

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K076		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/20/2013	
NAME OF PROVIDER OR SUPPLIER HEAVEN SENT HOME HEALTH CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 211 S ANDERSON ST ELWOOD, IN 46036			
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G000000	<p>This visit was a home health agency federal complaint survey.</p> <p>Complaint #: IN00133599 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey dates: August 20, 2013</p> <p>Facility: #012612</p> <p>Medicaid Vendor: 201050610</p> <p>Surveyor: Susan Sparks, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 23, 2013</p>			G000000	<p>Heaven Sent Home Health Care LLC takes regulatory compliance very seriously. This plan of corrections is to serve as our credible allegation of compliance.</p>		

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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G000158	<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 clinical record review and interview, the agency failed to ensure visits were made as ordered on the plan of care in 3 of 5 records reviewed with the potential to affect all the patients of the agency. (3, 4, and 5) Findings include:</p> <p>1. Clinical record 3, start of care (SOC) 1/29/13, included a plan of care for the certification period 5/20/13 to 7/23/13 with orders for skilled nurse 1 hour every other week for med set up. The clinical record failed to evidence the skilled nurse made the visits. On 8/20/13 at 4 PM, Director of Nursing, Employee A, indicated the plan of care was incorrect and the skilled nurse visits were stopped the certification period before.</p> <p>2. Clinical record 4, SOC 8/24/12, included a plan of care for the certification period 6/20/13 to 8/18/13 with orders for the home health aide (HHA) 10 hour a day for 6 days and 10</p>	G000158	<p>Heaven Sent will ensure visits are made as on the plan of care. Orders will be double checked by RN 1. If the plan of care is modified by the client a order will be written and sent to the Doctor for approval. When the next recertification is due the RN will look back and change the plan of care to reflect the change. 2. When Visits are not able to be met a missed visit record will be initiated and followed by the QA process in place now. (see attached process) Compliance will be maintained by clinical record audits quarterly for evidence that all changes to plan of care are correct and missed visits were reported. The director of nursing will be responsible for correction and on-going compliance. Heaven Sent added the PCDA tool for compliance</p>	08/27/2013			

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	<p>-12 hour a day for 1 day a week x (for) 9 weeks. The clinical record failed to evidence the HHA provided the ordered number of hours on 6/20, 6/21, 6/22, 6/23, 6/24, 6/25, 6/26, 6/27, 6/28, 6/20, 6/30, 7/6, 7/7, and 7/11/13.</p> <p>On 8/20/13 at 4 PM, the Director of Nursing indicated the ordered number of hours were not provided and missed visit forms were not in the clinical record.</p> <p>3. Clinical record 5, SOC 5/5/13, included a plan of care for the certification period 5/5/13 to 7/1/13 with orders for the HHA 8 hours a day x 7 days a week x 9 weeks. The clinical record failed to evidence the HHA provided the ordered number of hours on 5/19, 5/20, 5/21, 5/22, 5/23, 5/24, 5/25, 5/27, 5/28, 5/29, 5/30, 5/31, 6/1, 6/2, 6/3, 6/4, 6/5, 6/6, 6/14, 6/15, 6/16, 6/17, 6/18, 6/10, 6/20, 6/21, 6/22, 6/23, 6/24, 6/25, 6/26, 6/27, 6/28, 6/29, 6/30, and 7/1/13.</p> <p>On 8/20/13 at 4 PM, the Director of Nursing indicated the ordered number of hours were not provided.</p>						

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G000337	<p>484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. Based on clinical record review and interview, the agency failed to ensure the comprehensive reassessment included a review of all medications for potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and noncompliance in 5 and 5 clinical record reviews with the potential to affect all the patients. (#1, 2, 3, 4 and 5)</p> <p>Findings:</p> <ol style="list-style-type: none"> Clinical record 1, start of care (SOC) 5/31/13, failed to evidence the medication review included ineffective drug therapy for the certification period 5/31/13 to 7/29/13. Clinical record 2, SOC 9/7/11, failed to evidence the medication review included ineffective drug therapy for the certification period 6/28/13 to 8/26/13. Clinical record 3, SOC 1/29/13, failed 	G000337	This standard will be met with the addition of the word ineffective to present med sheet (see attached). The new med policy C 731 was written and will ensure that all of the comprehensive drug reassessment is met .The director of nursing will create the change med sheet and create Drug Regimen Review policy C731 for approval thru the PAC meeting on September 11, 2013.Heaven Sent will maintain on-going compliance through the use of mock surveys with process and procedure audits as least annual by the professional advisory committee. 10% of charts are audited quarterly for compliance. The administer is responsible for corrections and on-going process compliance.	09/11/2013	

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	<p>to evidence the medication review included ineffective drug therapy for the certification period 5/29/13 to 7/23/13.</p> <p>4. Clinical record 4, SOC 8/24/12, failed to evidence the medication review included ineffective drug therapy for the certification period 6/20/13 to 8/18/13.</p> <p>5. Clinical record 5, SOC 5/5/13, failed to evidence the medication review included ineffective drug therapy for the certification period 5/5/13 to 7/1/13.</p> <p>6. On 8/20/13 at 4 PM, the Director of Nursing, Employee A, indicated the medication review did not include ineffective drug therapy.</p>				

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N000000	<p>This visit was a home health agency state complaint survey.</p> <p>Complaint #: IN00133599 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey dates: August 20, 2013</p> <p>Facility: #012612</p> <p>Medicaid Vendor: 201050610</p> <p>Surveyor: Susan Sparks, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 23, 2013</p>	N000000					

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N000522	<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: Based on clinical record review and interview, the agency failed to ensure visits were made as ordered on the plan of care in 3 of 5 records reviewed with the potential to affect all the patients of the agency. (3, 4, and 5)</p> <p>Findings include:</p> <p>1. Clinical record 3, start of care (SOC) 1/29/13, included a plan of care for the certification period 5/20/13 to 7/23/13 with orders for skilled nurse 1 hour every other week for med set up. The clinical record failed to evidence the skilled nurse made the visits.</p> <p>On 8/20/13 at 4 PM, Director of Nursing, Employee A, indicated the plan of care was incorrect and the skilled nurse visits were stopped the certification period before.</p> <p>2. Clinical record 4, SOC 8/24/12, included a plan of care for the certification period 6/20/13 to 8/18/13 with orders for the home health aide (HHA) 10 hour a day for 6 days and 10</p>	N000522	<p>Heaven Sent will ensure visits are made as on the plan of care. Orders will be double checked by RN.1. If the plan of care is modified by the client a order will be written and sent to the Doctor for approval. When the next recertification is due the RN will look back and change the plan of care to reflect the change.2. When Visits are not able to be met a missed visit record will be initiated and followed by the QA process in place now. (see attached process)Compliance will be maintained by clinical record audits quarterly for evidence that all changes to plan of care are correct and missed visits were reported.The director of nursing will be responsible for correction and on-going compliance.</p>	08/27/2013			

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