

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157011	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/26/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 333 E MILLER DR PO BOX 1149 BLOOMINGTON, IN 47402
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G 000 Bldg. 00	<p>This was a Federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: March 20 - March 26, 2015</p> <p>Facility #: IN005252</p> <p>Medicaid Vendor # 100272200A</p> <p>Surveyor: Nina Koch, RN, PHNS</p> <p>Unduplicated 12 month census: 1117 Records Reviewed: 18 Home visits: 6</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 31, 2015</p>	G 000		
G 321 Bldg. 00	<p>484.20(a) ENCODING OASIS DATA</p> <p>The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set.</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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	<p>Based on agency document and policy review and interview, the agency failed to ensure OASIS data had been transmitted within 30 days of the M0090 date for 113 of 187 records submitted during the months of October, November, and December.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. An agency document, dated December 1, 2014, 8:19 AM, titled OASIS Final Validation Report failed to evidence that 98 of 102 records were submitted within 30 days of the OASIS event date. 2. An agency document, dated November 3, 2014, 8:12 AM, titled OASIS Final Validation Report failed to evidence that 1 of 38 records were submitted within 30 days of the OASIS event date. 3. An agency document, dated December 1, 2014, 8:22 AM, titled OASIS Final Validation Report failed to evidence that 14 of 47 records were submitted within 30 days of the OASIS event date. 4. In an interview on 3/26/2015 at 1 PM with employee F, the agency's administrator, The administrator was not able to provide additional documents to show compliance with submission of 	G 321	<ol style="list-style-type: none"> 1. Plan of Correction: <ul style="list-style-type: none"> ·Discussion with EHR vendor occurred on 3/20/15. The software system was updated to correct this issue that was keeping documents from transmitting was corrected. All delinquent OASIS data is submitted and receipt is confirmed. ·OASIS will be transmitted weekly on Friday and Validation will be checked on Monday to assure all was successfully transmitted. Errors will be corrected by admitting clinician with the assistance of the Home Care Computer Application Specialists. The OASIS to be re-submitted the following Friday. 2. Prevention strategy: <ul style="list-style-type: none"> ·OASIS transmission export is reviewed by coding/documentation nurse on Friday mornings to have ready for transmittal by the Home Care Computer Application Specialists. Copy of the NOT EXPORTED ASSESSMENTS Report will be submitted to Home Health Management Team upon completion via spreadsheet. Contents of spread sheet will include patient name, when assessments are submitted, if rejected or accepted. All accepted 	03/27/2015	

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	<p>data within 30 days of the OASIS event for October and November and December.</p> <p>5. An agency policy, dated 6/29/2012, titled OASIS submission, states, The Home Care Computer Application Specialists will electronically transmit OASIS locked data weekly.</p>		<p>transmittals will be archived and the rejected ones will stay on the spreadsheet as active until the transmittal error has been fixed and ready for re-submission. Audits to be done by supervisor/manager for the Home Care Computer Application Specialists weekly, who will report to Home Health Clinical director and Administrative directory after the audit is completed. Audits will occur weekly for 180 days to assure that all OASIS have been successfully submitted to the State/CMS timely.</p> <p>3. Responsibility:</p> <ul style="list-style-type: none"> · Home Care Computer Application Specialists, Home Health Nurse Manger, Home Health Business Manager, Home Health Clinical Director and the Administrative Director. <p>4. Implementation Date:</p> <ul style="list-style-type: none"> · 4/10/15 All OASIS will be exported and Spreadsheet will be updated with patient names and date sent. · 4/13/15 OASIS Validation reports will be reviewed and clinicians notified of errors that 	

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N 000 Bldg. 00	<p>This was a State re-licensure survey.</p> <p>Survey Dates: March 20 - March 26, 2015</p> <p>Facility #: IN005252</p> <p>Medicaid Vendor # 100272200A</p> <p>Surveyor: Nina Koch, RN, PHNS</p> <p>Unduplicated 12 month census: 1176 Records Reviewed: 18 Home visits: 6</p> <p>Indiana University Health Home Care was in compliance with 410 IAC Article 17.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p>	N 000	<p>need corrections. Spreadsheet will be updated to indicate rejections/accept ions of OASIS submission. Audit will be done to assure that OASIS had been exported and validated.</p> <p>4/17/15 All corrected and new OASIS will be exported.</p>	

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	March 31, 2015				