

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157533	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/02/2015
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NAME OF PROVIDER OR SUPPLIER  HOME CARE SERVICES OF NORTHWEST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7725 BROADWAY AVE STE F MERRILLVILLE, IN 46410
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G 000  Bldg. 00	<p>This visit was for a federal home health complaint investigation.</p> <p>Complaint #: IN00160021 - Substantiated: Federal deficiencies related to the allegations are cited.</p> <p>Survey dates: March 31, 2015 - April 2, 2015</p> <p>Facility #: IN002684</p> <p>Medicaid #: 200323290</p> <p>Quality Review: JE 2/7/15</p>	G 000		

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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G 158  Bldg. 00	<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.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure services had been provided in accordance with the plan of care / physician orders in 2 (#1 and #2 ) of 4 records reviewed.</p> <p>Findings</p> <p>1. Clinical record #1, start of care (SOC) 2/10/15 and diagnosis of multiple sclerosis, evidenced a SOC assessment was completed on 2/10/15 from 12:30 PM - 2:30 PM. The patient rights were received at the SOC. A plan of care for the certification period of 2/10/15 - 4/10/15 evidenced patient was to receive home health aide visits 6 times a week for 9 weeks with up to 7 hours a visit for personal care and assistance with ADLs (activities of daily living). The first home health aide (HHA) visit did not occur until 2/19/15 from 7:45 AM - 3 PM. No documentation was present to identify why the HHA visits had not occurred. The attending physician had not been notified.</p>	G 158	<p>Agency staff will be in-serviced regarding compliance with plans of care and physicians' orders. In-service will include the high priority standard that every patient will have a written plan of care that will be reviewed by the ordering physician. Staff instruction will include the necessity to follow the plan of care, ensure orders and frequencies are being provided in accordance with physician orders and communication of changes in patient status and frequencies to the physician and all personnel/entities involved Operational policies will be reviewed and reinforced to all agency staff to ensure compliance Policies reviewed and reinforced will include: "Missed Visit Policy" Coordination of Care", "Physician Orders and Tracking System" and "Clinical Record Review" 100% of clinical records will be audited at least every 60 days to prevent reoccurrence The Administrator will be responsible for ensuring this standard is met</p>	04/30/2015

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	<p>A. On 4/1/15 at 10:30 AM, Employee A, the administrator and director of nursing, indicated the HHA had not made visits because of the lack of prior authorization for payment and that the physician had not been notified of the need to change the plan of care for these missing visits.</p> <p>B. On 4/1/15 at 1:15 PM, the informal caregiver of patient #1 indicated the HHA visits did not occur as planned and discussed at the SOC with the admitting nurse, Employee F.</p> <p>2. Clinical record #2, SOC 2/24/12 and diagnosis of blindness, included a plan of care for the certification period of 2/8/15 - 4/8/15. This plan of care evidenced the patient was to receive one HHA visit a day for nine weeks with up to 8 hours a day. The clinical record evidenced the patient was receiving 3 HHA visits a day with 8 hours total scheduled each day from 2/8/15 - 3/20/15. These visits occurred from 8 AM - 12 noon, 2 - 3 PM, and 5 - 8 PM for personal care and assistance with ADLs.</p> <p>On 4/1/15 at 1:45 PM, Employee A indicated the visits had not been made as ordered on the plan of care. The order</p>			

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N 000  Bldg. 00	<p>failed to show that the HHA visits were to be made three times a day.</p> <p>3. The agency policy titled "Plan of care - cms #485 and physician orders" with no date stated, "Skilled nursing and other home health services will be in accordance with a plan of care based on the patient's diagnosis and assessment of immediate and long range needs and resources."</p> <p>This visit was for a state home health complaint investigation.</p> <p>Complaint #: IN00160021 - Substantiated: State deficiencies related to the allegations are cited.</p> <p>Survey dates: March 31, 2015 - April 2, 2015</p>	N 000		

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N 522 Bldg. 00	<p>Facility #: IN002684</p> <p>Medicaid #: 200323290</p> <p>Quality Review: JE 2/7/15</p> <p>410 IAC 17-13-1(a) Patient Care</p> <p>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 clinical record and agency policy review and interview, the agency failed to ensure services had been provided in accordance with the plan of care / physician orders in 2 (#1 and #2 ) of 4 records reviewed.</p> <p>Findings</p> <p>1. Clinical record #1, start of care (SOC) 2/10/15 and diagnosis of multiple sclerosis, evidenced a SOC assessment was completed on 2/10/15 from 12:30 PM - 2:30 PM. The patient rights were received at the SOC. A plan of care for the certification period of 2/10/15 - 4/10/15 evidenced patient was to receive home health aide visits 6 times a week for 9 weeks with up to 7 hours a visit for personal care and assistance with ADLs (activities of daily living). The first home health aide (HHA) visit did not occur until 2/19/15 from 7:45 AM - 3</p>	N 522	<p>Agency staff will be in-serviced regarding compliance with plans of care and physicians' orders. In-service will include the high priority standard that every patient will have a written plan of care that will be reviewed by the ordering physician. Staff instruction will include the necessity to follow the plan of care, ensure orders and frequencies are being provided in accordance with physician orders and communication of changes in patient status and frequencies to the physician and all personnel/entities involved Operational policies will be reviewed and reinforced to all agency staff to ensure compliance Policies reviewed and reinforced will include: "Missed Visit Policy" Coordination of Care", "Physician Orders and Tracking System" and "Clinical Record Review" 100% of clinical records will be audited at least every 60 days to prevent</p>	04/30/2015

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	<p>PM. No documentation was present to identify why the HHA visits had not occurred. The attending physician had not been notified.</p> <p>A. On 4/1/15 at 10:30 AM, Employee A, the administrator and director of nursing, indicated the HHA had not made visits because of the lack of prior authorization for payment and that the physician had not been notified of the need to change the plan of care for these missing visits.</p> <p>B. On 4/1/15 at 1:15 PM, the informal caregiver of patient #1 indicated the HHA visits did not occur as planned and discussed at the SOC with the admitting nurse, Employee F.</p> <p>2. Clinical record #2, SOC 2/24/12 and diagnosis of blindness, included a plan of care for the certification period of 2/8/15 - 4/8/15. This plan of care evidenced the patient was to receive one HHA visit a day for nine weeks with up to 8 hours a day. The clinical record evidenced the patient was receiving 3 HHA visits a day with 8 hours total scheduled each day from 2/8/15 - 3/20/15. These visits occurred from 8 AM - 12 noon, 2 - 3 PM, and 5 - 8 PM for personal care and assistance with ADLs.</p>		reoccurrence The Administrator will be responsible for ensuring this standard is met	

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	<p>On 4/1/15 at 1:45 PM, Employee A indicated the visits had not been made as ordered on the plan of care. The order failed to show that the HHA visits were to be made three times a day.</p> <p>3. The agency policy titled "Plan of care - cms #485 and physician orders" with no date stated, "Skilled nursing and other home health services will be in accordance with a plan of care based on the patient's diagnosis and assessment of immediate and long range needs and resources."</p>			