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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157599 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER HEARTS WITH INTEGRITY | STREET ADDRESS, CITY, STATE, ZIP CODE 603 E NORTH STREET HARTFORD CITY, IN 47348 |
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| G000000 | <p>This visit was a home health agency Federal recertification survey. This survey was partial extended.</p> <p>Survey dates: July 15, 16, 17, and 18, 2014</p> <p>Facility #: 006650</p> <p>Medicaid vendor #: 200903000A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Agency Census Skilled Patients 86</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 21, 2014</p> | G000000 | | |
| G000170 | <p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse provided care only as ordered in the plan of care for 1 of 12 clinical records reviewed with the potential to affect all 86 patients.</p> | G000170 | <p>G 170—484.30 SKILLED NURSING SERVICES The Home Health Agency furnishes skilled nursing services in accordance with the plan of care. All Hearts With Integrity nursing and therapy staff will be in-serviced that all care is to be provided per the</p> | 08/01/2014 |

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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| N000000 | <p>Findings:</p> <p>1. Clinical record 10, start of care (SOC) 3/17/14, evidenced physician orders for the certification period 5/16/14 through 7/14/14 for skilled nursing to observe / assess, instruct, and set up medications.</p> <p>A. The skilled nurse notes evidenced the patient has an unna boot on the left lower leg. The skilled nurse note for 5/28/14, 6/4/14, and 6/9/14 evidenced the skilled nurse had applied ace wraps to bilateral lower extremities.</p> <p>B. On 7/17/14 at 4:15 PM, Employee A, Administrator, indicated there were no physician orders for the ace wraps.</p> <p>2. A policy titled, "Physician Orders", effective 1/27/14, C-635, states, "All medications, treatments and services provided to patients must be ordered by a physician.</p> <p>This visit was a home health agency state licensure survey.</p> <p>Survey dates: July 15, 16, 17, and 18,</p> | N000000 | <p>plan of care/MD orders. They will be given a copy of policy-C-635,Physician Orders. All documentation and care must be per MD orders. Five (5) clinical records will be audited monthly for evidence that home care services are being provided in accordance to the plan of care/MD orders. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> | | |

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| N000462 | <p>2014</p> <p>Facility #: 006650</p> <p>Medicaid vendor #: 200903000A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Agency Census Skilled Patients 86</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 21, 2014</p> <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 record review and interview, the agency failed to ensure each employee with direct patient contact had a physical examination within 180 days of contact in 1 of 8 personnel records reviewed with the potential to affect all 86 patients. (F)</p> | N000462 | <p>N462--410 IAC 17-12-1(h) Home Health Agency Administration/Management The Human Resource Representatives, Administrator, Director of Nursing and Assistant Director of Nursing have been in-serviced that each employee who will have direct patient contact shall have a physical</p> | 07/28/2014 | | | |

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| N000537 | <p>Findings:</p> <p>1. Personnel record F, date of hire 7/8/13, date of first patient contact 7/9/13, a home health aide, evidenced a physical examination 9/8/12.</p> <p>2. At 7/18/14 at 11 AM, Employee A, Administrator, indicated the physical examination was from a previous job and was outside the guidelines.</p> <p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse provided care only as ordered in the plan of care for 1 of 12 clinical records reviewed with the potential to affect all 86 patients.</p> <p>Findings:</p> <p>1. Clinical record 10, start of care (SOC) 3/17/14, evidenced physician orders for the certification period 5/16/14 through 7/14/14 for skilled nursing to observe / assess, instruct, and set up medications.</p> | N000537 | <p>examination no more than 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 diseases to patients. All future physical examinations will be reviewed for compliance by the Administrator and the Director of Nursing or Assistant Director of Nursing. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>N 537— 410 IAC 17-14-1(a) The Home Health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care. All nursing and therapy staff have been in-serviced that all care is to be provided per the plan of care/MD orders. They were given a copy of policy-C-635, Physician Orders. All documentation and care must be per MD orders. Five (5) clinical records will be audited monthly for evidence that home health services are being provided in accordance to the</p> | 08/01/2014 | | | |

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| N000604 | <p>A. The skilled nurse notes evidenced the patient has an unna boot on the left lower leg. The skilled nurse note for 5/28/14, 6/4/14, and 6/9/14 evidenced the skilled nurse had applied ace wraps to bilateral lower extremities.</p> <p>B. On 7/17/14 at 4:15 PM, Employee A, Administrator, indicated there were no physician orders for the ace wraps.</p> <p>2. A policy titled, "Physician Orders", effective 1/27/14, C-635, states, "All medications, treatments and services provided to patients must be ordered by a physician.</p> <p>410 IAC 17-14-1(m) Scope of Services Rule 14 Sec. 1(m) The home health aide must report any changes observed in the patient's conditions and needs to the supervisory nurse or therapist.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the home health aide (HHA) reported an elevated blood pressure to the nurse in 1 of 7 clinical records reviewed of patients receiving home health aide services creating the potential to affect all patients receiving home health aide services. (5)</p> | N000604 | <p>plan of care/MD orders. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>N604 410 IAC 17-14-1(m) The home health aide must report any changes observed in the patient's conditions and needs to the supervisory nurse or therapist. All Home Health Aides to be in serviced on 7/29/14 in regards that they must report any observed changes in the patient's condition. Five (5) charts will be audited monthly for evidence that the Home Health Aide is reporting any changes in patient's condition</p> | 07/29/2014 | | | |

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| | <p>Findings:</p> <p>1. Clinical record 5, start of care 11/8/12, evidenced the patient received home health aide services. The "Home Health Aide Care Plan" dated 5/1/14 evidenced the aide was to call the nurse if the blood pressure was greater than 160/90. The clinical record evidenced on 6/28/14 the blood pressure was 162/86.</p> <p>On 7/17/14 at 9:30 AM, Employee A, the Administrator, indicated there was no documentation the aide had communicated with the nurse about the blood pressure.</p> <p>2. A policy titled "Home Health Aide Care Plan", effective 1/27/14, C-751, states, "All home health aide staff will follow the identified plan."</p> | | <p>and documenting on visit note. The Assistant Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> | | |