

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/29/2012
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NAME OF PROVIDER OR SUPPLIER CAREFIRST REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7026-1 STATE ROAD 311 SELLERSBURG, IN 47172
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N0000	<p>This visit was for a home health initial state licensure survey.</p> <p>Survey dates: March 27, 28, and 29 2012</p> <p>Facility Number: 012689</p> <p>Surveyor: Dawn Snider, RN</p> <p>Census Service Type:</p> <p>Skilled: 3 Home Health Aide Only: 0 Personal Care Only: 0 Total: 3</p> <p>Sample: RR w/HV 3 (2 disciplines were observed with the same patient at different visit times.) RRw/o HV 1 Total: 3</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 5, 2012</p>	N0000		

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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N0458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on personnel file review, interview, and policy review, the agency failed to ensure a criminal history was obtained for 5 of 8 employee files reviewed (B, E, F, G, and H) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. Personnel file B, the nurse manager, date of hire unknown, failed to evidence a criminal history check.</p> <p>2. Personnel file E, date of hire 12/6/11, failed to evidence a criminal history check.</p>	N0458	<p>N 458 (f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (3) A copy of limited criminal history under IC 16-27-2. Action – This deficiency has been corrected and is now met. The Administrator has obtained a criminal history check on all employees who provide direct patient care and placed evidence of the criminal history check in the</p>	03/30/2012			

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	<p>3. Personnel file F, date of hire 12/6/11, failed to evidence a criminal history check.</p> <p>4. Personnel file G, date of hire 3/22/12, failed to evidence a criminal history check.</p> <p>5. Personnel file H, date of hire 3/9/12, failed to evidence a criminal history check.</p> <p>6. On 3/28/12 at 1:00 PM, the administrator indicated no criminal history had been obtained for Employees B, E, F, G, and H. The administrator indicated Employees E, F, G, and H have not provided any direct patient care for the agency.</p> <p>7. The undated agency policy titled "4.10 Criminal History Check" states, "Policy of this Agency that direct care staff members have a criminal history check in his/her personnel file prior to independent home visits. The employee may start orientation and but may not make home visits prior to the results of the check being returned. 1. PROCEDURE: Prior to an offer of employment to unlicensed personnel and volunteers, the Agency will conduct a state criminal history check and search the Nurse Aide Registry, and Employee Misconduct Registry to</p>		<p>personnel files. Who – The Administrator is responsible for implementing this corrective action. When- This deficiency was implemented on March 30, 2012. What monitoring – The Administrator must ensure that personnel files are current and include a copy of the criminal history check. A face sheet has been implemented for all personnel files which tracks all necessary information including documentation of the criminal history check. The Administrator will review all personnel files on a monthly basis for 6 months and every 2 months thereafter on an ongoing basis to ensure compliance and trends will be followed by Quality Assurance Performance Improvement Committee. Attachment Employee personnel tracking.</p>				

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	determine if that person has a criminal conviction ... The request for a criminal history record must be made within 72 hours of employment."						

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N0460	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on personnel file review, interview, and policy review, the agency failed to ensure a criminal history was obtained for the supervising nurse for 1 of 1 agencies (B) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Personnel file B, the nurse manager, date of hire unknown, first patient contact on 2/5/12, failed to evidence a criminal background check.</p> <p>2. On 3/28/12 at 4:50 PM, the administrator indicated there were no additional records available for the personnel file.</p>	N0460	<p>N 460 (g) As follows, personnel records of the supervising nurse, appointed under subsection (d), shall: (1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history under IC 16-27-2. Action - This deficiency has been corrected and is now met. The Administrator has obtained a criminal history check on the supervising nurse and placed evidence of the criminal history check in the personnel file. Who – The Administrator is responsible for implementing this corrective action. When- This deficiency was implemented on March 30, 2012. What monitoring – The Administrator must ensure that the supervising nurse personnel file is current and includes a copy of the criminal history check. A face sheet has been implemented for all personnel files which tracks all</p>	03/30/2012			

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	3. The undated agency policy titled "4.13 PERSONNEL RECORDS" states, "Personnel records shall be maintained for all employees ... 2. Verification of qualifications for the duties assigned including on-line verification for professional employees, ... criminal history check as indicated."		necessary information including documentation of the criminal history check. The Administrator will review all personnel files on a monthly basis for 6 months and every 2 months thereafter on an ongoing basis to ensure compliance and trends followed by Quality Improvement Committee. Attachment Employee personnel tracking.	

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N0462	<p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on personnel file review, interview, and policy review, the agency failed to ensure all employees had a physical examination by a physician or nurse practitioner to ensure the employee would not spread infectious or communicable diseases no more than one hundred eighty (180) days before the date the employee has direct patient contact in 3 of 8 employee files reviewed (A, B, and D) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. Personnel file A, the owner / administrator / physical therapist, date of hire 12/11/11 with a first patient contact date of 2/7/12, evidenced a physical exam dated 2/7/08. Additionally, it did not indicate the employee was free of communicable diseases.</p>	N0462	<p>N462 (h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner not more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. Action - This deficiency has been corrected and is now met. The Administrator has ensured that each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner not more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. Who – The</p>	03/30/2012			

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	<p>2. Personnel file B, the nurse manager, with a first patient contact of 2/5/12 evidenced a physical exam dated 1/24/11.</p> <p>3. Personnel file D, the alternate director of nursing, included a physical exam dated 2/9/00.</p> <p>4. On 3/28/12 at 4:50 PM, the administrator indicated there were no additional records for the personnel files.</p> <p>5. The undated agency policy titled, "4.9 SCREENING AND HIRING" states, "a. A physical examination certifying that the employee is free of communicable diseases."</p>		<p>Administrator is responsible for implementing this corrective action. When- This deficiency was implemented on March 30, 2012. What monitoring – The Administrator must ensure that each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner not more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. A face sheet has been implemented for all personnel files which tracks all necessary information including documentation of having a physical examination by a physician or nurse practitioner not more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. The Administrator will review all personnel files on a monthly basis for 6 months and every 2 months thereafter on an ongoing basis to ensure compliance and trends followed by Quality Improvement Committee. Attachment Employee personnel tracking.</p>				

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N0464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p>						

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	<p>(A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file review, interview, and policy review, the agency failed to ensure all employees had been tested for tuberculosis and had an annual PPD for 4 of 8 files reviewed (D, E, G, H) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Personnel file D, date of hire 6/15/11, failed to evidence the employee had been tested for tuberculosis. Personnel file E, date of hire 12/6/11, failed to evidence the employee had been tested for tuberculosis. Personnel file G, date of hire 3/22/12, failed to evidence the employee had been tested for tuberculosis. Personnel file H, date of hire 3/9/12, failed to evidence the employee had been 	N0464	<p>N 464 (i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B)</p>	03/30/2012

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	<p>tested for tuberculosis.</p> <p>5. On 3/28/12 at 1:30 PM, the administrator / physical therapist and director of nursing indicated there was no further documentation to evidence of tuberculosis testing for the employees. They indicated all the employees have jobs elsewhere in health care and are required to have tuberculosis testing.</p> <p>6. The undated agency policy titled "4.9 SCREENING AND HIRING" states, "b. Tuberculosis testing is undertaken with a Mantoux intradermal skin test and is required of staff that has not had a Mantoux test within the past six months ... c. Employees who have a negative PPD receive a Mantoux test every year."</p>		<p>newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months. Action - This deficiency has been corrected and is now met. The Administrator has ensured that each employee , staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and has documentation of Mantoux testing or other proof of negative tuberculosis status. Who – The Administrator is responsible for implementing this corrective action. When- This deficiency</p>				

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			was implemented on March 30, 2012. What monitoring – The Administrator must ensure that each employee, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and has documentation of Mantoux testing or other proof of negative tuberculosis status in the personnel file. A face sheet has been implemented for all personnel files which tracks all necessary information including documentation of Mantoux testing or other proof of negative tuberculosis status. The Administrator will review all personnel files on a monthly basis for 6 months and every 2 months thereafter on an ongoing basis to ensure compliance and trends followed by Quality Improvement Committee. Attachment Employee personnel tracking.		

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N0486	<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.</p> <p>Based on observation, policy review, clinical record review and interview, the agency failed to ensure communication occurred with other providers providing services for 1 of 1 record reviewed of patient receiving services from another provider (#2) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. On 3/28/12 at 2:10 PM, another caregiver was observed providing homemaker services for patient #2. The patient and caregiver indicated the caregiver was from Lifespan. The Lifespan caregiver indicated the patient had more hours approved for assistance. The record failed to evidence any communication/case conferences to coordinate the patient's care with the other agency providing services.</p> <p>2. The undated policy titled "2.4 SERVICE POLICIES NURSING SERVICE" states, "3. Professional Nursing Functions: ... 7. Coordination of services, including referral to other</p>	N0486	<p>N 486</p> <p>The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services . The home health agency must take actions that result in improvements in the home health agencies performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Action- This deficiency has been corrected and is now met. The Administrator has ensured that the agency shall coordinate its services with other health or social service providers serving the patient.</p>	03/30/2012			

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	<p>services as needed.</p> <p>3. On 3/28/12 at 5:30 PM, the administrator / physical therapist, director of nursing, and nurse manager indicated there was no evidence of coordination of care with the other agency providing services for patient #2.</p>		<p>Who – The Administrator is responsible for implementing this corrective action.</p> <p>When- This deficiency was implemented on March 30, 2012.</p> <p>What monitoring – The Administrator and Director of Nursing must ensure Coordination of services with other health or social service providers serving the patient. The form "Coordination of care" will be used to coordinate care with anyone providing services for the patient. Staff was educated on this form and verbalize that it will be used to coordinate care with anyone providing services for the patient. The Record review committee will audit 10 charts monthly for 6 months then every 2 months for 6 months to confirm the use of the form to coordinate care. This committee will give results to the Quality Assurance Performance Improvement committee to follow for trends.</p> <p>Attach copy of form "Coordination of care".</p>				

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(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			
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, observation, interview, and policy review, the agency failed to ensure treatments and visits were provided as ordered on the plan of care for 3 of 3 records reviewed (#1, 2, and 3) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record #1, plan of care 2/5/12-4/5/12, evidenced a missed visit on 3/16/12. The record failed to evidence the physician was notified of the missed visit. On 3/28/11 at 2:10 PM, Employee A, the administrator / physical therapist, was observed to perform pulse oximetry on several occasions while providing therapy to patient #2. The plan of care dated 2/20/12-4/19/12 did not include orders for pulse oximetry. <p>The nurse documented pulse oximetry readings on the skilled nurse visit note 2/23/12 and 2/28/12.</p>	N0522	<p>N522</p> <p>Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist, or podiatrist.</p> <p>Action- This deficiency has been corrected and is now met. The Administrator and Director of Nursing have ensured that the agency shall follow physician orders including orders for use of pulse oximetry and notification to physician of missed visits.</p> <p>Who – The Administrator and Director of Nursing are responsible for implementing this corrective action.</p> <p>When- This deficiency was implemented on March 30, 2012.</p> <p>What monitoring - The Administrator and Director of Nursing must ensure that Medical care shall follow a written medical plan of care established</p>	03/30/2012			

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	<p>3. Clinical record #3, plan of care 2/20/11-4/19/12, evidenced missed visits on 3/2/12 for skilled nurse and physical therapy, 3/9/12 for physical therapy, 3/10/12 skilled nursing, 3/16/12 physical therapy, and 3/17/12 skilled nursing. The record failed to evidence the physician was notified of the missed visits.</p> <p>4. On 3/28/12 at 5:30 PM, the administrator / physical therapist, the director of nursing, and the nurse manager indicated they had been unable to contact the physician regarding the missed visits.</p> <p>5. The undated agency policy titled "2.18 PHYSICIAN'S PLAN OF TREATMENT" states, "11. ... a. Physician orders are renewed more frequently when: (1) The physician changes orders or treatment."</p> <p>6. The undated agency policy titled "2.23 PATIENT / CLIENT NOTIFICATION OF CHANGES" states, "3. When it is anticipated a visit cannot be made because of an unforeseen situation, the Agency staff will immediately notify the office. If the visit cannot be rescheduled, the Agency staff will complete a Missed Visit Report and physician's order will be obtained to accommodate scheduled frequency."</p>		<p>and periodically reviewed by the physician. All treatments including pulse oximetry must have a physician order. Frequency of visits must be followed and if a missed visit occurs the physician must be notified . The form "Missed visit report" will be used to document the missed visit and the physician will be called or the form faxed to the physician to notify the physician of the missed visit. Staff was educated on this form and verbalize that it will be used to document missed visits and the physician will be called or the form will be faxed to notify the physician of the missed visit. The Record review committee will audit 10 charts monthly for 6 months then every 2 months for 6 months to confirm that the missed visit form is being used to document the missed visits and the form is being faxed to the physician or the physician is being called and the form is marked correctly. They will also audit for care being given according to physician orders including pulse oximetry. This committee will give results to the Quality Assurance Performance Improvement committee to follow for trends.</p> <p>Attach copy of form "Missed visit report".</p>				

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N0541	<p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse reevaluated the patient's needs timely when the patient returned home from the hospital for 1 of 1 record reviewed of patients who had been hospitalized (#2) with the potential to affect all of the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record #2, start of care 2/16/12, evidenced a transfer to the hospital on 3/8/12 with discharge to home on 3/12/12. The skilled nursing assessment was not completed until 3/17/12, five days after discharge from the hospital, and no other skilled nurse visits have been made to re-evaluate the patient. On 3/28/12 at 10:10 AM, the administrator / physical therapist, director of nursing, and the nurse manager 	N0541	<p>N 541</p> <p>410 IAC 17-14-1(a)(1)(B) Scope of services</p> <p>Sec. 1. (a) The home health agency shall provide nursing services by a registered nurse in accordance with the medical plan of care as follows:</p> <p>(1) The registered nurse shall perform nursing duties in accordance with the Indiana nurse practice act (IC 25-23). Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Action- This deficiency has been corrected and is now met. The Administrator and Director of Nursing have ensured that the nurse will reevaluate the patient needs timely when the patient returns home from the hospital.</p>	03/30/2012			

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	<p>indicated they had been unable to contact the patient's physician regarding changes to the plan of care.</p> <p>3. The undated agency policy titled "2.14 DISCHARGE/TRANSFER POLICY" states, "Interruption of Services ... c. Request notification of patient / client discharge from the hospital in order to resume care if appropriate."</p>		<p>Who – The Administrator and Director of Nursing are responsible for implementing this corrective action.</p> <p>When- This deficiency was implemented on March 30, 2012.</p> <p>What monitoring - The Administrator and Director of Nursing must ensure that when a patient is transferred to the hospital the agency will request notification of the patient discharge from the hospital in order to resume care if appropriate. The log "Client Hospitalization" will be kept and checked at a minimum of 3 times a week to keep track of hospitalized patients. Trends of late notifications or late reevaluations that are noted on the log will be sent to the QAPI committee to follow to ensure compliance. Attachment Client hospitalization log.</p>				

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N0545	<p>410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services.</p> <p>Based on observation, policy review, and interview, the agency failed to ensure the registered nurse coordinated services with other providers providing services for 1 of 1 records reviewed of patients who received services from other providers (#2) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. On 3/28/12 at 2:10 PM, another caregiver was observed providing homemaker services for patient #2. The patient and caregiver indicated the caregiver was from Lifespan. The Lifespan caregiver indicated the patient had more hours approved for assistance. The record failed to evidence any communication/case conferences to coordinate the patient's care with the other agency providing services.</p> <p>2. The undated policy titled "2.4 SERVICE POLICIES NURSING SERVICE" states, "3. Professional</p>	N0545	<p>N 545</p> <p>410 IAC 17-14-1(a)(1)(F) Scope of services</p> <p>Sec. 1. (a) The home health agency shall provide nursing services by a registered nurse in accordance with the medical plan of care as follows:</p> <p>The registered nurse shall perform nursing duties in accordance with the Indiana nurse practice act (IC 25-23). Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services.</p> <p>Action- This deficiency has been corrected and is now met. The Administrator and Director of Nursing have ensured that the nurse will coordinate services with other health or social service providers serving the patient.</p>	03/30/2012			

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	<p>Nursing Functions: ... 7. Coordination of services, including referral to other services as needed.</p> <p>3. On 3/28/12 at 5:30 PM, the administrator / physical therapist, director of nursing, and nurse manager indicated there was no evidence of coordination of care with the other agency providing services for patient #2.</p>		<p>Who – The Administrator and Director of Nursing are responsible for implementing this corrective action.</p> <p>When- This deficiency was implemented on March 30, 2012.</p> <p>What monitoring - The Administrator and Director of Nursing must ensure the registered nurse has coordination of services with other health or social service providers serving the patient. The form "Coordination of care" will be used to document coordination of care with anyone providing services for the patient. Nursing Staff was educated on this form and verbalize that it will be used to coordinate care with anyone providing services for the patient. The Record review committee will audit 10 charts monthly for 6 months then every 2 months for 6 months to confirm the use of the form by nurses to coordinate care. This committee will give results to the Quality Assurance Performance Improvement committee to follow for trends. Attachment Coordination of care.</p>				