

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2013
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NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4646 W JEFFERSON BLVD STE 100 FORT WAYNE, IN 46804
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G000000	<p>This was a federal home health complaint investigation survey.</p> <p>Complaint #: IN00128721- Substantiated: Federal deficiencies related to the allegations are cited.</p> <p>Facility #: IN003757</p> <p>Medicaid #: 200484160</p> <p>Survey dates: May 16 and 17, 2013</p> <p>Surveyors: Miriam Bennett, RN, BSN, PHNS Tonya Tucker, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 22, 2013</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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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record review, policy review, and interview, the agency failed to ensure the visits were made as ordered on the plan of care for 1 of 3 clinical records reviewed with the potential to affect all the agency's patients. (#2)</p> <p>Findings include</p> <p>1. Clinical record #2, start of care 1/12/13, contained a Home Health Certification and Plan of Care for the certification period 3/13-5/11/13 with orders for Skilled Nursing Services 3-5 days a week for a total of 48 to 80 hours weekly for 60 days, and hours could increase or decrease per Client / Caregiver request. Missed Visit/Shift Notification sheets evidenced visits were missed on March 14 and 21, April 17 - 19, April 22 - 26, April 30 - May 3, and May 8 - 10, 2013, with the reason selected as employee availability. Because of the missed visits, the agency did not meet the required minimum of 48 hours per week ordered on the plan of care.</p> <p>a. On 5/16/13 at 2:20 PM, employee B</p>	G000158	1) Clinical record #2 indicated missed shifts occurred due to lack of staff causing the required minimum number of hours orders to not be met. Recruiters initially call all available direct care staff to inquire availability for hours needed to meet the staffing requirement as ordered on the plan of care. When staffing is not available, recruiters then attempt to rearrange schedules to free up additional staff. If staff is not available, missed shifts forms are completed per company policy and alternate forms of care are communicated with the client and/or primary caregiver. In this situation, missed shift forms were completed per policy noting employee unavailability, and active recruitment for qualified staff remained continuous during time of missed shifts. a. It was indicated that no supplemental order was obtained for a decrease in hours due to minimum number of hours not staffed along with family requesting fewer hours and certain staff members. If it is identified that staffing availability will not be met as ordered on the plan of care and/or family is requesting less hours, a	06/14/2013			

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	<p>indicated the agency did not obtain an order for a decrease in hours, and the patient and family did request fewer hours and only wanted certain nurses. This made it difficult to provide the number of hours ordered on the plan of care.</p> <p>b. On 5/16/13 at 2:23 PM, employee A indicated the agency was not fully staffed and was hoping to be fully staffed again soon.</p> <p>2. The agency's policy titled "Patient Visits-Scheduling," #HH-CL-016.2, revised 8/8/12 states, "3.2 The Administrative Officer (AO) or designee shall ensure adequate resources available to provide qualified Direct Care Staff to cover for scheduled and unscheduled absences so that ordered and/or authorized services are not interrupted."</p> <p>3. The agency's procedure titled "Missed Shift/Visit," #SOP-CL-016b, revised 1/28/13 states, "9.0 Obtain Supplemental Order, if Applicable - Obtain supplemental physician orders if the missed shift/visit causes the care frequency to fall outside the frequency of shifts/visits currently ordered by the physician if required by payor [sic] /program."</p>		<p>supplemental order will be written and forwarded to the physician indicating a decrease in hours. This process is currently in place as indicated in our current policy and will be followed going forward. If then it is identified that staffing unavailability will not be intermittent, but long term, then reference to our discharge policy citing available personnel are inadequate for the continuing needs of the client with notification of our legal representative for guidance. b. Additionally, Administrator Officer will initiate establishment of contractual relationships with alternate home health agencies or staffing agencies to provide supplemental qualified staff when employees are unable to cover current needs for established schedule as indicated by ordered frequency of hours on plan of care. When the agency cannot provide its own qualified staff, the alternate agency(s) will be contacted. This will become effective 6-14-13. The Administrative Officer, Director of Clinical Services or designee will assume responsibility to insure adherence to staffing per plan of care. This will be met by evidence of supplemental orders written and forwarded to physician when hours are continuing to not be met. Reference to the discharge policy as needed, and lastly, contracting alternate agencies with the</p>		

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N000000	<p>This was a home health state complaint investigation survey.</p> <p>Complaint #: IN00128721 - Substantiated: State deficiencies related to the allegations are cited.</p> <p>Facility #: IN003757</p> <p>Medicaid #: 200484160</p> <p>Survey dates: May 16 and 17, 2013</p> <p>Surveyors: Miriam Bennett, RN, BSN, PHNS Tonya Tucker, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 22, 2013</p>	N000000	assistance of physicians and case managers coordinating alternate staffing plans in order to meet required needs of the client.		

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N000522	<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: Based on clinical record review, policy review, and interview, the agency failed to ensure the visits were made as ordered on the plan of care for 1 of 3 clinical records reviewed with the potential to affect all the agency's patients. (#2)</p> <p>Findings include</p> <p>1. Clinical record #2, start of care 1/12/13, contained a Home Health Certification and Plan of Care for the certification period 3/13-5/11/13 with orders for Skilled Nursing Services 3-5 days a week for a total of 48 to 80 hours weekly for 60 days, and hours could increase or decrease per Client / Caregiver request. Missed Visit/Shift Notification sheets evidenced visits were missed on March 14 and 21, April 17 - 19, April 22 - 26, April 30 - May 3, and May 8 - 10, 2013, with the reason selected as employee availability. Because of the missed visits, the agency did not meet the required minimum of 48 hours per week ordered on the plan of care.</p> <p>a. On 5/16/13 at 2:20 PM, employee B</p>	N000522	1) Clinical record #2 indicated missed shifts occurred due to lack of staff causing the required minimum number of hours orders to not be met. Recruiters initially call all available direct care staff to inquire availability for hours needed to meet the staffing requirement as ordered on the plan of care. When staffing is not available, recruiters then attempt to rearrange schedules to free up additional staff. If staff is not available, missed shifts forms are completed per company policy and alternate forms of care are communicated with the client and/or primary caregiver. In this situation, missed shift forms were completed per policy noting employee unavailability, and active recruitment for qualified staff remained continuous during time of missed shifts. a. It was indicated that no supplemental order was obtained for a decrease in hours due to minimum number of hours not staffed along with family requesting fewer hours and certain staff members. If it is identified that staffing availability will not be met as ordered on the plan of care and/or family is requesting less hours, a	06/14/2013			

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	<p>indicated the agency did not obtain an order for a decrease in hours, and the patient and family did request fewer hours and only wanted certain nurses. This made it difficult to provide the number of hours ordered on the plan of care.</p> <p>b. On 5/16/13 at 2:23 PM, employee A indicated the agency was not fully staffed and was hoping to be fully staffed again soon.</p> <p>2. The agency's policy titled "Patient Visits-Scheduling," #HH-CL-016.2, revised 8/8/12 states, "3.2 The Administrative Officer (AO) or designee shall ensure adequate resources available to provide qualified Direct Care Staff to cover for scheduled and unscheduled absences so that ordered and/or authorized services are not interrupted."</p> <p>3. The agency's procedure titled "Missed Shift/Visit," #SOP-CL-016b, revised 1/28/13 states, "9.0 Obtain Supplemental Order, if Applicable - Obtain supplemental physician orders if the missed shift/visit causes the care frequency to fall outside the frequency of shifts/visits currently ordered by the physician if required by payor [sic] /program."</p>		<p>supplemental order will be written and forwarded to the physician indicating a decrease in hours. This process is currently in place as indicated in our current policy and will be followed going forward. If then it is identified that staffing unavailability will not be intermittent, but long term, then reference to our discharge policy citing available personnel are inadequate for the continuing needs of the client with notification of our legal representative for guidance. b. Additionally, Administrator Officer will initiate establishment of contractual relationships with alternate home health agencies or staffing agencies to provide supplemental qualified staff when employees are unable to cover current needs for established schedule as indicated by ordered frequency of hours on plan of care. When the agency cannot provide its own qualified staff, the alternate agency(s) will be contacted. This will become effective 6-14-13. The Administrative Officer, Director of Clinical Services or designee will assume responsibility to insure adherence to staffing per plan of care. This will be met by evidence of supplemental orders written and forwarded to physician when hours are continuing to not be met. Reference to the discharge policy as needed, and lastly, contracting alternate agencies with the assistance of physicians</p>	

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			and case managers coordinating alternate staffing plans in order to meet required needs of the client.	