

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/27/2017
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NAME OF PROVIDER OR SUPPLIER AT HOME HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 E 82ND ST STE 216 INDIANAPOLIS, IN 46250
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G 0000 Bldg. 00	<p>This was a Federal follow up recertification survey</p> <p>Survey Dates: November 20 and 21, 2017</p> <p>Facility Number: 012383</p> <p>Medicaid Number: 201005950A</p> <p>Census: 55</p> <p>Sample: 9</p>	G 0000		
G 0144 Bldg. 00	<p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>Based on record review and interview, the agency failed to ensure case conference documents included detailed information of type and frequency of services being provided by the group home and who to report issues / concerns to within the group home in 1 out of 1 record reviewed of a patient who resided in a group home in a</p>	G 0144	<p>G 144</p> <p>The Director of Nursing will in-service all nursing staff on the need to document details of effective interchange, reporting and coordination of patients with other health care providers/caregivers. The details will be included in the case conference and shall indicate frequency of visits, care provided, what to report and who to report concerns or issues for all providers</p>	12/27/2017

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>sample of 9. (#6)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of 9/27/17 to 11/25/17.</p> <p>A. Review of the recertification assessment dated 9/26/17, the patient resided in a group home.</p> <p>B. Review of an agency document titled "Case Conference / Coordination of Care" dated 9/22/17 and 10/20/17, the notes indicated "Care coordination performed with group home leader" but failed to include the specifics of the information that was discussed, such as the type and frequency of services being provided by the group home and who to report issues / concerns to within the group home.</p> <p>C. Review of an agency document titled "Communication and Coordination of Shared Home Care Patients" dated 9/5/17 and 9/6/17, failed to include documentation of the patient residing in a group home, the specific type and frequency of services being provided by the group home and who to report issues / concerns to within the group</p>		<p>involved in caring for the patient. The in-service was provided on December 19, 2017.</p> <p>The Director of Nursing will ensure all nursing new hires are oriented to document details of effective interchange, reporting and coordination of patients with other health care providers/caregivers and what the details will include to begin December 27, 2017.</p> <p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding case conference/care coordination. The Performance Improvement (PI) Committee will use the agency's QAPI process to evaluate opportunities for improvement, planning, monitoring, and re-evaluation of the activities. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to ensure case conferences/care coordination was conducted and documented to demonstrate effective exchange, reporting and coordination of patient care until 100% compliance is consistently maintained each quarter. The PI activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that</p>	

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G 0158 Bldg. 00	<p>home.</p> <p>D. The findings was reviewed with the Director of Clinical Services on 11/21/17 at 12:25 PM. The Director of Clinical Services indicated she thought the information in the Case Conference / Coordination of Care were sufficient and was not aware there were no information of the group home in the Communication and Coordination of Shared Home Care Patients documents.</p> <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 record review and interview, the agency failed to ensure the Licensed Practical Nurse followed the plan of care in regards to changing urostomy wafer, gastric tube feeds and water flushes in 2 out of 6 active records reviewed in a sample of 9. (#6 and 12)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of</p>	G 0158	<p>this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27, 2017</p> <p>G158 The Director of Nursing will in-service all staff on the need to review the current plan of care for each patient prior to providing care. The in-service will include the importance of following the plan of care with documentation to demonstrate care provided, any equipment, supplies used, specialized tubes or wafers, medications administered with dose/route/time, and the patient/caregiver's response to the care provided. Any deviations to the plan of care will be reported to the</p>	12/27/2017

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	<p>9/27/17 to 11/25/17, with orders for skilled nursing for removal and reapply an urostomy wafer weekly.</p> <p>A. Review of the skilled nursing visit notes daated 11/1, 11/3, 11/8, 11/13, 11/15 and 11/17, the visit notes failed to indicate that the urostomy wafer had been changed.</p> <p>B. The findings was reviewed with the Director of Clinical Nursing on 11/21/17 at 1:40 PM. At 1:51 PM, the Director of Clinical Nursing indicated she had spoken with the primary nurse and the primary nurse indicated she had documented the change of the wafer on the Friday visits. After review of the Friday visit notes / dates in conjunction with the calendar with the Director of Clinical Services, the primary nurse did not provide services to the patient on Fridays.</p> <p>2. The clinical record for patient #12, SOC 7/28/17, was reviewed. The clinical record included a plan of care for the certification period of 9/26/17 to 11/24/17, with orders for skilled nursing to clean peg tube with soapy and water daily and as needed, medication administration with 30 ml [milliliters] of water before and after medication administration, and 300 ml of jevity formula through peg tube over 3</p>		<p>Director of Nursing and patient's physician with documentation regarding any new orders from the physician. The in-service was provided on December 19, 2017.</p> <p>The Director of Nursing met with staff privately who failed to document care according to plan of care for educational purposes and to ensure competency when caring for patients with urostomy wafers, peg tubes, gastrostomy tubes, cleaning, feeding and flushing techniques, procedures for fecal impaction removal by December 27, 2017</p> <p>The Director of Nursing will ensure all new hires are oriented to the importance of following the plan of care and all verbal orders and to document details of care provided, supplies and equipment and the patient/caregivers response to treatment. The training will begin December 27, 2017.</p> <p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding following the plan of care. The Performance Improvement (PI) Committee will use the agency's QAPI process to evaluate opportunities for care provided to patient's that follow the patient's Plan of Care. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to</p>	

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	<p>hours, 3 times a day. The order indicated not to give over 140 ml an hour through peg tube via enteral pump and skilled nursing or the caregiver may adjust feeding amount to 600 ml over an 8 hour shift and 300 ml during a 4 hour shift when the patient attends school or MD appt [appointment].</p> <p>A. The Medication section of the plan of care indicated the patient would receive Jevity 1.5, 4 cans overnight via pump every night.</p> <p>B. A skilled nursing visit note dated 10/22/17 from 1:00 to 7:00 PM, indicated in the gastrointestinal assessment that 500 ml of tube feeding and 30 ml of "flushing." The skilled visit narrative note indicated " ... 2 PM pt hydration via infinity pump, PEG " The note failed to indicated whether the peg tube was cleaned. The skilled nurse failed to follow the plan of care in regards to cleansing of peg tube, peg tube feedings, and whether medications had been given as ordered or if the family / caregiver had given the medications.</p> <p>C. A skilled nursing visit note dated 10/30/17 from 3:17 to 7:17 PM, indicated in the gastrointestinal assessment that no enteral feeding was provided but "hydration 300 mls / 100 mls / hr [hour]" was provided.</p>		<p>ensure all staff are following the patient's plan of care until 100% compliance is consistently maintained each quarter. The PI activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27, 2017</p>	

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G 0180 Bldg. 00	<p>The skilled nurse narrative note indicated " ... hydration commenced at 4:10 PM. 300 mls / 100 mls / hour ... no medication due at this time. hydration still in progress "</p> <p>The skilled nurse failed to follow the plan of care.</p> <p>D. The finding was reviewed with the Director of Clinical Services on 11/21/17 at 3:00 PM. The Director of Clinical Services indicated there was not an order for water infusion on the plan of care and the skilled nurses failed to follow the plan of care.</p> <p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE The licensed practical nurse prepares clinical and progress notes.</p> <p>Based on record review, the Licensed Practical Nurse failed to ensure skilled nursing visit notes included documentation of medications provided and amount of fleets enema instilled in 2 out of 6 active records reviewed in a sample of 9. (#6 and 11)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of</p>	G 0180	<p>G180</p> <p>The Director of Nursing will in-service all licensed practical nursing staff regarding standards of care with documentation with clinical and progress notes. The in-service will include the importance of following the plan of care and physician orders with documentation to demonstrate care provided, any equipment, supplies used, specialized tubes or wafers, medications administered with amount/dose/route/time; and administration of fleets enemas and the amount of fluid administered; and the patient/caregiver's</p>	12/27/2017

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	<p>9/27/17 to 11/25/17, with orders for skilled nursing to perform a bowel program which consist of administration of a fleets enema, digital stimulation and manual extraction of stool. The patient resides in a group home.</p> <p>A. Review of the skilled nursing visit notes dated 11/10 and 11/17/17, the notes indicated the bowel program was performed but the failed to be specific with the amount of fleets enema that was instilled and how the patient tolerated the procedure. The note also failed to include documentation of coordination of services with the group home clinician.</p> <p>B. Review of the skilled nursing visit notes dted 11/1, 11/3, 11/8, 11/10, 11/13, 11/15 and 11/17/17, the notes indicated the bowel program was performed but failed to be specific with the amount of fleets enema that was instilled. The note also failed to include documentation of coordination of services with the group home clinician.</p> <p>C. The findings were reviewed with the Director of Clinical Nursing on 11/21/17 at 11:40 PM. The Director of Clinical Nursing acknowledged the lack of information and had no further information / documentation to provide.</p>		<p>response to the care provided. Any deviations to the plan of care will be reported to the Director of Nursing and patient's physician with documentation regarding any new orders from the physician. The in-service was provided on December 19, 2017</p> <p>The Director of Nursing met with staff privately who failed to document care according to plan of care for educational purposes and to ensure competency when caring for patients with urostomy wafers, peg tubes, gastrostomy tubes, cleaning, feeding and flushing techniques, procedures for fecal impaction removal by December 27, 2017</p> <p>The Director of Nursing will ensure all new hires are oriented to the importance of following the plan of care and all verbal orders and to document details of care provided, supplies and equipment and the patient/caregivers response to treatment. The training will begin December 27, 2017.</p> <p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding documentation of all nursing staff but special attention to the license practical nurse's documentation of care and progress notes that follows the plan of care and specifically documents administration standards of care.</p>	

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N 0000 Bldg. 00	<p>2. The clinical record for patient #11, SOC 6/29/15, was reviewed. The clinical record included a plan of care for the certification period of 10/16/17 to 12/14/17, with orders for skilled nursing to administer medications.</p> <p>A. A skilled nursing visit notes dated 10/29/17 and 11/9/17, indicated medications were given but failed to document what medications were provided.</p> <p>B. The findings were reviewed with the Director of Clinical Nursing on 11/21/17 at 1:30 PM. The Director of Clinical Nursing acknowledged the lack of information and had no further information / documentation to provide.</p> <p>This was a State follow up relicensure survey</p> <p>Survey Dates: November 20 and 21, 2017</p> <p>Facility Number: 012383</p> <p>Medicaid Number: 201005950A</p>	N 0000	<p>The Performance Improvement (PI) Committee will use the agency's QAPI process to evaluate opportunities for care provided to patient's that follow the patient's Plan of Care. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to ensure all staff are following the patient's plan of care until 100% compliance is consistently maintained each quarter. The PI activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27, 2017</p>	

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N 0522 Bldg. 00	<p>Census: 55</p> <p>Sample: 9</p> <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 record review and interview, the agency failed to ensure the Licensed Practical Nurse followed the plan of care in regards to changing urostomy wafer, gastric tube feeds and water flushes in 2 out of 6 active records reviewed in a sample of 9. (#6 and 12)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of 9/27/17 to 11/25/17, with orders for skilled nursing for removal and reapply an urostomy wafer weekly.</p> <p>A. Review of the skilled nursing visit notes daated 11/1, 11/3, 11/8, 11/13, 11/15 and 11/17, the visit notes failed to indicate that the urostomy wafer had been</p>	N 0522	<p>N522</p> <p>The Director of Nursing will in-service all staff on the need to review the current plan of care for each patient prior to providing care. The in-service will include the importance of following the plan of care with documentation to demonstrate care provided, any equipment, supplies used, specialized tubes or wafers, and the patient/caregiver's response to the care provided. Any deviations to the plan of care will be reported to the Director of Nursing and patient's physician with documentation regarding any new orders from the physician. The in-service was provided on December 19, 2017</p> <p>The Director of Nursing met with staff privately who failed to document care according to plan of care for educational purposes and to ensure competency when caring for patients with urostomy wafers, peg tubes, gastrostomy tubes, cleaning, feeding and flushing</p>	12/27/2017

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	<p>changed.</p> <p>B. The findings was reviewed with the Director of Clinical Nursing on 11/21/17 at 1:40 PM. At 1:51 PM, the Director of Clinical Nursing indicated she had spoken with the primary nurse and the primary nurse indicated she had documented the change of the wafer on the Friday visits. After review of the Friday visit notes / dates in conjunction with the calendar with the Director of Clinical Services, the primary nurse did not provide services to the patient on Fridays.</p> <p>2. The clinical record for patient #12, SOC 7/28/17, was reviewed. The clinical record included a plan of care for the certification period of 9/26/17 to 11/24/17, with orders for skilled nursing to clean peg tube with soapy and water daily and as needed, medication administration with 30 ml [milliliters] of water before and after medication administration, and 300 ml of jevity formula through peg tube over 3 hours, 3 times a day. The order indicated not to giver over 140 ml an hour through peg tube via enteral pump and skilled nursing or the caregiver may adjust feeding amount to 600 ml over an 8 hour shift and 300 ml during a 4 hour shift when the patient attends school or MD appt [appointment].</p>		<p>techniques, procedures for fecal impaction removal by December 27, 2017</p> <p>The Director of Nursing will ensure all new hires are oriented to the importance of following the plan of care and all verbal orders and to document details of care provided, supplies and equipment and the patient/caregivers response to treatment. The training will begin December 27, 2017.</p> <p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding following the plan of care. The Performance Improvement (PI) Committee will use the agency's QAPI process to evaluate opportunities for care provided to patient's that follow the patient's Plan of Care. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to ensure all staff are following the patient's plan of care until 100% compliance is consistently maintained each quarter. The PI activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27,</p>	

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	<p>A. The Medication section of the plan of care indicated the patient would receive Jevity 1.5, 4 cans overnight via pump every night.</p> <p>B. A skilled nursing visit note dated 10/22/17 from 1:00 to 7:00 PM, indicated in the gastrointestinal assessment that 500 ml of tube feeding and 30 ml of "flushing." The skilled visit narrative note indicated " ... 2 PM pt hydration via infinity pump, PEG " The note failed to indicated whether the peg tube was cleaned. The skilled nurse failed to follow the plan of care in regards to cleansing of peg tube, peg tube feedings, and whether medications had been given as ordered or if the family / caregiver had given the medications.</p> <p>C. A skilled nursing visit note dated 10/30/17 from 3:17 to 7:17 PM, indicated in the gastrointestinal assessment that no enteral feeding was provided but "hydration 300 mls / 100 mls / hr [hour]" was provided. The skilled nurse narrative note indicated " ... hydration commenced at 4:10 PM. 300 mls / 100 mls / hour ... no medication due at this time. hydration still in progress " The skilled nurse failed to follow the plan of care.</p> <p>D. The finding was reviewed with the</p>		2017	

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N 0545 Bldg. 00	<p>Director of Clinical Services on 11/21/17 at 3:00 PM. The Director of Clinical Services indicated there was not an order for water infusion on the plan of care and the skilled nurses failed to follow the plan of care.</p> <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 record review and interview, the agency failed to ensure case conference documents included detailed information of type and frequency of services being provided by the group home and who to report issues / concerns to within the group home in 1 out of 1 record reviewed of a patient who resided in a group home in a sample of 9. (#6)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of 9/27/17 to 11/25/17.</p> <p>A. Review of the recertification assessment dated 9/26/17, the patient</p>	N 0545	<p>N545</p> <p>The Director of Nursing will in-service all nursing staff on the need to document details of effective interchange, reporting and coordination of patients with other health care providers/caregivers. The details will be included in the case conference and shall indicate frequency of visits, care provided, what to report and who to report concerns or issues for all providers involved in caring for the patient. The in-service was provided on December 19, 2017.</p> <p>The Director of Nursing will ensure all nursing new hires are oriented to document details of effective interchange, reporting and coordination of patients with other health care providers/caregivers and what the details will include to begin December 27, 2017.</p>	12/27/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/27/2017
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NAME OF PROVIDER OR SUPPLIER AT HOME HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 E 82ND ST STE 216 INDIANAPOLIS, IN 46250
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	<p>resided in a group home.</p> <p>B. Review of an agency document titled "Case Conference / Coordination of Care" dated 9/22/17 and 10/20/17, the notes indicated "Care coordination performed with group home leader" but failed to include the specifics of the information that was discussed, such as the type and frequency of services being provided by the group home and who to report issues / concerns to within the group home.</p> <p>C. Review of an agency document titled "Communication and Coordination of Shared Home Care Patients" dated 9/5/17 and 9/6/17, failed to include documentation of the patient residing in a group home, the specific type and frequency of services being provided by the group home and who to report issues / concerns to within the group home.</p> <p>D. The findings was reviewed with the Director of Clinical Services on 11/21/17 at 12:25 PM. The Director of Clinical Services indicated she thought the information in the Case Conference / Coordination of Care were sufficient and was not aware there were no information of the group home in the Communication and Coordination of Shared Home Care Patients</p>		<p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding case conference/care coordination. The Performance Improvement (PI) Committee will use the agency's QAPI process to evaluate opportunities for improvement, planning, monitoring, and re-evaluation of the activities. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to ensure case conferences/care coordination was conducted and documented to demonstrate effective exchange, reporting and coordination of patient care until 100% compliance is consistently maintained each quarter. The PI activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27, 2017</p>	

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N 0554 Bldg. 00	<p>documents.</p> <p>410 IAC 17-14-1(a)(2)(B) Scope of Services Rule 14 Sec. 1(a) (2) (B) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (B) Prepare clinical notes.</p> <p>Based on record review, the Licensed Practical Nurse failed to ensure skilled nursing visit notes included documentation of medications provided and amount of fleets enema instilled in 2 out of 6 active records reviewed in a sample of 9. (#6 and 11)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of 9/27/17 to 11/25/17, with orders for skilled nursing to perform a bowel program which consist of administration of a fleets enema, digital stimulation and manual extraction of stool.</p> <p>A. Review of the skilled nursing visit notes dated 11/10 and 11/17/17, the notes indicated the bowel program was performed but the failed to be specific with the amount of fleets enema that was instilled and how the patient tolerated the procedure.</p>	N 0554	<p>N554</p> <p>The Director of Nursing will in-service all licensed practical nursing staff regarding standards of care with documentation with clinical and progress notes. The in-service will include the importance of following the plan of care and physician orders with documentation to demonstrate care provided, any equipment, supplies used, specialized tubes or wafers, medications administered with amount/dose/route/time; and administration of fleets enemas and the amount of fluid administered; and the patient/caregiver's response to the care provided. Any deviations to the plan of care will be reported to the Director of Nursing and patient's physician with documentation regarding any new orders from the physician. The in-service was provided on December 19, 2017</p> <p>The Director of Nursing met with staff privately who failed to document care according to plan of care for educational purposes and to ensure competency when caring for patients with urostomy wafers,</p>	12/27/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K064	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/27/2017
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	<p>B. Review of the skilled nursing visit notes dted 11/1, 11/3, 11/8, 11/10, 11/13, 11/15 and 11/17/17, the notes indicated the bowel program was performed but failed to be specific with the amount of fleets enema that was instilled.</p> <p>C. The findings were reviewed with the Director of Clinical Nursing on 11/21/17 at 11:40 PM. The Director of Clinical Nursing acknowledged the lack of information and had no further information / documentation to provide.</p> <p>2. The clinical record for patient #11, SOC 6/29/15, was reviewed. The clinical record included a plan of care for the certification period of 10/16/17 to 12/14/17, with orders for skilled nursing to administer medications.</p> <p>A. A skilled nursing visit notes dated 10/29/17 and 11/9/17, indicated medications were given but failed to document what medications were provided.</p> <p>B. The findings were reviewed with the Director of Clinical Nursing on 11/21/17 at 1:30 PM. The Director of Clinical Nursing acknowledged the lack of information and had no further information / documentation to provide.</p>		<p>peg tubes, gastrostomy tubes, cleaning, feeding and flushing techniques, procedures for fecal impaction removal by December 27, 2017</p> <p>The Director of Nursing will ensure all new hires are oriented to the importance of following the plan of care and all verbal orders and to document details of care provided, medication administered, supplies and equipment and the patient/caregivers response to treatment. The training will begin December 27, 2017</p> <p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding documentation of all nursing staff but special attention to the license practical nurse's documentation of care and progress notes that follows the plan of care and specifically documents according to medication administration standards of care. The Performance Improvement (PI) Committee will use the agency's QAPI process to evaluate opportunities for care provided to patient's that follow the patient's Plan of Care. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to ensure all staff are following the patient's plan of care until 100% compliance is consistently maintained each quarter. The PI</p>	

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N 0563 Bldg. 00	<p>410 IAC 17-14-1(c)(2) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (2) review the plan of care as often as the severity of the patient's condition requires, but at least every two (2) months;</p> <p>Based on record review, the Registered Nurse failed to conduct an adequate assessment of the patients type 2 diabetes upon recertification in 1 out of 1 records reviewed of patients being recertified with diabetes in a sample of 9. (#6)</p> <p>Findings include:</p> <p>1. The clinical record for patient #6, SOC 1/30/17, was reviewed and contained a plan of care for the certification period of 9/27/17 to 11/25/17, with skilled nursing services 2 hours per visit 3 times a week.</p>	N 0563	<p>activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27, 2017</p> <p>N563</p> <p>The Director of Nursing will in-service all staff on the need to review the current plan of care for each patient prior to providing care, as the patient's condition changes, and at least every two (2) months. The in-service will include the importance of following the plan of care with documentation specific to the patient's medical needs that demonstrates the RN follows standards of care when conducting assessments related to the patient's known disease process. The in-service will cover specific expectations regarding assessments with diabetics and the integumentary skin assessment including foot care assessment and ranges of blood sugar. The</p>	12/27/2017

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	<p>A. Review of the comprehensive recertification assessment dated 9/26/17, the Endocrine assessment indicated the patient's blood sugar was taken on 9/25/17 at 10:30 AM, with a result of 96. No other documentation such as diabetic foot exam or patient blood sugar ranges since last RN assessment, were provided within the Endocrine assessment section.</p> <p>B. Review of the Professional services section within the 9/26/17 comprehensive recertification assessment, the note indicated for skilled nursing or care giver to perform glucose monitoring daily and as needed, to notify the physician for blood sugars <60 or >300.</p> <p>C. Review of the Integumentary (skin) assessment within the 9/26/17 comprehensive recertification assessment, the section failed to include a diabetic foot assessment.</p> <p>D. The findings were reviewed with the Director of Clinical Nursing on 11/21/17 at 1:40 PM. The Director of Clinical Services acknowledged the findings and had no further documentation or information to provide.</p>		<p>in-service will cover the importance of patient specific medical needs; any equipment, supplies used, specialized tubes or wafers, and the patient/caregiver's response to the care provided. Any deviations to the plan of care will be reported to the Director of Nursing and patient's physician with documentation regarding any new orders from the physician. The in-service was provided on December 19, 2017.</p> <p>The Director of Nursing met with staff privately who failed to document the comprehensive assessment that met the patient's individual medical needs for educational purposes and to ensure competency when caring for diabetic patients by December 27, 2017</p> <p>The Director of Nursing will ensure all new registered nurse hires are oriented to the importance of completing the comprehensive assessment of all systems especially those where a diagnosis specifically has standards of care established for assessment and documentation. The training will begin December 27, 2017.</p> <p>The Director of Nursing with Governing Body approval has initiated Quality Assurance Performance Improvement (QAPI) Activities regarding the registered nurse comprehensive assessment of all systems follows standards of practice. The Performance Improvement (PI) Committee will</p>	

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			<p>use the agency's QAPI process to evaluate opportunities for care provided to patient's that follow the patient's Plan of Care. Included in the PI activities will be collection of data to measure success or need for revisions to PI activities. 10% of all clinical records will be audited to ensure all staff are following the patient's plan of care until 100% compliance is consistently maintained each quarter. The PI activity was reviewed and re-evaluated on December 14, 2017</p> <p>The Director of Nursing will be responsible for monitoring that the corrective actions to ensure that this deficiency is corrected and will not reoccur</p> <p>Completion Date: December 27, 2017</p>	