has a greater concern for urinary tract infections when the lunchtime visit is missed for patient 2 and high sugars results for patient 1 when the lunch visits are missed. The POA has recently been there 14 of 16 bedtimes. He's to be the back up or that's his understanding. The POA indicated that patient 1 is sore from sitting a lot but the skin is not broken open. The POA indicated the care is not particularly good. Sometimes there will be a week between baths, hair won't be</p>			

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NAME OF PROVIDER OR SUPPLIER ADVANTAGE HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4008 N WHEELING AVE MUNCIE, IN 47304
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N000524	<p>washed, patient's perineum will not be wiped after urinating. One aide brought children to the home and they had money missing afterwards. The POA indicated phone calls are not always made or they aren't made timely when staff isn't coming. The POA indicated he has made many calls to the agency and has discussed at length with the Branch Manager and RN Case Manager to solve the issues.</p> <p>7. On May 27, 2014, at 10:18 AM, patient 5 indicated the agency doesn't always call when someone isn't going to show. The patient feels there should be a call. The patient has a blue tooth earpiece for his phone. The earpiece is charged at night. The family and friends have a system worked out that if the patient doesn't answer, they come to the apartment and check on the patient. The patient feels safe in the apartment.</p> <p>8. On 5/22/14 at 9:18 AM, patient 3 indicated many shifts are still uncovered. The patient did file a complaint with the agency a few weeks past.</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.</p>			

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	<p>(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.</p> <p>Based on clinical record review and interview, the agency failed to ensure a specific and limited range for visits was provided on the plan of care to ensure level of service is provided to the patient for 4 of 5 clinical records reviewed with the potential for harm to all patients who receive . (#1, 2, 3, and 5)</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 5/17/10, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 3/2/14 through</p>	N000524	Memo issued to Nursing Supervisors regarding how to write appropriate ranges, 060614. "Writing Ranges Policy" corrected and implemented to reflect need for more "specific and limited" ranges of care, 062614. Nursing Administrative staff to review ranges for all current patients in the agency with each Nursing Supervisor and counsel nurses regarding ranges that are not "specific and limited" to assure all ranges are appropriate per revised policy, 062614. Nurse Supervisors will make any changes in POCs per above review, 062614. 10% of clinical records will be audited quarterly to ensure that a specific and limited range for visits is provided	06/26/2014

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	<p>4/30/14. The range of 1 to 5 is too large to ensure the level of service provided is adequate to meet the patient's needs.</p> <p>2. Clinical record 2, SOC 5/19/08, evidenced physician orders for home health aides 1/2 to 2 hour shifts, 1 to 5 shifts a day, 5 to 7 days a week for the certification period 2/28/14 through 4/28/14. The range of 1 to 5 is too large to ensure the level of service provided is adequate to meet the patient's needs.</p> <p>3. Clinical record 3, SOC 1/28/14, evidenced physician orders for home health aides 1 to 2 hour shifts, 2 to 5 shifts a day, 5-7 days a week for the certification period 3/29/14 through 5/27/14. The range of 2 to 5 is too large to ensure the level of service provided is adequate to meet the patient's needs.</p> <p>4. Clinical record 5, SOC 10/19/11, evidenced physician orders for home health aide 3-6 hours a day, 1 to 4 times a day, 5-7 times a week for the certification period 3/7/14 through 5/5/14. The ranges of 3 to 6 and 1 to 4 is too large to ensure the level of service provided is adequate to meet the patient's needs.</p> <p>5. On 5/21/14 at 8:50 AM, Patient 2 indicated the patient had been left in the wheelchair all night when staff had not</p>		<p>on the plan of care and this deficiency will not recur. The Director of Nursing and Alternate Director of Nursing will be responsible for monitoring these corrective actions and ensure that this deficiency is corrected and will not recur.</p>	

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	shown for shifts. The patient lives with patient 1, and patient 1 was also left in the wheelchair all night. The patient has the understanding the agency will be there 5 times a day for short periods of time.				