STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	15K086	A. BUILDING 00	06/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORTE HOME HEALTH CARE INC	808 A SOUTH HUNTINGTON ST SYRACUSE, IN 46567

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000 Bldg. 00	This was a revisit for the extended Federal home health recertification survey completed on April 28, 2015. Survey Date: June 2, 2015 Facility Number: IN0012779 Medicaid Number: 201068710A During this survey, 2 Conditions of Participation and 13 standard level deficiencies were found corrected. 1 standard level deficiency was re-cited. QR: JE 6/3/15	G 000		
G 159 Bldg. 00	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. Based on clinical record review, policy	G 159	1. On 6/2/15, Office Manager	06/05/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	review, and interview, the agency failed to ensure the plan of care (POC) certification period dates followed federal date guidelines for 4 of 5 records reviewed (# 1, 2, 3, and 4). Findings include 1. Clinical record # 1, start of care (SOC) date 1/20/14, contained a POC dated 5/20-7/19/15. This POC should have been dated 5/20-7/18/15. 2. Clinical record # 2, SOC date 7/7/14, contained a POC dated 5/2-7/1/15. This POC should have been dated 5/2-6/30/15. 3. Clinical record # 3, SOC date 5/18/14, contained a POC dated 5/19-7/18/15. This POC should have been dated 5/19-7/17/15. 4. Clinical record # 4, SOC date 5/20/15, contained a POC dated 5/20-7/19/15. This POC should have been dated 5/20-7/18/15. 5. During interview on 6/2/15 at 1:45 PM, employee F, the administrator, indicated the nurses prepare the plans of care and the office manager enters the dates. 6. During interview on 6/2/15 at 1:50		was educated on using OASIS Follow Up Assessment Scheduling Calendar in determining POC dates. Office Manager has since corrected dates and resubmitted to each ordering physician the POCs which were submitted from 5/1/15 to present.2. To prevent this deficiency from recurring in the future, Forte HHC will use the OASIS Follow Up Assessment Scheduling Calendar determine dates for all POCs.3. Administrator will be responsible to ensure that this plan of correction is implemented, going forward.4. This deficiency has been corrected as of 6/5/15.	

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	PM, employee H, the office manager, indicated they were still using the Excel auto sum to calculate 60 days, but the POC dates for patient # 4 were from the (Outcome Assessment and Information Set) OASIS calendar and must have been a typo. Employee H indicated they can still use the Excel auto sum but just subtract a day. 7. The agency document titled "Office Staff Meeting/Education Meeting" dated 5/5/15 evidenced the office manager (employee H) had been educated on the process of proper documentation for Start of Care dates and certification periods, so going forward, they will be correct and align with the correct dates. 8. The agency's policy titled "Medical Plan of Care," # 5.1, dated 3/1/14, states, "A medical plan of care will be developed for each client receiving care and periodically reviewed by the physician. The plan of care is written instructions signed by the physician for the provision of care, services or treatment to be given by a registered nurse, and a home health aide to a client in the client's place of residence. The plan of care shall include: ... 19) Any other appropriate or necessary items."			

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N 000 Bldg. 00	This was a revisit for the state home health relicensure survey completed on April 28, 2015. Survey Date: June 2, 2015 Facility Number: IN0012779 Medicaid Number: 201068710A During this survey, twelve deficiencies were found corrected. qr: je 6/3/15	N 000		
N 524 Bldg. 00	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (i) Mental status.			

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	(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.			
	Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care (POC) certification period dates followed federal date guidelines for 4 of 5 records reviewed (# 1, 2, 3, and 4). Findings include 1. Clinical record # 1, start of care (SOC) date 1/20/14, contained a POC dated 5/20-7/19/15. This POC should have been dated 5/20-7/18/15. 2. Clinical record # 2, SOC date 7/7/14, contained a POC dated 5/2-7/1/15. This POC should have been dated 5/2-6/30/15. 3. Clinical record # 3, SOC date 5/18/14, contained a POC dated 5/19-7/18/15. This POC should have been dated	N 524	1. On 6/2/15, Office Manager was educated on using OASIS Follow Up Assessment Scheduling Calendar in determining POC dates. Office Manager has since corrected dates and resubmitted to each ordering physician the POCs which were submitted from 5/1/15 to present.2. To prevent this deficiency from recurring in the future, Forte HHC will use the OASIS Follow Up Assessment Scheduling Calendar determine	06/05/2015

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	5/19-7/17/15. 4. Clinical record # 4, SOC date 5/20/15, contained a POC dated 5/20-7/19/15. This POC should have been dated 5/20-7/18/15. 5. During interview on 6/2/15 at 1:45 PM, employee F, the administrator, indicated the nurses prepare the plans of care and the office manager enters the dates. 6. During interview on 6/2/15 at 1:50 PM, employee H, the office manager, indicated they were still using the Excel auto sum to calculate 60 days, but the POC dates for patient # 4 were from the (Outcome Assessment and Information Set) OASIS calendar and must have been a typo. Employee H indicated they can still use the Excel auto sum but just subtract a day. 7. The agency document titled "Office Staff Meeting/Education Meeting" dated 5/5/15 evidenced the office manager (employee H) had been educated on the process of proper documentation for Start of Care dates and certification periods, so going forward, they will be correct and align with the correct dates. 8. The agency's policy titled "Medical		dates for all POCs.3. Administrator will be responsible to ensure that this plan of correction is implemented, going forward.4. This deficiency has been corrected as of 6/5/15.	

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	Plan of Care," # 5.1, dated 3/1/14, states, "A medical plan of care will be developed for each client receiving care and periodically reviewed by the physician. The plan of care is written instructions signed by the physician for the provision of care, services or treatment to be given by a registered nurse, and a home health aide to a client in the client's place of residence. The plan of care shall include: ... 19) Any other appropriate or necessary items."			