

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 12/12/2013
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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G000000	<p>This visit was a Home Health federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: December 9-12, 2013 Partial Extended Survey Dates: December 11-12, 2013</p> <p>Facility Number: 012383</p> <p>Medicaid Number: 201005950</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader</p> <p>Census Service Type: Skilled: 11 Home Health Aide Only: 24 Personal Care Only: 0 Total: 35</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 16, 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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G000236	<p>484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on clinical record review and interview, the agency failed to ensure all documentation had the correct date for 2 of 10 records reviewed (#1 and #3) with the potential to affect the agency's current patients.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care (SOC) 9/7/12, contained a Start of Care Comprehensive Adult Assessment dated and preformed on 9/7/12. The document evidenced the Registered Nurse (RN) signed and dated the document "9/6/12" on the nursing signature line. The record failed to evidence a correct date for the Start of Care Comprehensive Adult Assessment.</p> <p>During an interview on 12/11/13 at 10:55 AM, employee D, Director of</p>	G000236	<p>1. Clinical Staff will be in-serviced on the 1/10/2014</p> <p>importance of correctly dating documentation.</p> <p>Director of Nursing will be responsible for</p> <p>in-service nurses by 1/10/2014</p> <p>2. Director of Nursing/Designee will include ongoing</p> <p>importance of dating documentation correctly</p> <p>on all paperwork in orientation of all new</p> <p>clinical staff beginning with next orientation</p> <p>class.</p> <p>3. Director of Nursing/Designee will review 12/31/2013</p>	01/14/2014	

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	<p>Nursing (DON), indicated the document had the wrong date. Employee D further indicated the date should have been 9/7/12.</p> <p>2. Clinical record #3 evidenced a SOC of 4/20/12 with a home health certification and plan of care (POC) for the certification period 10/10/13 - 12/8/13. The record also evidenced a POC with a SOC date of 10/10/13 for the certification period 12/10/13 - 2/7/14.</p> <p>During an interview on 12/11/13 at 12:00 PM, employee D, DON, indicated the POC certification period 10/10/13 - 12/8/13 document had the wrong SOC date. Employee D further indicated the SOC date should have been 10/10/13.</p>		<p>all clinical documentation for two weeks to</p> <p>ensure dates are correct. Complete</p> <p>by 12/31/13</p> <p>4. Director of Nursing/Designee will review 1/14/2014</p> <p>10% of documentation each week for date</p> <p>accuracy for four weeks. Complete by 1/14/14</p> <p>5. Director of Nursing/Designee will review ongoing</p> <p>10% of documentation each quarter for date</p> <p>accuracy ongoing.</p> <p>6. Clinical Staff who are incorrectly dating ongoing</p> <p>documentation will be rein-serviced by</p> <p>Director of Nursing/Designee ongoing</p>		

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G000332	<p>484.55(a)(1) INITIAL ASSESSMENT VISIT The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.</p> <p>Based on clinical record review and interview, the agency failed to ensure the Registered Nurse (RN) made an initial assessment visit within forty-eight hours of a physician referral or on the physician-ordered start of care date (SOC) for 1 of 10 clinical records reviewed (#2) and with the potential to affect all the agency's new admissions.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care 7/10/13, evidenced the following:</p> <p>A. The document titled "Physician Orders" with a physician order for the Skilled Nurse to evaluate and assess for home care services written on 7/2/13 and received by At Home Health Services, LLC on 7/5/13.</p> <p>B. The document titled "Communication Note / Addendum" dated on 7/8/13 evidenced a call was made to the patient to set up an evaluation appointment. The document further evidenced the patient requested the evaluation appointment be</p>	G000332	<p>1. Director of Nursing/Designee will in-service 12/27/2013</p> <p>staff on giving faxed referrals to Director of Nursing/Designee once they arrive. Complete</p> <p>by 12-27-13 and ongoing.</p> <p>2. Director of Nursing/Designee will check fax ongoing</p> <p>machine and review all faxes received at time</p> <p>of office closing to ensure all referrals are addressed promptly.</p>	12/27/2013	

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	<p>for 7/10/13.</p> <p>C. The document titled "Start of Care OASIS Assessment" evidenced employee G, Registered Nurse, conducted the initial assessment visit on 7/10/13.</p> <p>2. During an interview on 12/11/13 at 11:20 AM, employee D, Director of Nursing, indicated that the initial assessment should have been completed within 48 hours of referral.</p>				

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G000340	<p>484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.</p> <p>Based on clinical record review and interview, the agency failed to ensure the comprehensive assessment be updated and revised within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for 1 of 1 record reviewed of patients that were hospitalized with the potential to affect all the agency's patients resuming home care services after a hospitalization. (#9)</p> <p>Findings include:</p> <p>1. Clinical record #9, start of care 11/5/12, contained a home health certification and plan of care for the certification period 1/4/13 - 3/4/13. The record evidenced the patient visited the ER on 2/20/13 and was admitted to the hospital on 2/22/13. The record failed to evidence a Resumption of Care Assessment was completed.</p> <p>The record further evidenced the patient was readmitted to the home health agency</p>	G000340	<p>1. Director of Nursing/Designee will in-service 12/27/2013</p> <p>clinical staff that perform evaluations on</p> <p>completing patient evaluations within 48 hours</p> <p>of discharge from hospital or 48 hours after</p> <p>knowledge of discharge from hospital.</p> <p>Complete By 12/27/13 and ongoing</p>	12/27/2013			

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	<p>on 3/6/13.</p> <p>2. During an interview on 12/12/13 at 2:35 PM, employee D, Director of Nursing, indicated the patient was discharged from the hospital on 3/1/13, but the agency did not complete a Resumption of Care Assessment. Employee D further indicated the agency readmitted the patient on 3/6/13 instead.</p>				

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N000000	<p>This visit was a Home Health state relicensure survey.</p> <p>Survey Dates: December 9-12, 2013</p> <p>Facility Number: 012383</p> <p>Medicaid Number: 201005950</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader</p> <p>Census Service Type: Skilled: 11 Home Health Aide Only: 24 Personal Care Only: 0 Total: 35</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 16, 2013</p>	N000000			

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N000610	<p>410 IAC 17-15-1(a)(7) Clinical Records Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry.</p> <p>Based on clinical record review and interview, the agency failed to ensure all documentation had the correct date for 2 of 10 records reviewed (#1 and #3) with the potential to affect the agency's current patients.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care (SOC) 9/7/12, contained a Start of Care Comprehensive Adult Assessment dated and preformed on 9/7/12. The document evidenced the Registered Nurse (RN) signed and dated the document "9/6/12" on the nursing signature line. The record failed to evidence a correct date for the Start of Care Comprehensive Adult Assessment.</p> <p>During an interview on 12/11/13 at 10:55 AM, employee D, Director of Nursing (DON), indicated the document had the wrong date. Employee D further indicated the date should have been 9/7/12.</p>	N000610	<p>1. Clinical Staff will be in-serviced on the 1/10/2014</p> <p>importance of correctly dating documentation.</p> <p>Director of Nursing will be responsible for</p> <p>in-service nurses by 1/10/2014.</p> <p>2. Director of Nursing/Designee will include ongoing</p> <p>importance of dating documentation correctly</p> <p>on all paperwork in orientation of all new</p> <p>clinical staff beginning with next orientation</p> <p>class. ongoing</p> <p>3. Director of Nursing/Designee will review all 12/31/2013</p> <p>new clinical documentation for two weeks to</p> <p>ensure dates are correct. Complete by 12/31/13.</p> <p>4. Director of Nursing/Designee</p>	01/14/2014			

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