

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321
--	--

(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 0000 Bldg. 00	<p>This was a revisit survey for a Federal recertification survey and complaint investigation conducted on 5/11/15.</p> <p>Complaint Number IN00170850: Substantiated: Federal deficiencies related to the allegations are cited.</p> <p>Survey Date: 6-23-15</p> <p>Facility ID: 010149</p> <p>Medicaid number: 200914990A</p> <p>One condition and nine standard level deficiencies were found to be corrected and one new standard level deficiency was cited during this survey.</p> <p>QR: JE 6/25/26</p>	G 0000		
------------------------	--	--------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321
--	--

(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 0158 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. Based on clinical record review, interview, and agency policy review, the agency failed to ensure the physician was notified of missed visits for 1 of 5 records reviewed (# 2).</p> <p>Findings:</p> <p>1. Clinical record #2, start of care (SOC) 5/1/15, certification period, 5/1/15 - 6/29/15.</p> <p>A. Clinical record #2, evidenced a document titled "SUPPLEMENTAL ORDER" , dated 5/26/15, that stated, "ORDER ... ORDER REASON: HOME HEALTH AIDE ORDER: HHA 1w1, 2w4 [one time a week for 1 wee, 2 times a week for 4 weeks] for bathing assists and personal care effective week of 5/25/15."</p> <p>B. Clinical record #2, evidenced one Home Health Aide (HHA) Progress Note, dated 6/16/15. There were no other visit notes in the record.</p>	G 0158	<p>The Director of Operations (DOO) will be responsible for correcting this deficiency. An inservice will be conducted by the Director of Operations/Designee on July 16, 2015 with all Clinical staff to review Policies: TX-001 Physician Orders, TX-002 Coordination of Care, and AA-014 Plan of Care/Care Planning Process. An inservice will also be conducted by the Business Office Manager/ Designee on 7/16/15 with all Business Office Specialist regarding Office Operations Manual Sect 4 pg 283 -288 regarding the Missed Visit and the Missed Visit Report. When a visit is unable to be made as ordered, the clinician will reschedule the missed visit for the next day to ensure the ordered care is delivered. However, in the event that the visit is not allowed to be made within the ordered treatment week, due to patient's refusal of the visit, the clinician will complete a Missed Visit Note and the clinician will obtain additional orders if needed. If the clinician</p>	07/16/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/23/2015
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321		
(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	
	<p>2. Interview on 6/23/15 at 4:30 PM, employee A, administrator, indicated there is no documentation in the patient's record of physician notification of missed visits. Employee A, stated, "The patient refuses services frequently and the first home health aide visit since the order on 5/26/15 was on 6/16/15, and [the patient] has not notified the physician yet of the missed visits. The patient plans to call the physician later today and will discuss the missed visits at that time." Employee A, administrator, also stated, "Missed visit notes were requested from another nurse for these missed visits [a total of 5 missed visits, over a course of 3 weeks] but the agency did not obtain them from that nurse, who is currently on leave."</p> <p>3. Agency policy titled "Coordination of Care", dated 01/2015, states, "PURPOSE ... 13. A missed visit communication note is completed as scheduled ... a. The Physician will be notified ... b. If the clinician or the Clinical Manager notifies the physician of the missed visit, this communication will be noted on the Missed Visit Communication Note. c. There are no exceptions, in which the physician does not have to be notified of the missed visit. d. If the Missed Visit is</p>		<p>is successful in notifying the physician the clinician will document this on the Missed Visit note. In the event the clinician is unable to directly notify the physician the clinician will complete the Missed Visit note and the note will be faxed/mailed to the physician's office. The Scheduler will not remove the clinicians visit from the scheduling system until evidence of physician notification has been documented. <u>Monitoring Process</u>: The Business Office Manager/Designee will run the Missed Visit Report daily which list visits scheduled but do not have visits posted and will follow up with the clinicians as needed to resolve the report. The report and findings will be kept for 90 days. The Director of Operations/Designee will review all missed visit notes for evidence of accurate documentation of the missed visit. Once 100% compliance is met for 14 days ongoing monitoring will also occur through the agencies Quarterly PI Program. Completion Date: 7/21/15</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321
--	--

(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
N 0000 Bldg. 00	<p>by a Home Health Aide then the aide will report the missed visit to the case manager or DOO (Director of Operations) who will notify the physician and complete the missed visit Communication Note."</p> <p>This was a revisit survey for a State home health relicensure survey and complaint investigation 5/11/15.</p> <p>Complaint Number IN00170850: Substantiated: Federal deficiencies related to the allegations are cited.</p> <p>Survey Date: 6-23-15</p> <p>Facility ID: 010149</p> <p>Medicaid Vendor #: 200914990A</p> <p>Nine deficiencies were found to be corrected and one new deficiency was cited during this survey.</p> <p>QR: JE 6/25/26</p>	N 0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/23/2015	
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321			
(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
N 0522 Bldg. 00	<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:</p> <p>Based on clinical record review, interview, and agency policy review, the agency failed to ensure the physician was notified of missed visits for 1 of 5 records reviewed (# 2).</p> <p>Findings:</p> <p>1. Clinical record #2, start of care (SOC) 5/1/15, certification period, 5/1/15 - 6/29/15.</p> <p>A. Clinical record #2, evidenced a document titled "SUPPLEMENTAL ORDER" , dated 5/26/15, that stated, "ORDER ... ORDER REASON: HOME HEALTH AIDE ORDER: HHA 1w1, 2w4 [one time a week for 1 wee, 2 times a week for 4 weeks] for bathing assists and personal care effective week of 5/25/15."</p>			N 0522	<p>The Director of Operations (DOO) will be responsible for correcting this deficiency. An inservice will be conducted by the Director of Operations/Designee on July 16, 2015 with all Clinical staff to review Policies: TX-001 Physician Orders, TX-002 Coordination of Care, and AA-014 Plan of Care/Care Planning Process. An inservice will also be conducted by the Business Office Manager/ Designee on 7/16/15 with all Business Office Specialist regarding Office Operations Manual Sect 4 pg 283 -288 regarding the Missed Visit and the Missed Visit Report. When a visit is unable to be made as ordered, the clinician will reschedule the missed visit for the next day to ensure the ordered care is delivered. However, in the event that the visit is not allowed to be made within the ordered treatment week, due to patient's refusal of the visit, the clinician will complete a Missed Visit Note and</p>		07/16/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/23/2015
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321		
(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	
	<p>B. Clinical record #2, evidenced one Home Health Aide (HHA) Progress Note, dated 6/16/15. There were no other visit notes in the record.</p> <p>2. Interview on 6/23/15 at 4:30 PM, employee A, administrator, indicated there is no documentation in the patient's record of physician notification of missed visits. Employee A, stated, "The patient refuses services frequently and the first home health aide visit since the order on 5/26/15 was on 6/16/15, and [the patient] has not notified the physician yet of the missed visits. The patient plans to call the physician later today and will discuss the missed visits at that time." Employee A, administrator, also stated, "Missed visit notes were requested from another nurse for these missed visits [a total of 5 missed visits, over a course of 3 weeks] but the agency did not obtain them from that nurse, who is currently on leave."</p> <p>3. Agency policy titled "Coordination of Care", dated 01/2015, states, "PURPOSE ... 13. A missed visit communication note is completed as scheduled ... a. The Physician will be notified ... b. If the clinician or the Clinical Manager notifies the physician of the missed visit, this communication will be noted on the Missed Visit Communication Note. c. There are no exceptions, in which the</p>		<p>the clinician will obtain additional orders if needed. If the clinician is successful in notifying the physician the clinician will document this on the Missed Visit note. In the event the clinician is unable to directly notify the physician the clinician will complete the Missed Visit note and the note will be faxed/mailed to the physician's office. The Scheduler will not remove the clinicians visit from the scheduling system until evidence of physician notification has been documented. <u>Monitoring Process:</u> The Business Office Manager/Designee will run the Missed Visit Report daily which list visits scheduled but do not have visits posted and will follow up with the clinicians as needed to resolve the report. The report and findings will be kept for 90 days. The Director of Operations/Designee will review all missed visit notes for evidence of accurate documentation of the missed visit. Once 100% compliance is met for 14 days ongoing monitoring will also occur through the agencies Quarterly PI Program. Completion Date: 7/21/15</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157521	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/23/2015
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321		
(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	
	physician does not have to be notified of the missed visit. d. If the Missed Visit is by a Home Health Aide then the aide will report the missed visit to the case manager or DOO (Director of Operations) who will notify the physician and complete the missed visit Communication Note."				