

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157116	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/24/2013
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NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CLINICAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 103 W 78TH PL MERRILLVILLE, IN 46410
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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: July 17 - July 24, 2013 Partial Extended Survey Dates: July 22 - July 24, 2013</p> <p>Facility Number: 005307</p> <p>Medicaid Number: 100263870A</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 196 Home Health Aide Only: 0 Personal Care Only: 0 Total: 196</p> <p>Sample: RR w/HV: 4 RR w/o HV: 10 Total: 14</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 26, 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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G000159	<p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on policy review, record review, and interview, the home health agency failed to ensure the plan of care specified the reason for as necessary (PRN) visits in 1 of 14 clinical records reviewed with the potential to affect all patients of the agency. (#12)</p> <p>Findings include:</p> <p>1. The policy titled "Medical Supervision and Physician's Plan of Care (Treatment)" policy number 2.04 with a revision date of 6/12 states, "Medical orders may authorize a specific range in the frequency of visits to ensure that the most appropriate level of service is provided ... 1. The Plan of Treatment shall include: v. Orders for Discipline Services and Treatments (Specify Amount / Frequency / Duration)."</p>	G000159	<p>The PRN visits for clinical record #12 were ordered in error, the RN created an order to end PRN on same day and explanation order sent to Physician. The Professional Services Coordinator will inservice the RNs at Patient Conference to evaluate frequency and specificity for all PRN visits. The Professional Services Coordinator has generated a chart review checklist (see below) specific to Recertification including review of PRN visits if indicated with a corresponding order specifying why the PRN visit will be done.</p> <p>Residential Clinical Services, Inc. Patient Clinical Record Checklist Patient Name:</p> <p>_____</p> <p>__ Patient No.: _____</p> <p>Recert Date:</p> <p>_____</p> <p>Recert Computerized Chart</p> <p>____ Recert Orders ____ Recert Assessment ____ Care Plan Updated ____ Nutritional</p>	08/07/2013			

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G000224	<p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the Home Health Aide (HHA) plan of care was updated at least every 60 days as required by agency policy in 1 of 4 records reviewed of patients receiving home health aide services with the potential to affect all patients receiving HHA services. (#4)</p> <p>The findings include:</p> <ol style="list-style-type: none"> The policy titled "Home Health Aide Assignments and Updates" with a revision date of 5/04 states, "The Home Health Aide Assignment Sheet is updated every 60 days and prn [as needed] by the primary R.N. ... The Home Health Aide Supervisor will verify every 60 days that the HHA Assignment Book has the most current copy." Clinical record #4, start of care 3/13/12, contained a home health certification and plan of care dated 	G000224	<p>The Professional Services Coordinator will remind all RNs and review policy that the Home Health Aide Assignment Sheet must be reviewed every sixty days by the RN as well as completing the electronic signature to verify this has been done. This will take place at Patient Conference on August 8, 2013. The Professional Services Coordinator has generated a chart review checklist (see below) to be completed with each patient recertification that validates the need for Home Health Aide services, orders, and assignment sheet are completed every sixty days. The Professional Services Coordinator will ensure this review has taken place every sixty days.</p> <p>Residential Clinical Services, Inc. Patient Clinical Record Checklist Patient Name:</p> <p>_____ ___ Patient No.: _____ Recert Date: _____</p> <p>Recert Computerized Chart ___ Recert Orders ___ Recert Assessment ___ Care Plan</p>	08/07/2013			

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N000000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: July 17-24, 2013</p> <p>Facility Number: 005307</p> <p>Medicaid Number: 100263870A</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader</p> <p>Census Service Type: Skilled: 196 Home Health Aide Only: 0 Personal Care Only: 0 Total: 196</p> <p>Sample: RR w/HV: 4 RR w/o HV: 10 Total: 14</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 26, 2013</p>	N000000		

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on policy review, record review, and interview, the home health agency failed to ensure the plan of care specified the reason for as necessary (PRN) visits in 1 of 14 clinical records reviewed with the potential to affect all patients of the agency. (#12)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The policy titled "Medical Supervision 	N000524	The PRN visits for clinical record #12 were ordered in error, the RN created an order to end PRN on same day and explanation order sent to Physician. The Professional Services Coordinator will inservice the RNs at Patient Conference to evaluate frequency and specificity for all PRN visits. The Professional Services Coordinator has generated a chart review checklist (see below) specific to Recertification including review of PRN visits if indicated with a	08/07/2013
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	<p>and Physician's Plan of Care (Treatment)" policy number 2.04 with a revision date of 6/12 states, "Medical orders may authorize a specific range in the frequency of visits to ensure that the most appropriate level of service is provided ... 1. The Plan of Treatment shall include: v. Orders for Discipline Services and Treatments (Specify Amount / Frequency / Duration)."</p> <p>2. Clinical record #12, start of care 6/13/12, contained a home health certification and plan of care dated 6/8/13 to 8/6/13 which states for SN to visit "1-2 x month x 2 months [1 to 2 visits per month for 2 months]" and "3 PRN." The plan of care failed to identify the reason for the PRN visits.</p> <p>3. During an interview on 7/24/13 at 11:40 AM, employee P, Alternate Administrator, indicated the patient did not have any PRN visits and it should not have been on the Plan of Care.</p>		<p>corresponding order specifying why the PRN visit will be done.</p> <p>Residential Clinical Services, Inc. Patient Clinical Record Checklist Patient Name:</p> <p>_____</p> <p>__ Patient No.: _____</p> <p>Recert Date: _____</p> <p>Recert Computerized Chart</p> <p>___ Recert Orders ___ Recert Assessment ___ Care Plan Updated ___ Nutritional Assessment ___ Braden Scale ___ Fall Risk ___ Depression ___ OASIS ___ MC Episode Early/Late ___ PRN Problem has I01 / If PRN visits needed ___ Problem have ST/LT Goals ___ Med List Updated ___ Aide Assignment Sheet Updated if HHA used ___ Medication Sheet Updated</p> <p>_____</p> <p>_____ Coordinator Signature Date</p> <p>The Administrator is responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.</p>	

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N000550	<p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the Home Health Aide (HHA) plan of care was updated at least every 60 days as required by agency policy in 1 of 4 records reviewed of patients receiving home health aide services with the potential to affect all patients receiving HHA services. (#4)</p> <p>The findings include:</p> <ol style="list-style-type: none"> The policy titled "Home Health Aide Assignments and Updates" with a revision date of 5/04 states, "The Home Health Aide Assignment Sheet is updated every 60 days and prn [as needed] by the primary R.N. ... The Home Health Aide Supervisor will verify every 60 days that the HHA Assignment Book has the most current copy." Clinical record #4, start of care 3/13/12, contained a home health 	N000550	<p>The Professional Services Coordinator will remind all RNs and review policy that the Home Health Aide Assignment Sheet must be reviewed every sixty days by the RN as well as completing the electronic signature to verify this has been done. This will take place at Patient Conference on August 8, 2013. The Professional Services Coordinator has generated a chart review checklist (see below) to be completed with each patient recertification that validates the need for Home Health Aide services, orders, and assignment sheet are completed every sixty days. The Professional Services Coordinator will ensure this review has taken place every sixty days.</p> <p>Residential Clinical Services, Inc. Patient Clinical Record Checklist Patient Name:</p> <p>_____ __ Patient No.: _____ Recert Date: _____ Recert Computerized Chart ____ Recert Orders ____ Recert</p>	08/07/2013

